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**The use of art therapy in the Arab sector education
system in Israel in therapeutic work with children
experiencing violence:
the perspective of art therapists**

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Abstract

The present study focused on the perceptions of art therapists working in Arab elementary schools in Israel with special education children who have experienced violence. The study comprised fifteen in-depth qualitative interviews conducted with Arab art therapists actively engaged in working with special education children. The objective of this study is to explore the art therapists' perceptions of work with abused children in the Arab-sector education system in Israel. According to the transcriptions of the interviews, a categorical analysis of the findings was conducted. The main finding of this study highlights a significant disparity between the acceptance of violence against children within the Arab education systems and the integration of art therapists into school systems, specifically concerning the mandatory reporting of violence toward children. This finding has two important implications. Firstly, it emphasizes the need for specialized training programs for Arab art therapists to help bridge the cultural gap in therapeutic methods and facilitate effective communication of art therapy to school professionals and the wider community. Secondly, it contributes to the discussion surrounding legislation aimed at alternative approaches to mandatory reporting, such as the establishment of a school community that can address and respond to incidents of violence appropriately.

Keywords: Violence towards children, Arab sector education system, Art therapists, mandatory reporting

Introduction

In the last decade, the awareness of violence towards children has risen, but the phenomenon remains undocumented and unreported since there are different types of violence towards children that are socially acceptable, so that the social norms can encourage concealment as a means of dictating perceptions in which this violence is acceptable and is perceived as a legitimate means of discipline (Fang et al., 2022; UNICEF, 2014).

In Arab society, it is still considered legitimate for parents to revert to violence for "the sake of the child" and the desire to educate their children towards a better future (Khoury-Kassabri, 2019). there exists a cultural norm of using violence as a means of disciplining children. Accordingly, In Arab schools in Israel, both school staff members and parents view the use of violence as a legitimate part of parenting and establishing relationships with children. Statistics demonstrate the prevalence of this phenomenon within the Arab cultural context. According to the results of the first national self-report survey conducted in Israel among Jewish and Arab children and youth within the Ministry of Education's school system, abuse is prevalent among children of various ages in Israeli society. As compared to girls, boys reported a higher rate of abuse, including sexual abuse. Arab children reported higher abuse rates than Jews (Lev-Wiesel et al., 2018).

It is important to note that this practice is not intended to cause harm to children, but rather to install proper upbringing and ensure a positive future in society. However, it is essential to recognize that the use of violence towards children is considered illegal in Israel, and it necessitates mandatory reporting by school staff. This requirement creates a challenging and conflicting situation, as it contradicts the accepted and normative behaviour that is perceived as positive within the cultural context. The clash between cultural values and legal obligations puts school staff members in a difficult position, where they must navigate the delicate balance between respecting cultural practices and ensuring the safety and well-being of the children.

Over the past seven years, there has been a noticeable rise in Arab therapists' interest in becoming art therapists and working with school children. This trend represents a social phenomenon wherein Arab art therapists are embracing a profession that, in many respects, differs significantly and sometimes opposes traditional Arab culture. The variance stems from the Western origins of psychological knowledge, which diverge from Arab cultural values and norms in several ways. In spite of these significant differences, an increasing number of Arab art therapists are choosing to pursue studies in art therapy. However, when they attempt to apply their professional knowledge in Arab schools, they encounter resistance from the school staff, parents, and the community. As Arab culture transitions, it seeks to find common ground between Western and Arab cultures by leveraging shared cultural aspects. One such commonality is the use of metaphor as a means of discussing sensitive subjects indirectly, thereby promoting healing. Metaphor and indirect communication are also integral to the practice of art therapy. This strategy plays a crucial role in bridging the gap between the Western methodology of instrumental psychotherapy and the Arabic cultural tradition of using stories and metaphors to ignite the healing process.

However, as mentioned before Arab Art therapists encounter barriers in their attempt to implement their professional knowledge in schools. The objective of this study is to explore the art therapists' perceptions of work with abused children in the Arab-sector education system in Israel. The qualitative research method includes the systematic collection, organization, and interpretation of written material, which derive from conversations or observations. This method allows deep phenomenological learning of social phenomena as experienced by the participants, in their professional context.

The research population for this study consists of female art therapists who are employed in Special Education settings within Arab-sector elementary schools in Israel. These art therapists specifically work with children in Special Education, aiming to support their emotional well-being and development through art therapy techniques. The sample for this study was selected using snowball sampling methods. A total of fifteen art therapists voluntarily agreed to participate in the research. The participants in this study varied in age, ranging from 30 to 59 years old, and they exhibited diverse levels of experience within the

education system, ranging from 4 to 22 years. It is important to note that the participants were chosen from various geographic locations, providing a broader representation of art therapists working in the Arab-sector education system in Israel.

The research was conducted over the course of one year and involved conducting in-depth semi-structured interviews with each participating art therapists. These interviews were designed to delve into the perspectives and experiences of the art therapists regarding their work with children who have experienced violence. The main focus of the research was to gain insights into how art therapists perceive their role, challenges, and approaches when working with these children in the Arab-sector education system in Israel. By exploring the perceptions and experiences of art therapists, this research aims to shed light on the unique challenges they face in their professional practice and provide valuable insights into their strategies for working with children who have experienced violence.

The literature review in this study is organized into five chapters, each focusing on different aspects relevant to the research. The first chapter delves into the developmental stages of children aged six to twelve, exploring various theories related to their physiological, cognitive, emotional, social, and psychosexual growth (Diem-Wille, 2018; Piaget, 1972; Shaffer & Kipp, 2013). Additionally, this chapter examines the characteristics of the latency stage and its significance within the school environment, which serves as a crucial developmental setting (Harvey, 2020). The school is recognized as a unique social context that influences children's self-image, self-esteem, social relationships with peers, and interactions with significant adults (Wall, 2018; Sarra et al., 2020; Erikson, 1963; Piquart & Gerke, 2019). The chapter also explores different parenting styles and the roles of parents within the school system (Wall, 2018; Sarra et al., 2020; Erikson, 1963; Piquart & Gerke, 2019). Furthermore, it highlights the importance of play in children's development and its relation to play therapy (Winnicott, 1971; Melman, 2019).

The second and the third chapter addresses the topic of violence against children, examining its general scope as well as its occurrence within both Jewish and Arab societies in Israel (Dwairy & Abu-Baker, 2003; Koren & Lev-Wiesel, 2013; Oren & Barro, 2015). It

explores the psychological implications, various types of violence, and locations where such incidents commonly occur. Definitions of different forms of violence are provided, along with their psychological consequences in terms of trauma, post-traumatic effects, mental and emotional well-being, and academic achievement (Cappa & Petrowski, 2020; Herman, 2015; UNICEF, 2014). The chapter also emphasizes the importance of adults' reactions when children report violence, considering the impact on children's psychological capacity for recovery (Herman, 2018; Themeli & Panagiotaki, 2014). Additionally, it provides an overview of the historical and legislative aspects of child protection in Israel, outlining the roles and responsibilities of professionals in mandatory reporting and the involvement of school systems in identifying and assisting children experiencing violence (Abu-Baker & Dwairy, 2003; Doron, 2012; Kedman, 2011). The chapter further explores the dilemmas and conflicts faced by Arab professionals concerning mandatory reporting of violence towards children and the Islamic approach to addressing such issues (Masarwa, 2016; Tzadik, 2002).

Moving to the fourth chapter, it delves into the social and cultural factors contributing to the dilemmas and conflicts experienced by art therapists. The central issue revolves around the cultural gap between the normative use of violence towards children within Arab culture and the legal and socio-cultural foundations underlying legislation in Israel (Abu-Baker, 2013; Al-Eissa et al., 2015; Lev-Wiesel & Eisikovits, 2016; Masarwa & Khoury-Kassabri, 2017; Shakhbari et al., 2021). The fifth chapter focuses on the emerging field of art therapy as a developing profession, which has gained increasing recognition within the school system. The demand for art therapy in addressing the needs of special education children is growing. However, due to its status as a developing profession, art therapists face challenges in implementing their training effectively within schools (Masarwa & Bruno, 2018; Mussa, 2019).

Chapter 6 contains the research methodology and the assumptions of the research, while Chapters 7 to 10 include an analysis of the research findings. Chapter 11 presents a discussion of the research results and the author's theoretical model of the work of art therapists, taking into account cultural differences.

Chapter 1: Child Development at School Age

1.1 Development of children at school age

Developmental psychology is the field of research that deals with understanding the set of processes that dictate the changes that the individual experiences in his life and understanding the process of his development. Psychological development takes place throughout life and addresses the implications on the development of an individual's personality construct. The present study offers a broad examination of developmental characteristics and processes throughout a child's life, while many studies discuss children's development and the connection between their environment and developmental characteristics in general. The developmental process enables growth that includes environmental, internal, and innate features. The popular assumption is that at a young age, development and change are more intensified and diverse (Bannister, 2003; Crowley, 2017). This chapter will focus on children's developmental characteristics mainly in early childhood at school age (from ages 6-12).

The period of childhood is essential and important for the growth and developmental skills, and it has effects and consequences on the later stages and even on old age itself. For example, various types of pathologies, including mental disorders, may be affected by childhood, as well as normative behaviours, including marital and parenting styles and more (Solberg, 2007).

Child development at school age encompasses various interconnected domains, including physical, motor and sensory, emotional, social, and cognitive development, which operate as subsystems within a larger system. A comprehensive understanding of children's behaviour, personality, and current mental state necessitates consideration of developmental stages across multiple domains, while also accounting for each child's unique life story. Normative child development involves examining growth and changes in skills, as well as whether a child is meeting typical developmental expectations across physical, cognitive, and emotional domains. Variations in personality are manifested in individual differences and

enduring dispositions, such as activity level, social inhibition, and other traits that are acquired over time (Diem-Wille, 2018).

While the principles of typical child development highlight key milestones, the pace of development varies significantly between children, and is influenced by factors such as genetics and environmental circumstances (e.g., family structure, socioeconomic status, cultural background, and parental behavioural patterns). Developmental stages serve as a framework for understanding the progression of child development, with each stage building upon previous achievements. Negative life experiences or stressors can potentially impede or even reverse developmental progress across multiple domains, with the extent of such effects depending on the child's resilience and coping abilities (National Academies of Sciences, Engineering, and Medicine, 2019).

In the next section, we will review several key aspects of children's development, based on well-known and prominent theories. Most theories of child development are stage theories and describe a certain aspect of children's development at different stages in their lives, along with the development of skills in broad areas that mutually impact one another.

The physical aspect is a central part of the development process of children at school age, which affects other developmental aspects. The movement allows the child to be independent and perform different actions, so that motor development accompanies him throughout his life. Physical development begins in infancy and continues throughout life, among other things through the development of gross and fine motor skills. At school age children are already independent, the skeleton of the body is ready for free movement, there is gross motor skills that include jumping, running and more, as opposed to fine motor skills such as writing and cutting; Both are important and continue to develop and their quality affects the functioning, achievements and self and social image of children aged 6 to 12 (Diem-Wille, 2018).

The experience of achievement is a crucial factor in the acquisition of fundamental school skills. This period of school-age development is considered relatively calm; a "time

of educational readiness". Attention is not only to the body but to the outside world - peers, teachers and parents. This is also why Freud (1905) called this period "the golden time of childhood", after the dramatic developments accompanying the first years of life. Children at this age enjoy engaging in shared activities with their parents, such as going on trips, swimming together, watching movies, listening to music and more. At this age, it is revealed whether parents and children succeeded in previous stages in establishing their attachment, which is a basic premise for positive emotional development and the decline of internal conflicts and fears (Diem-Wille, 2018).

Furthermore, children aged six and below are typically in a perpetual state of motion. They undergo an escalating mobility, which Freud (1922) designated as "pleasure in function" - the urge and pleasure derived from controlling one's own body. The mind-body interface is closely intertwined, with the child's perception of their body being shaped by parental responses to their physicality - be it affectionate, nurturing, approving, or otherwise. Such reactions profoundly impact the child's sense of self, fostering a positive "cathexis" or identification with their physical self. However, in situations where parents are preoccupied with their own issues, and caring for the child becomes a perfunctory obligation, the child may not perceive their body in a favourable light. This, in turn, engenders a sense of detachment or discomfort with their physical existence, leading the child to recoil from physical contact with others (Diem-Wille, 2018).

According to Piaget, Erikson, and other prominent theorists, motor and social development constitute the foundation of cognitive life. Therefore, the ability to actively explore the world enables learning and the acquisition of knowledge, and the limitation thereby also limits the acquisition of knowledge. Along with the acquisition of motor skills, there is sensory development in the learning process; Experiential learning where you can touch, feel and feel, since children perceive and learn about the world through senses (After et al., 1998; Pascual-Leone et al., 1978; Piaget, 1972; Shaffer & Kipp, 2013).

Learning is not confined solely to the physical and sensory domains; it extends to emotional development as well. Emotional development is a dynamic process that persists

throughout the lifespan. Nevertheless, it assumes particular importance during childhood and is influenced by the emotional foundation established in early childhood, thereby shaping the course of later developmental stages. This period exerts a formative influence on the child's self-concept, social relationships, and dominant personality traits, both in the present and in the future (National Academies of Sciences, Engineering, and Medicine, 2019).

Emotional development of school-aged children has been studied by developmental psychologists from different streams. Psychoanalytic theories emphasize the quality of the emotional connection of parent-child relationships at these ages, in particular the parent's ability to perceive and understand the child's primitive needs. Positive expectations of the parent provide positive influence; As Winnicott (1971) called it: "shine" in the eyes of the mother expressing her joy at the child's existence, and accordingly the child will build a positive feeling towards himself, his body and his independence. The child's self-image is intricately linked to his perception of his own body, emphasizing the crucial role of the primary caregiver in providing emotional support and fostering a sense of love and acceptance. As such, the child's self-image is formed through the internalization of experiences related to how their parents treated their body during this crucial period (Diem-Wille, 2018).

Bowlby (1979) focused on the child's relationship with significant others, such as mother and father, whose interaction and coordination have a great impact and significance on the child's development and ability to self-regulate. Children who received appropriate, consistent and continuous treatment will develop a secure attachment in the present and in the future, compared to children who did not receive this kind of treatment and will develop an insecure attachment. In terms of emotional development, it is apparent that infants begin developing their range of emotions - from basic to more complex emotions - through interpersonal interactions. Therefore, significant caregivers have a critical role in providing age-appropriate responses that encourage emotional development, including the ability to express and regulate emotions, as well as the recognition of a diverse range of emotions. Children learn this by recognizing their own and others' emotions, highlighting the

importance of creating an environment that supports emotional expression within the family and educational settings.

In this context, the emotional development of school-age children must also be considered. Social development stems from relationships with the environment (father, mother, grandfather, extended family, teachers, peer group, etc.). Through these interactions, children learn to differentiate themselves from others and develop a sense of self. Erikson's (1987) model is useful for understanding how individuals interact with their environment in a reciprocal manner, where development is influenced by both internal and external factors. Erikson's model proposes eight main stages of development, each characterized by a psychosocial conflict that must be resolved for normal development. Failure to resolve conflicts can lead to fixation and pathology, which can affect subsequent stages of development. The latency stage (ages 6-12) is particularly relevant to the current research, as it focuses on productivity versus inferiority and aims to achieve a sense of competence (Erikson, 1987; Friedman, 2000; Mitchell & Black, 2006). This model will be explored in greater detail later on.

During the latency phase, which occurs during the elementary school years in Western countries, children are exposed to social and cultural elements outside of their families, and face greater demands such as learning new skills and taking on more responsibilities. Success in various functional areas is essential for their development, as it helps them develop a sense of competence and productivity. Failure to achieve this can lead to feelings of inferiority, which can affect the child's self-worth. Erikson (1987) emphasized the social aspect of this developmental stage, and the influence of the child's environment, including teachers, parents, and peers, on the development of a positive or negative self-image. A successful resolution to this crisis involves achieving feelings of competence and ability, which can have a positive impact on the child's future productive and professional identity (Erikson, 1987; Friedman, 2000; Mitchell & Black, 2006).

Another prominent element in development is cognitive development. According to Piaget (1972), babies come into the world with innate structures, which enable the cognitive

organization of life's experiences, and help with beneficial adaptation and growth. Piaget formulated the theory in terms of cognitive balance, which describes a situation in which harmony is achieved through the organization of the schemas learned in the child's thinking. Cognitive disequilibrium characterizes a state of learning new information, which involves adapting the new content to existing schemas, or creating new schemas and organizing existing ones accordingly (Piaget, 1972; Shaffer & Kipp, 2013).

Piaget (1972), organized cognitive development according to four main stages, where the third stage, which characterizes the age of latency, is the concrete operational stage (7 to 11). At this stage according to Piaget, thinking becomes tangible, but still depends on sensory perception. Intuitiveness and egocentrism give way to an understanding of causality, conservation of quantity, volume and weight, as well as a broader understanding of different angles of observation. The child is able to draw conclusions, classify and sort according to several dimensions (Piaget, 1972; Shaffer & Kipp, 2013).

According to Piaget (1972), intellectual development cannot be accelerated, as each stage relies on the previous one. Therefore, the education system must take into account the inherent nature of intelligence. He opposed the use of rewards, reinforcements or punishment, as they could cause a distortion in the children's natural development. Also, according to him, understanding and cognitive development develop from action and experiential learning. Therefore, the children must learn through experience and active action, which encourage mental development and thinking abilities, according to the natural and correct rhythm for each child (Piaget, 1972; Shaffer & Kipp, 2013).

Optimal and healthy child development is achieved when there is a harmonious equilibrium between the child's learning processes and developmental needs at any given stage. As such, comprehending a child's developmental stage in terms of cognitive, social, physiological, emotional, and motor domains is crucial for parents and educators alike (Diem-Wille, 2018).

1.2 Characteristics of the latency stage

According to Freud's (1923) Psychosexual Development Theory, for healthy development, a child must go through five developmental stages: The oral stage (0-2 years), which associated with behaviors like suckling, eating, and thumb-sucking; The anal stage (2-4 years), which associated with parent-child relationship and control; The phallic stage (4-6 years), which the Oedipal complex takes place.

The latency stage is the fourth stage of children's psychosexual development (Freud & Breuer, 2001; Harvey, 2020), which takes place approximately between six to twelve years of age. The present study focuses on this stage. The significance of this developmental stage is the cognitive aspect that contributes to social skills. One way to know that a child's development at this stage is normal can manifest in that the child is relatively calm and does not yet seek sexual arousal. At this stage, children invest in socio-dramatic games as well as physical activity. Socio-dramatic games at this stage, increase children's abilities to develop sublimation and the nervous system is 90% developed (Diem-Wille, 2018; Franieck & Günter, 2018).

Freud further discusses how those developmental stages can be disrupted through regression and fixation. Fixation is a reference to the persistence of one of the stages involved in the libido's development. These aberrations can occur due to frustration in meeting needs, or exaggerated indulgence and unresolved issues. Likewise, a person can be stuck in the oral or anal stage (Freud, 1953).

As mentioned, during the latency stage, children are less engaged with their sexuality and more occupied with social activities. The processes of self-construction take place and the super ego becomes more dominant. Emotional stability stems from the child's occupation with social interaction and relationships. As a result, children become more independent, and their focus shifts from their parents to their environment. Simultaneously, children's cognitive abilities develop as well as their ability for self-regulation, the realization of an ideal self, their ability to understand and adopt social norms. Sublimation is increased

and acceptable social needs are expressed more, such as the ability to study at school (Freud & Breuer, 2001; Harvey, 2020).

Furthermore, during the latency stage, children's capacity to fantasize and imagine evolves, and at the same time, their social skills develop (Sarnoff, 1987). Children's fantasy and cognitive abilities aid in dealing with conflicts both socially (external) and within themselves (internal). These abilities are crucial, as children at this age begin formal education and are expected to conform to rules and be able to engage in group study. This ability contributes to children's self-esteem and their sense of self-worth (Franieck & Günter, 2018).

The integration of social interaction, which characterizes the latency stage, and the choice of symbolic games that involve fantasy and imagination, lead to the fact that a child during this stage fabricates games that enable controlling situations and repetitive play of issues that have a significant effect on the child, or even a traumatic one. Thus, it enables the child to revert to the unpleasant experiences with a more fundamental control over the deep impression it has made upon him/her (Freud, 1922).

Erikson (1950) related to children's development concurrent with the stages of Freud's psycho-sexual development, describing the latency stage as characterized as stagnation versus inferiority. This stage takes place according to his perception, between the ages of 6-11, when the child begins elementary school, similar to what was described by Freud. According to Erikson, the child enters the existing social world, the educational school framework and is exposed to social elements and culture outside of the family framework. Teachers begin to play an important role in the child's life as they teach the child-specific skills. If children are encouraged and reinforced for their initiative, they begin to feel industrious (competent) and feel confident in their ability to achieve goals. If this initiative is not encouraged, if it is restricted by parents or teachers, then the child begins to feel inferior, doubting his abilities and therefore may not reach his potential. If the child cannot develop a specific required skill, he may develop a sense of inferiority. Some failures may be necessary so that the child can develop humility. Again, a balance between competence

and modesty is necessary. Success at this stage will lead to the virtue of competence (Mitchell & Black, 1995; Knight, 2016).

Hence, during the fourth stage which ends the period of games and fantasy, children become more like adults. Being graded for their schoolwork, children are forced to understand and become accustomed to concepts such as retribution, to be able to sustain school demands, children develop restraint and resilience. Lack of ability to adjust to school's demands, to adhere to regulation and authority can result in maladaptive behavior towards adults as well as towards a peer group. Failing in school can damage children's self-esteem and self-conceptualization (Erikson, 1963).

Klein (1975) contributed greatly to these developmental theories and developed the therapy method known as child psychoanalysis. The object relation theory emphasizes the consistent patterns of interpersonal relationships with significant objects, as well as the theoretical meaning of object internalization in addition to experiences regarding the public that becomes part of the child's internal world. This is similar to Freud's theory that conceptualizes the term super-ego to the internal images of the parents. Thus, the mother image or other significant image accompanies the childhood experience, through memory and image throughout life, even following disappearance or death (Kernberg, 1995).

Klein assumes the infant to have an unintegrated ego, that attempts to deal with experiences, particularly anxiety, by using fantasies of splitting, projection, and introjection. The infant splits both his ego and his object and projects separately his loving and hateful feelings into separate parts of the mother (or breast). The result is that the maternal object is divided into a "bad" breast (mother that is felt to be frustrating, persecutory, and is hated) and a "good" breast (mother that is loved and felt to be loving and gratifying). Both the "good" and the "bad" objects are then introjected and a cycle of re-projection and re-introjection ensues.

Omnipotence and idealization are important aspects of this activity; negative experiences are omnipotently denied whenever possible and positive experiences are idealized and exaggerated as a protection against the fear of the persecuting breast. This

“binary splitting” is essential for healthy development as it enables the infant to take in and hold on to a sufficient positive experience to provide a central core around which to begin to integrate the contrasting aspects of the self. The establishment of a good internal object is thought by Klein to be a prerequisite for the later working through of the depressive position (Kernberg, 1995).

The depressive position enables the child to learn how to repair destruction inflicted by an act of aggression to ensure that anger does not destroy the significant object. Klein distinguishes between two types of repairs: wondrous repair whereas the child pretends that no harm has been done and realistic repair whereas the child applies empathetic understanding about the object's feelings and perspectives and attempts to reconcile to re-establish a close relationship. The depressive position indicates healthy development since the child can view the object as a whole - both positively and negatively. As a result, the child can accept his imperfections and will be able to create healthy relationships with significant others (Hinshelwood & Fortuna, 2017; Klein, 1932; Mitchell & Black, 1995).

Klein (1932) emphasized that children express themselves better through games than verbally and offered drama therapy as an approach to the subconscious that serves as an alternative to interpretation and a free association in adult therapy. Thus, drama is an intuitive means for the child for self-expression, and thus children express their desires and aspirations, their imagination and fears, using dolls, toys and other objects (Klein, 1932; Mitchell & Black, 1995; Ponciano et al., 2020; Spillius, 1988).

Research indicates two differing development theory approaches. For the past fifty years, researchers and education professionals have claimed that children's healthy development relies to some extent on their educational institutions (Lamb & Ahnert, 2006). Development theories represent the opposite perspective and demonstrate that early relations with a significant object are indicative of later healthy development and adjustable social and cognitive performance (Belsky, 1986, 1988; Egeland & Hiester, 1995; Vandell et al., 2010, Fearon et al., 2010). According to object-relation theories, children's emotional and cognitive development are affected by the type of relationships with significant others (mother, father,

teachers or caregivers). Neglect during childhood, or some form of violence during early childhood affects healthy development (Capaldo & Perrella, 2018; Fearon et al., 2010).

Winnicott put forward the concept - "good enough mother" which means that the mother, who is perceived to be the one who provides the necessary care for the baby, is doing so spontaneously and attentively. The mother's will to be everything that the child needs, allows the child to be omnipotent in his self-perception, as opposed to a mother's neglect or over-protectiveness. This is the basic condition for the infant to develop a "true self". The "ordinary devoted mother" is excessively attached to or overly protective of her child. She isn't able to respond adequately to the spontaneous needs of the child. This gives rise to what Winnicott calls the "false self". The experience of devotion and response to the needs of a child in the first few months and being present in the state of "delusion", are necessary to the core development of the child's personality. This in turn, is essential to the self-development of authentic independence of the baby and child to eventually develop a "true self".

When a mother creates an environment that is not aligned with the child's needs but with her expectations, the child must adapt, and as a result, a "false self" can be developed. One of the functions of a false self is to hide the true self and to protect it from the demands of the environment. This will help the child to gain stability but later, will create feelings of disparity and worthlessness (Winnicott, 1960)

When the mother is experiencing difficulty responding to the needs of the infant, the child is forced to let go of his desires and needs because those are perceived as dangerous. Hence, the child feels unnoticed, unwanted and can grow to be fearful and lacking the ability to be aware of or to express his needs. As the journey of growth and development continues, the use of defense mechanisms seen as over-pleasing increases. In traumatic or hurtful situations, the reciprocal relations between the child and his caregivers are assumed to be absent or damaged. Damage caused to the child's healthy development can be corrected to some extent by art therapy (Capaldo & Perrella, 2018; Moreno, 1987).

Kohut (1985) also comments on children in the latency period regarding self-development and self-image in the productive phase. He developed his ideas from working

with patients who suffered from their relationships with their own self as well as with others. One of the personality disorders that interested Kohut was "narcissistic personality disorder", whereby a person cannot care for others but only for himself. The patient's focus on themselves is based on self-image rather than self-love. Kohut claims that narcissism develops in a balanced way and appropriately as part of healthy development and the development of creativity. Kohut claims that narcissistic personality disorder stems from the difficulty of the mother to respond empathically towards her child, as well as from the mother's difficulty to notice the child's needs, so the reactions of mothers and other important female caregivers towards the child's accomplishments is essential in establishing a feeling of self-worth. In case of insufficient or failure in satisfaction, the child's needs from significant others the thirst for "mirroring transference" becomes apparent (where the child expects from the mother or caregiver to give them attention and praise, referencing their appearance, behaviors, and successes). In later stages when the "self" is developed by identifying with the sign one of the possible expressions of self-development between two independent images, is a split between two self-images, so that the person will feel in certain situations humiliated or worthless, and in others, a feeling of the "grandiose self" (Kohut, 1985; Schipke, 2017).

Behavior of children in the latency period was addressed in behaviorism theories. Skinner (1962) believed that behavior is explainable by assessing the way it is learned and by locating reinforcement that modifies this behavior. Skinner noticed in his observations, that every behavior is influenced by interaction with the environment. Behaviors can be explained by locating the reinforcement that creates them and assessing how. An environment that provides either positive reinforcement, negative reinforcement, or punishment affects the way the behavior is shaped. The level of impact the environment has, depends on the type of authority and whether it is authoritarian or subjective. It is also dependent on the ability of the authority to offer reinforcement and punishment and to alter certain behaviors (Skinner, 1962).

In conclusion, literature indicates that the development of children in the latency period is influenced both by their relationships in infancy and throughout their childhood as

well as by environmental factors. The different influences that affect the child include parental, social and interpersonal relationships as well as with other personal figures in their life. As they develop, the child will be influenced the most during the latency period, from the adult social environment and the educational construct that the child will learn and function in. Nevertheless, the home and parental influence will still be apparent and will represent the values and the support needed to cope with difficulties and dilemmas. In cases where development is intact, there is by and large, safe communication with the caregivers that stems from an appropriate attitude towards the child's needs as a baby. Through this period, the child can achieve a sense of control and capability that enables him to reach age six and seven prepared for developing productivity, positive self-image, understanding social status and the role in a peer group, the learning process and the ability to reach the expectations of adults. The next section will discuss cultural influences on children in the latency stage, in the context of educational systems.

1.3 School as a developmental environment for children

Children's transition to school entails entering a new and unknown world. This transition involves relinquishing different facets of the child's day-to-day life. The child is used to being busy with play and imagination and school requires becoming accustomed to a new environment of learning, academic achievement, grades, and obedience (Erikson, 1963). Therefore, in most parts of the world, the expectations from a child are to "grow up and become big". Hence, the child is expected to behave in a mature, responsible manner (Sarra et al., 2020). Since school is highly-valued socially, it also has developed a legitimate set of rules, obstacles, and various definitions of the concept of achievement. Often, the ability to succeed depends on the child's capability, influenced largely by his self-image (Yang et al., 2019). School can greatly affect the child's self-image and can, in some cases, cause the feeling of inferiority or alternately, a sense of capability and success. Hence, a positive experience in school can contribute to positive self-esteem, which can have a positive effect on the child's life in the future (Sarra et al., 2020).

As mentioned in chapter 1.1, a child's development derives from personal and congenital characteristics, as well as from an interpersonal affiliation. Scholars have put forward the great importance of the early relationships with parents and other significant caregivers. Thus, secure and supportive communication is perceived as essential, anchored in an appropriate response to the child's cognitive, emotional, and psychological process. Providing warmth and love alongside appropriate demands and stimulus suitable to the child's age and capabilities, promotes preparation and the adjustments of the child required for the child's success in the education environment (Wall, 2018).

Parents' approach towards their role in the education system seems to have a seminal influence on levels of the child's achievements. Parents that are well-educated are more capable to provide their child with studying skills, a sense of achievement, focus, and motivation. Moreover, parents' relationship with the school staff can have an influence on the learning process and the realization of their children's potential.

Lack of motivation or underachievement is tied many times to the discrepancy between the level of achievement and the child's capabilities (Kaur & Kaur, 2013). Moreover, parenting style influences self-esteem and self-image, so that a strict, forceful and negligent style of parenting is closely associated with a child's low self-image and low academic achievements. A supportive parenting style that is characterized by love and warmth, was found to be associated with high self-image and high academic achievement (Pinquart & Gerke, 2019).

Together with the essential responsibility of the parent in supporting school education, research also indicates a correlation between the school environment and the well-being and mental health of the schoolchildren. Well-being and mental health were found to be associated with academic productivity and achievement, physical health, and quality of life. It also affects the emotional, social, and financial state of the children and their families (Aldridge & McChesney, 2018). Simultaneously, the teacher's perspective and expectations of the child have a significant effect, in as much as they expect more from children with good

learning skills, a high level of confidence, and proper classroom conduct (Timmermans et al., 2016).

As stated, entering school is one of the characterizing factors of the latency period that has a significant influence on the child's development particularly from a social perspective. The theory of “social capital” suggests that a peer group at this age provides academic and psychological resources that empower the child. Positive relationships with a peer group and social network (social groups and interpersonal relationships) were found to be associated with academic adaptation and academic achievements. Further impact relates to the social norms in class and within the peer group. Social interaction that reflects aggressive or pro-social behaviors, will influence the child's behavior. Similarly, a peer group will dictate the norms of the individual in terms of their motivation to study and participate in class, as it is a source of observation, emulating, and internalizing of the social norms (Cappella et al., 2013).

As mentioned at the beginning of this chapter, the transition to school for the child necessitates the ending of certain daily life practices they were accustomed to in preschool. Nonetheless, play still has an important role in the development of a child whether in the school environment or otherwise (Erikson, 1963). The psychological significance of play will be discussed next.

1.4 The importance of play to the development of children

Play is an essential part of a child's life and the healthy processes of development. Play allows the child to gather emotional and psychological experiences and is the source of many learning opportunities. It is a testimony to the child's creativity and livelihood and can reflect personal and social development, a central part of a child's life as an individual and as part of a social group (Winnicott, 1971). Winnicott perceives play where the child moves through a series of relationships with various objects. The initial object is the mother. Thereafter, the transition object serves as a partial replacement for the mother, and gradually, during play, the process of creating the opportunity to develop a unique “self” takes place

(Winnicott, 1971). Accordingly, the act of play can be represented in different types of games that reflect different developmental needs. Playing with dolls, sports, board games, social games, and dramatic games, serve different needs and helps to achieve different goals that are not usually conscious (Melman, 2019). Playing is a way through which the child understands life; it assists the child to understand the world and his place in it. Play allows the child to learn to assess characteristics and abilities. It allows to accumulate experiences, imagination, and encounter various options for acting and reacting (Cattanach, 1992; Issacs, 1933; Meersand & Gilmore, 2017).

Jennings (1990) explains that from the moment the child is born he investigates the world. In this stage, the infant starts to project emotions or physical embodiment from his world onto external objects. That way, the child develops the ability to play, which acts as an escape into the realm of imagination - a projection world of "make-believe". In this stage, the child may simulate one object into a different object: for example, a ball can become a monster or a bear. The third stage is the development of dramatic play. This is a role-playing experience based on imagination and attribution of the internal world of the children to their surroundings. By role-playing, the child can revisit and explore events, responses, skills, through the experience of play. Inside the safe world of imagination, lie the basic skills that exist in artistic experiences. Games of "make-believe" that are played by children, beginning as practices such as drama and theatre (Cattanach, 1992).

Play allows entrance into an imaginary reality, to a safe place where one can observe different situations (Kottman & Meany-Walen, 2018). This alternative internal reality has many names. One of those names is "the potential space" conceptualized by Winnicott (1971). This conceptualization refers to the psychological space that allows the person to move between reality and imagination. This space is where playfulness and creativity take place. The act of playing occurs in the space between the child's internal world and the external (real) world. This is the place where imagination and reality touch and influence each other. Lahad (2006) describes the term "fantastic reality", regarding the experimental space that allows loss of control and at the same time the preparation and the entrance to the kingdom of imagination's bountiful opportunities. Furthermore, fantastic reality creates an

experience that resembles dreaming and so fosters relaxation and healing that is derived from play, creativity, and inspiration for imagination. This dynamic serves the child and later the person's ability to cope with the real world. Vygotsky (1978) establishes a similar concept namely the "zone of proximal development" in his attempt to explain this assumed intermediate space. According to Vygotsky, this is a space that is full of creative activities and reciprocal relationships, that contribute to an ongoing process of development and learning (Cattanach, 1992).

According to Moreno & Moreno (1944), there are three stages to a child's development. The first stage is the discovery of identity, the second is the recognition of self and the third is the recognition of others. Failure in one of the stages due to trauma (among other causes) can be detrimental to the child. Through play and psychological therapy, a recreation of situations from childhood takes place. These can correct painful situations so that if one relationship is damaged, a healing process can take place in another, such as in the relationship with the therapists. The healing process then contributes to the correction of the child development process.

Erikson (1950), states that play can assist in healing fears and anxieties that are derived from life's uncertainties, through comparison, exercising experimentation with new interactions. Therefore, play allows legitimacy for certain feelings, even if they are not always legitimate in the adult world. During play, children are allowed to kill, destroy, swear, be jealous, and express blame - all within a safe space and under their control (Kottman & Meany-Walen, 2018). Hence, play is a tool as well as a therapeutic strategy for both children and adults. Therefore, play can be therapeutic - for children who have suffered trauma, such as different kinds of violence and/or neglect. Play therapy can be seen used as a tool for a child's inner content process. During play, experiences from the child's internal world, can surface and thereafter can be processed in a beneficial relationship.

Chapter 2: Violence towards children

2.1 Definition and prevalence of violence against children

Throughout this study, the term "violence" will be used to describe a phenomenon includes all forms of violence against people under 18 years old, whether perpetrated by parents or other caregivers, peers, romantic partners, or strangers (World Health Organization - WHO, 2022). The term "violence" is perceived as an abusive behavior from a psychological perspective. However, the term "violence" is used to explain the negative psychological implications of the use of violence (Knesset, 2015). These psychological ramifications will be addressed throughout this study.

Violence towards children has become of international interest and has been widely researched since it is an international phenomenon. Violence towards children has been recorded throughout history and in many cultures. Research relating to violence discusses the short-term and long-term consequences that affect the victims on a personal level and the population on a social level (Gilbert et al., 2009; Kedman, 2015; Dinehart & Kenny, 2015; Cunningham, 2020). Even though this problem has been of great interest for many years, only in the 60s of the previous centuries have there been a development in the discourse regarding violence towards children. Discussions revolve around psycho-social, diagnostic processes, help, and prevention of violence towards children (Lev-Wiesel & Eisikovits, 2016).

As mentioned above, this phenomenon has great impact on the psychological, emotional, social health of children. It includes long-term and short-term effects on the victim in different aspects of life (Gilbert et al., 2009). The term "violence" regarding children outlines the use or damage of the child. A child is dependent on and weaker than an adult. Whether the violence consists of sexual activity, beating, psychological mistreatment, or neglect, it can have various degrees of psychological, physiological and pathological implications. In addition, the process of assessing a child who has suffered violence requires a high degree of sensitivity, since the child might fear physical contact. Moreover, in many

cases, parents withhold information often making the process more difficult by concealing the acts of violence or reducing the level of their importance.

There are various types of violence towards children; some of the most broadly discussed throughout the literature are physical, sexual, emotional, and violence caused by negligence (Zeanah & Humphreys, 2018). Violence towards children occurs in many different settings, such as in the home, at school, in the community, and via the internet. Similarly, types of assaulters vary widely, from family members to partners, teachers, neighbors, strangers, and other children. Violence does not only cause the child emotional and/or physical harm; it can also reach a point resulting in death (UNICEF, 2014). All children have the right to be protected from violence, regardless of the nature of the crime or its severity, and all types of violence can cause harm to children.

Violence can be the cause of low self-esteem, or delay in cognitive, social, and physical development. Examining patterns of global violence as well as attitudes and social norms sheds light on a topic that is left essentially untouched. Protection of children from all types of violence is written in The United Nations Convention on the Rights of the Child (UNCRC). Even so, violence continues to exist every day in the lives of children around the world, regardless of financial status, social environment, culture, religion, or ethnicity (Cappa & Petrowski, 2020; UNICEF, 2014). This reality has long-term and short-term effects on children who have experienced neglect, violence, or any kind of physical, sexual, emotional, or other types of violence. Children who have suffered violence bear scars that affect their development, learning, and their general capabilities. These children might suffer from low self-esteem, depression, risk-taking behaviors, and self-harm. Not only will children that have suffered violence be directly harmed, but those that witness the violence might suffer similar and no less harmful distress. Children who grow up in a violent home or community, tend to internalize violent behavior to solve problems and conflict, and through that continue the cycle of violence. This is just a peripheral reference in terms of the consequences of violence on children and their propensity for healthy development. (Cappa & Petrowski, 2020; UNICEF, 2014).

In the last decade, the awareness of violence towards children has risen, but the phenomenon remains undocumented and unreported since there are different types of violence towards children that are socially acceptable, so that the social norms can encourage concealment as a means of dictating perceptions in which this violence is acceptable and is perceived as a legitimate means of discipline (UNICEF, 2014).

The process of understanding and remedying violence towards children is a complicated one and requires joint efforts. That is also true for the development of programs and legislation that support these initiatives. United Nations International Children's Emergency Fund's (UNICEF) goal is to assist children around the world and to increase public awareness of their suffering. This organization calls attention to violence that takes place in four different arenas in the lives of children and adolescents: in violence and exposure to violence in families in early childhood; violence in schools; death as a result of violence; and sexual violence in young girls and adolescents (UNICEF, 2014).

These findings indicate that different types of violence towards children are common worldwide. Nevertheless, there is a difference in approach among different countries. Some of these assumptions are rooted in insufficient data since many victims do not report the violence and it seems there is a large discrepancy between the number of incidences reported to the number of victims that are affected (Kedman, 2018; Lev-Wiesel & Eisikovits, 2016; Cappa & Petrowski, 2020). Despite this inaccuracy, different updated data can be found. Statistics reveal that children of all ages experience violence in various frameworks and often by the hands of those who are closest to them and whom they interact with daily (Stoltenborgh et al., 2013). According to statements collected from witnesses, it seems that close to 300 million (two out of every four) children between the ages of two and four experience violence from their caregivers on a continuous basis worldwide. 250 million (six out of ten) are disciplined using physical violence; around the world, one out of every four (176 million) children under the age of five live with a mother who is subject to violence by their partner. 732 million (one out of every two) children age 6 to 17, live in countries in which the use of violence as a means of discipline in school is not entirely prohibited. Half of children aged 13-15 experience violence from their peers and every female adolescent

between the ages 15-19 reports that she has been a victim of violence by at least once in her lifetime (Cappa & Petrowski, 2020; Ortiz-Ospina & Roser, 2017). Reports present that 22.6% of children worldwide have experienced physical violence, 36.3% have experienced emotional violence; 7.6% of the boys and 18% of the girls have experienced sexual violence, 16.3% physical neglect and 18.4% emotional neglect (Pareda & Diaz-Faes, 2020). Violence and bullying in school are also common phenomena in many parts of the world; some schools have been successful in controlling this phenomenon in the past years (Ortiz-Ospina & Roser, 2017).

Reports from countries with similar cultures, and those with opposing cultures have equally high levels of neglect; in the United States, for example, reports of neglect and violence towards children reach up to 4% a year, among children of all ages, 0-18. Assessments describe that more than 38% of children in the United States suffer from at least one incidence of neglect or violence in their lifetime. Even though violence towards children is common in all sectors and religions, it seems it is 5.8 times more common in families of a low socio-economic status and 6.1 times more likely in families that reside below the poverty line (Kim & Drake, 2018). In meta-analytic research that took place in the United States and the world, 22.6% of children were found to suffer physical violence, 36.3% suffered emotional violence, 16.3% suffered physical neglect, 18.4% suffered emotional neglect, 12.7% suffer sexual violence, and other statistics applied to exposure to violence at home (Stoltenborgh et al., 2013).

In India there are, 400 million children between the age of 0-18 who represent 40% of the population. The majority of families in India are poor and cannot provide sufficient living conditions. The frequency of neglect, violence, and different means of exploitation (including exploiting children for work and begging in the streets) is of the highest percentage (physical violence - 66%, sexual violence - 50%, emotional violence - 50%); and reaches up to 99% in comparison to children that were exposed to a violent means of punishment in school (Singhi et al., 2013).

A view of the rates of violence towards children in the last decade in Middle Eastern countries and different countries in the world reveals that according to reports of children ages 2 to 14 that have experienced physical and emotional violence at home, it seems that in Egypt in the year of 2014, 93% of children were exposed to violence at home; in Bulgaria in 2013 - 86%; in Lebanon in 2019 - 82%; in Iraq in 2011 79%; in Afghanistan in 2011 - 74%; in Vietnam of 2014 - 68%; in Sudan, 2014 - 64%; in Ukraine, 2012 - 61%; in Cuba, 2014 - 36%. A global overlook demonstrates the presence of a common and most worrisome phenomena of violence towards children (Ortiz-Ospina & Roser, 2017).

In a wide-scope study that was conducted among children in Israel (n=12,035) between the ages 12-14, it was found that more than half of the children have been exposed to one or more types of violence (52.9%). The findings of the research show that 31.1% of the children were exposed to emotional violence, 18.7% were exposed to sexual violence, 18% to physical neglect, 17% were exposed to physical violence, 17% were exposed to emotional neglect, 9.8% were exposed to violence in the family. Research presented that among Arab children and adolescents in Israel the rates of violence are higher than those of their Jewish counterparts (Lev-Wiesel et al., 2018). The scope of violence in Israel will be demonstrated in the next chapter.

In the face of this harrowing data, stands the understanding that to fully realize their potential, children need an understanding and safe environment, in which they can thrive, learn, prosper and succeed. The Convention on the Rights of the Child obliges to protect children in the face of violence. Even so, children who live around the world today do not have complete legal protection, when even in places where it is illegal, violence still persists (Ortiz-Ospina & Roser, 2017).

Addressing this phenomenon comprises its prevention, locating it, recognition and treatment, alongside inter-professional cooperation between all systems and focusing on broadening awareness by professionals to reduce and control this severe phenomenon. Research in this field presents that a large portion of violence occurs within the child's immediate surroundings; those who inflict it might be a close relative who is also the child's

caregiver or guardian. A small percentage of research indicates strangers (Cappa & Petrowski, 2020, McDonnell et al., 2015). In cases where there is legitimate report of violence, it is difficult to prove it; many children remain within their abusive environment without the protection of the law. There is a misconception that violence occurs only by those who are criminals and does not apply to "normal" people. This perception is misleading since in most cases, children are harmed either by their parents, teachers, and the people closest to them (Abu-Baker, 2013).

2.2 Types of violence towards children

Even though there is extensive research regarding violence and violence towards children, it seems there is a lack of a cohesive definition on its different aspects (Lev-Wiesel & Eisikovits, 2016; Kornin, 2017). This might be a result of the various types of violence and violence. We seek to examine the most seminal of them here.

Kedman (2011) defines violence “physical, sexual or psychological intentional harm, that is caused by an action, failure, or consistent neglect, that is characterized by its severity or consistence over time” (Kedman, 2017). The definition of **physical violence** changes according to the law in specific countries. It can range anywhere from a bruise, inflicting pain, to an inclusion of multiple types of violence such as sexual assault, neglect, etc. (Christian & Committee on Child Violence and Neglect, 2015). Another, maybe more definitive clarification of this term, describes physical violence as such: “non-accidental physical assault with or without an implement (weapon, foreign object or substance), including slapping, spanking with the hand, hitting with fist, biting, kicking, shoving, shaking, throwing, non-accidental dropping, stabbing, choking, permitting of physical assault, and semi-accidental injuries foreseeably resulting from physical assault” (Sedlak, 2001).

Identification of physical violence is conducted by detecting body marks, such as broken bones. The shape of the break can indicate the amount of pressure placed on the body part. Marks on the body include bruises and red marks, strap-beating marks, scratches, bite

marks, cigarette or iron burns, scalding and head injuries. Shaken baby syndrome is the case where the baby's brain is rattled loosely in skull. In addition, it is possible to observe nutritional neglect via blood tests that present anemia and other deficiencies (Hatev, 2010).

The definition of **emotional violence** is widely debated upon researchers and is a source of controversy. Most definitions include threats, that can be expressed as emotional manipulation or threats of physical harm. Determining a recurring emotional violence pattern of the child's caregivers includes recurring behaviors that indicate that the child is experiencing emotional damage. In some cases, the child is unloved or unwanted and it appears that the child's self-worth is based on fulfilling another person's needs (Meinck et al., 2015; Taillieu et al., 2016).

This type of violence occurs when the parent is emotionally absent, when the parent is depressed, ill or in any state that prevents them from taking care of the child. Other forms of violence are the use of a child as a scapegoat by the parents, rejection, verbal violence, harsh reprimand, locking the child in a closed space, or threatening to hurt their body. In some cases, the responsible adults cannot provide proper stimuli, attention and protection in the developmental stage of the child's life, which is also considered emotional violence. In addition, damaging or hurting personal possessions, pets or a person close to the child, is considered emotional violence as well. Psychological unavailability refers to the child's harsh realization of the absence of their caregiver. Other situations may influence the child to become a parental child. It is difficult to differentiate emotional violence from other types of violence, such as sexual or physical, since emotional and physical violence are intertwined, hence physical violence has emotional consequences. Emotional violence that is caused by parents causing untold damage to the child and the child's ability to create an identity and can cause low sense of self-worth, among other outcomes. In many cases, parents suffer from psychiatric conditions, use addictive substances or have some level of a personality disorder (O'Hagan, 1998). Difficulty in identifying violence results in the child's environment being non-responsive, and causing the child's therapists or teachers frustration due to the lack of understanding and the lack of preventative actions. From that respect, in many cases, neglect is inherently a major component of child violence.

The definition of **neglect** varies in relation to the context in which it is brought up (public health, social services, counseling and rehabilitation services, definition by law, etc.). However, there are several common defining elements that are consistent: the type of neglect (health and safety, basic needs - food, shelter, emotional, social and educational nurturing), which refers to the reason for neglect being the responsible adult's failure in meeting the child's needs. Most of the definitions will include the harmful consequences of the neglect and/or what was involved in the act of neglect (other types of violence for instance) (Gardner, 2013, 2016). In Israel, like many other countries in the world, it is reported that one of five children has suffered neglect. Therefore, even though there has been an increase in awareness, the problem is still widespread (Ben Arieh, 2018; Taillieu et al., 2016; Stoltenborgh et al., 2013).

The definition of **sexual violence** is widely debated and there seem to be many different definitions in the law, social services, social sciences, public health and public policy (Mathews & Collin-Vézina, 2017). One of the possible definitions can be worded as such: The involvement of a child in sexual activity that he or she does not fully comprehend, in which the child is unable to give informed consent to, or for which the child is not developmentally prepared, or that violates the laws or social taboos of society. Children can be sexually violated by both adults and other children who are by virtue of their age or stage of development in a position of responsibility, trust, or power over the victim (Butchart, Harvey, Mian, & Fürniss, 2006, p. 10). Alongside this definition, there are those that who categorize sexual violence into five main types of violence: 1. Sexual violence that includes penetration. 2. Sexual violence that includes touching genitalia (with no penetration). 3. Sexual violence that includes sexual intercourse (without contact with genitalia or penetration) 4. Sexual violence with no physical contact like verbal harassment, photography and so on. 5. Other types of sexual violence and exploitation (Euser et al., 2016).

The signs of sexual violence are difficult to identify. In most cases the assault is minor and signs will usually include small scratches, stretching of the hymen, laxity in sphincter muscles, etc. The psychological symptoms are presented as fear, lack of initiative, obedience, and the need for adult approval (Hatav, 2010).

Problems in defining clearly and lack of collective consent regarding sexual violence in children (sexual exploitation of children, negative sexual experiences or unwanted sexual experiences), sustain ramifications and affect the way of treatment and prevention measures. In addition, this affects constructing clear social norms as well as establishing legislation and directive policies. Many questions are raised about what sexual assault is, for example: Must it be caused strictly by an adult? Does it have to include physical contact? Is exposure to pornographic content considered an assault? In light of these questions, it is important to create a precise definition that includes clarifications as to the essence of an assault, guidelines for identification and assessment. To attain this goal, it seems that there is a need for shared international, focused and continuous discussions that will lead to universal guidelines (Mathews & Collin-Vézina, 2019).

Sexual assault among children harms the body and soul, and hence has significant long- and short-term psychological and physical affects. Sexual assault is often coupled with secrecy, alarming and silencing the victim. Silencing often become a prerequisite, since revealing the secret might threaten the natural order of the family. The child's mental health is overwhelmed by feelings of shame and guilt. In many instances, a teacher, kindergarten teacher or babysitter discovers the secret. Therefore, staying alert and aware of the signs is critical in these lines of work and it is essential for professionals to react appropriately, in accordance with morality and the law. Sexual assault in childhood can damage the child's self-esteem, the way the victim perceives themselves, their satisfaction in life, their ability to experience enjoyment, their reciprocal relations with others and their ability to create intimate relationships. All these psychological aspects can be compromised and deeply impaired. Hence, the reaction of others is life saving for the victim. However, the mere reaction to the situation can on one hand be strengthening and supportive, but can also be quite hurtful and damaging (Herman, 2015; Mayers et al., 2003).

Often, sexual assault occurs when there is proximity between the victim and the assaulter. 80% of sexual assault consists of this type of proximity. Therefore, in many cases the assault is never brought to light. As stated, sexual assault is concealed in secrecy, by the assaulter, but also by the victim and their social surroundings. Often, the family and other

socially related people are aware of the assault, but do not report it. Because of the secrecy and silence of the people involved, this kind of violence become one of the most harmful types of violence, leaving the victim helpless and alone (Abu-Baker, 2006; Lemaigre et al., 2017). Reports from 2018 indicate that in most cases of sexual assault in children aged 0-12, 67% of assaulters are family members, 19% of the assaulters are friends, neighbors or friends of the family. Moreover, it seems that 80% of children that have been sexually assaulted visited support centers 10 years after the assault, only 7% of reports of sexual assault are from parents, educators or therapists (The Support Center for Victims of Sexual Assault, 2019).

Usually, the assaulter will choose a victim who is physically, emotionally, socially or mentally weaker. In other words, sexual assault occurs most often between an adult and a female child, but can also happen between same-sex or the same age. It is important to remember that victims of sexual assault can also become assaulters. This can result from an innate urge to regain self-control, revenge and so on (The Support Center for Sexual Violence, 2019; Katz, 2020). As such, sometimes sexual assault occurs among children, through play, in many cases without forcefulness and with consent (Oren & Barro, 2015; Katz, 2020). When sexual assault of a child is carried out by an adult, the assaulter uses their authority as an adult, their physical size and the ability to rely on the child's tendency to be agreeable and obedient. That way, the adult exploits the child's helplessness, the child's difficulty and psychological state of confusion. This is true especially when the assaulting adult is a person the child is fond of, loves or is dependent on. In addition, the secrecy that is established during the assault and afterwards, protects the assaulter. The secret is kept by the child, whether through threats or compliance, and sometimes is used to protect others. That way the secret becomes a source of fear in the child's life. The perception that is created by the adult, is that as long as the secret is kept, everything will be alright. As time goes by, the secret intensifies and creates fear, and might become associated with supernatural and even lurid psychological meaning, which might explain why children find it difficult to admit to the secret during their childhood (Oren & Barro, 2015; Koren & Lev-Wiesel, 2013; Dwairy & Abu-Baker, 2003).

In many instances the child does not cry, resist, run away or ask for help, even though there is fear and a clear understanding that something wrong is happening. Children tend to associate these perceptions with themselves and as a result, often feel guilt and shame as a result of self-blame. This psychological tendency for self-blame is perceived to be the reason why children prefer to withhold the secret. The assault can persist until the child confides in a third party, but even then, frequently the assault continues. That is because the adults themselves have reservations and fear of moving forward with the information. In an overview of 13 studies that were conducted vis-à-vis revealing sexual assaults, it has been observed that the main obstacle is the feelings of shame, self-blame and remorse. In cases when the assault is not addressed, the child can learn to adapt to the assault and create survival mechanisms that allow him to cope with it. This adaptation is a natural process that protects the child's mind from abusive experiences, especially when the source is a figure who is both hurting the child but also loving and caring for the child. When the source of the pain is also a source of warmth and love, the child has difficulty processing these harsh contradictions and as a result can try to isolate themselves both socially and mentally (Abu-Baker, 2006, 2013).

A child exposed to sexual violence receives contradicting messages that are perceived as being not morally acceptable. One of the sources for psychological conflict is the requirement from the assaulter that the child learn how to become available without complaint and at the same time keep the secret. This requirement creates an environment in which the assault can continue. The message for the child is that keeping the secret provides the power to destroy or protect the family, and therefore exercising control is necessary to ensure that others will be protected. In this situation, the child's experience of protection is breached and the world becomes an unsafe place, especially when the assault is caused by a person close to the child (Abu-Baker, 2013; Dwairy & Abu-Baker, 2003). It is important to mention, that sexual violence can bare symptoms that are similar to other types of violence towards children. While adults might experience sexual assault as disgusting, or disturbing, hence as an act that is perpetrated against them, children experience it in the form of guilt and self-blame. Therefore, young children experience difficulties in recovering from the

dissonance that is implicated. The risk in revealing the assault is the sense of uncertainty, since asking for help can cause the loss of home and family (Koren & Lev-Wiesel, 2013). Interestingly, despite this dissonance, research presents that children who were in the throes of revealing, were found to have fewer behavioral difficulties compared to children who refrain from it and repress the need to ask for help. In addition, the latter showed more severe symptoms of PTSD (Gries et al., 2000).

The 2016 study conducted by Lev-Wiesel and Eisikovits recorded data regarding grounds that prevent children from reporting violence. Findings show bases such as shame (46.6%), fear (41.8%) and specifically fear of tarnishing the family reputation (40.7%). Children who have been subjected to sexual violence have reported, in addition to these factors, the offensiveness and fear of the violator (both over 40%). Children who suffered violence that included physical contact, reported a stronger fear of not being believed (47.2%). A fifth (20%) of all children reported they did not know who to report to, whereas among children who have suffered violence, data shows close to 40%. When comparing Jewish and Arab children in Israel, it seems that the reasons that have prevented reporting among Jewish children are mostly shame, fear, insult, fear of the assaulter and fear for family's safety. On the other hand, Arab children reported fear of punishment and fear of not being loved. Nonetheless, factors that encourage report among Arab children, are the existence of a reliable and trustworthy adult. Indeed, in many cases, the secret is revealed to a teacher, or caregiver. Therefore, questions and responses are of great importance for role of those who are part of the child's daily milieu, and their level of conscientiousness, attentiveness and awareness to recognize signs can be crucial (Myers et al., 2003; Herman, 2015).

2.3 Psychological consequences of violence towards children

As presented above, violence is a serious factor and has tremendous influence on forming physical and emotional pathologies at varying levels of severity, regardless of the type of violence or the framework in which it is experienced (Zeanah & Humphreys, 2018). Experiencing violence has many implications on mental, emotional and social health of

children, short- and long-term effects on the victim on various facets of the child's life (Gilbert et al., 2009; Montgomery et al., 2019; Pereda & Diaz-Faes, 2020), while these indications affect not only children who have experienced direct violence, but those who have experienced indirect violence as well, i.e., children who have witnessed violence (Cappa & Petrowski, 2020; UNICEF, 2014).

Many cases of violence towards children lead to injuries requiring medical attention, as well as a wide range of additional detrimental implications that can persist throughout childhood as well as throughout the child's adulthood. Violence during childhood may have many emotional and physical ramifications and affect the welfare of the violated child, as well as the child's growth and development (Pareda & Diaz-Faes, 2020; WHO, 2020). Experience of violence during childhood is traumatic and, in many cases, is not a singular episode, but recurring incidents of violent behavior. Traumatic events are often experienced through dreams and memories or through recurring feelings derived from the traumatic event. According to Herman (Herman, 2015, p.121) "repeated trauma in adolescence deteriorates the personality structure, that has already been formed. Nevertheless, this kind of trauma in childhood will shape and distort the child's personality" (Herman, 2015, p. 121).

Exposure to violence at a young age may impair cerebral and cognitive development as well as various systems of the body such as the nervous system, the reproductive system, immunization system, etc. Empiric documentation indicates that experiencing violence during childhood increases the risk of injury, infection and emotional difficulties, delayed cognitive development, fertility issues, suicide and self-harm, (WHO, 2020). Research shows that children who have experienced violence, especially within the family, experience destructive consequences throughout their entire life. Approximately half of the victims of violence suffer from intense mental and behavioral distress as well as various psychological disorders such as depression, anxiety, impaired social abilities, and post-trauma. These includes feelings of insecurity and invasive memories and emotional blunting. One of the causes for these emotional implications is lessening the value of the assault by the parents (Graham-Bermann, 2001; Themeli & Panagiotaki, 2014;). In addition to ramifications on mental and physical health, violence towards children widely affects their behavior as

adolescents, e.g., risky behavior, weight gain, and criminal behavior that follows the victim into adulthood (Gilbert et al., 2009; WHO, 2020). Furthermore, the exposure to assault in the family can increase the chances of the child being exposed to further sexual, physical and psychological violence (Graham-Bermann, 2001; Themeli & Panagiotaki, 2014).

Parental use of violence and emotional aggression towards children has far-reaching consequences. Research shows that children with behavioral regulation difficulties are more likely to provoke violence in their mothers. Anger is found as a common emotional response among parents of children between ages 2-5, due to that lack of ability to communicate verbally at this age. Based on the frustration-aggression hypothesis, when children are angry, they find it difficult to express themselves verbally. Instead, they tend to revert to physical violence to express their anger. It has been found that use of violence during early childhood is internalized and manifested during adolescence through the use of violence as well. Research indicates that encouraging positive social behaviors is manifested through social adaptation and avoidance of violent behavior. Learning theories explain this connection where retrained behavior from the mother is learned and implemented by the children in later stages of development. In addition, according to the self-determination theory, it is assumed that parents who prevent children from self-determination and instead employ control and limitations, promote incidents of violent behavior. These children are not able to self-regulate which is evident (Khoury-Kassabri et al., 2020).

Consequences of exposure to violence may be expressed in typical non-verbal symptoms such as pervasive sleep disorders, separation anxiety and clingy behaviors, phobias regarding distress-causing stimuli, behavioral issues in school and home, self-doubt, low self-image, low self-worth and body image and desire to retreat (Abu-Baker, 2009; Bannister, 2003). Experiencing enjoyment may be impaired, incidents of bedwetting, outbursts, eating disorders, socially inappropriate behaviors might appear (Oren & Barro, 2015). Violence and exposure to it, whether direct or indirect may lead to difficulties in coping with various daily situations (Seery et al., 2010). These difficulties may be manifested towards the environment in a variety of ways such as aggressive behaviors, detachment or avoidance, as well as verbal symptoms, such as bullying, swearing, continual crying, etc.

(Mitchel et al., 2011). There are educational ramifications as well; children who have experienced various types of violence are at a significantly greater risk of not completing their education: truancy, lack of sense of belonging, low level of achievement, test anxiety and failure. Thus, violence towards children undermines their investment in their education and erodes their productivity and their future capabilities (Fry et al., 2018).

Consistent and long-lasting post traumatic symptoms that coincide with PTSS, are very common and detrimental among in children who have experienced physical and emotional violence. In other words, as a result of exposure to violence that is perceived as trauma, symptoms of PTSD can develop as well. These symptoms may be expressed as feelings of repression, repetitive thoughts of the incident and about themselves, avoidance, physical arousal, emotional tension and overreaction to various life scenarios (Koren et al., 2016; Koren & Lev-Wiesel, 2013; Montgomery et al., 2019).

In a study conducted among 2,400 subjects ages 13-23, it was found that boys who experienced physical violence were 1.5-1.7 times more likely to experience depression, drug use or other addictive substances, such as alcohol compared to boys who had not experienced violence. Girls who had experienced physical violence were almost twice as likely to have suicidal thoughts and unwanted pregnancies, compared with girls who had not. Findings regarding the ramifications of emotional violence show that boys are four times likely to have suicidal thoughts and girls are five times more likely. Boys were 10.5 times more likely to attempt suicide> The risk is higher regarding the use of alcohol, smoking cigarettes and drug use. These findings emphasize the destructive ramifications that violence has on development, health and welfare (Chigiji et al., 2018).

In the long-term perspective, experiencing violence can be the cause of the development of health problems among adolescents and throughout adulthood and in some cases, may be manifested in mental illness (Al Odhayani et al., 2013). Research conducted on a large sample of prisoners (n=1261) found a correlation between violent behavior, violent sexual behavior and criminal violence as well as various mental illnesses and physical, sexual and emotional violence and childhood neglect. Violence towards girls was found to be

connected to cognitive and high levels of emotional reactivity, low self-esteem, sexual violence in relationships, and sexual assault during adulthood (Debowska & Boduszek, 2017).

Children who grow up in a home or community where violence exists, tend to internalize and adopt violence as a method for conflict resolution later in life. A victim of childhood violence will tend to resort to violence as an adult. Thus, violence gets passed down from generation to generation and a cycle of violence is perpetuated. It appears this is only the tip of the iceberg regarding the many ramifications and marks that violence might leave among children and their ability to mature and develop healthily, which is what emphasizes the importance of breaking the cycle and creating positive and multi-generational impacts (Cappa & Petrowski, 2020; UNICEF, 2014; WHO, 2020).

2.4 Implications of adult response after discovering violence towards children

Numerous studies show that adult response to the discovery of a violent incident is significant for the child and his ability to heal, particularly when the adult is a seminal figure in the family construct. Children who are supported during the process of disclosing an assault, may be at lower risk for developing pathological symptoms. It appears that it is necessary for the adult to provide validation to the existence of the assault, and attribute full responsibility to the offender (Oren & Barro, 2015; Abu-Baker, 2013; Gries et al., 2000; Summit, 1983). Hence, the manner in which the adult reacts influences the child's ability to cope with the violent experience and the presence of a caregiver or significant figure is perceived as crucial. Emotional support, trust and actions towards the perpetrator are also important and significant to promote healing (Deblinger & Runyon, 2005; Gries, et al., 2000; Herman, 2015), as well as confirming with the child that he is not at fault (Summit, 1983).

In many cases, when therapists are faced with a child who has experienced sexual violence, the information might be so disturbing that the therapist's ability to internalize and acknowledge the information is impaired. This reaction stems from the adult's diffidence

when relating to the concept of sexuality, particularly regarding children. This diffidence can cause behavior from the adult such as avoidance and denial, and feelings of uneasiness, shame and anxiety. This, in turn, might cause the therapist to be less attentive, though the child has disclosed the events of the assault. This dynamic makes sexual violence the least likely to be discovered, because of the inherent sensitivity around the subject of sexuality in general (Hirschberg, 2012). It is even more difficult when the violator is a known and trusted figure by the child and the family, as this revelation breaches trust and the people involved are left with feelings of vulnerability and pain. In addition, adults often associate the violators with pathologic characteristics and have difficulty comprehending that the violator might be psychologically “normal”. In some cases, the person maintains high social status, is educated, religious, and well-liked. These attributes might result in societal denial of the incident. Adults may reject or accuse the child of lying, fabricating or imagining the assaults. As a result, the child might feel rejection, neglect, abandonment and isolation in addition to the already existing pain from the incident (Abu-Baker, 2009; Herman, 2015).

When sexual violence is disclosed, parents are often confronted with feelings of anger and helplessness for not having been able to protect their child. This is compounded when confronted with the child’s traumatic after-effects (Abu-Baker, 2013). The process of disclosure of the assault is difficult, as on the one hand, there is the need and desire to ensure the child's protection and care, while often this care requires medical examinations (some of which are invasive), interrogation, and investigative committees - all facing strangers. The complexity of the process can be a source of concern, as consequences may exacerbate any emotional harm to the child and related family members (Gries et al., 2000). Nevertheless, there is an obligation by law to report the offense to the relevant authorities in order to protect the child, which might result in the removal of the child from the home, in accordance with the circumstances (Berliner & Conte, 1995).

A child that has ceased to trust his social environment might find it difficult to trust professionals who attempt to help as well. Therefore, a professional’s first reaction can be crucial for the child's ability to cooperate and the child’s sense of security. The child might be wary of behaviors that confirm that people cannot be trusted (Herman, 2018). Lack of a

response and care for the sexually violated child can affect the child's life and future behavior patterns, including consequential violence on his future family. Therefore, it is incumbent upon the therapist to demonstrate empathy and stability and place the child's welfare first and foremost in order to prevent secondary trauma (Themeli & Panagiotaki, 2014). In the Arab community, similar to other conservative communities and traditional societies, the sensitivity related to this subject is heightened due to the existing cultural taboo that is the basis for the fear of exposure, which will be explored in the chapters following (Abu-Baker & Dwairy, 2003).

Chapter 3: Violence towards children in Israeli society

3.1 Israel's legislation regarding violence towards children

In 1989 in Israel, the mandatory reporting act that enforces reporting violence, neglect and violence among minors and the helpless was amended (Tzadik, 2002; Kedman, 2011). According to the law, it is incumbent upon the country to protect children from harm, whether self-inflicted or inflicted by their environment (Kedman, 2011). Any assault to a child's physical or mental health is the responsibility of the child's guardian. The articles of the law refer to various types of violence, neglect and violence as discussed above. In accordance with the law, a sentence of up to nine years is imposed if a person is found guilty of physical, mental or sexual violence towards a minor or the helpless (Penal Law, 1977, Section 368). The law also refers to neglect and other assaults and stipulates:

A parent or guardian is responsible for a minor, and must provide their basic needs, health, protect them from violence, either physical or any other to the child's welfare and health. The parent or guardian will be fully responsible for any consequences that will ensue if they do not abide by this obligation (Penal Law, 1977, Section 323).

According to this law, police and social services are required to intervene after a report is filed, to protect the child in case of violence or neglect (Kedman, 2011). The preferred action will take place in the child's home, or any other natural surroundings provided it is safe. To protect high-risk children, Israel has developed tools, shelters, long- and short-term assistance centers and houses for homeless minors. In addition, solutions within the community, boarding schools and foster home placement programs have been developed (Kedman, 2011). The highest level of complexity stems from the circumstances in which an incident is reported, where mandatory reporting is based on "reasonable grounds" to assume the law has been broken. The offense itself includes, in addition to physical or sexual violence, any offense that may jeopardize the minor's life or health, abandonment, neglect, assault, emotional and mental violence and child trafficking (Doron, 2012).

The general public is required to report to the authorities any of the aforementioned offenses, though only if the offense is perpetrated a short time prior to the reporting. Mandatory reporting from professionals who are in direct contact with minors is greater: doctors, therapists, social workers, educators and teaching staff and others who come in direct contact with children through their work are required to report. In many countries the law is similar. For example, it is mandatory to report violence towards children in all the states in United States, which is defined as any form of physical, sexual, mental violence and neglect. Moreover, Israeli law sanctions not reporting, and carries a penalty of up to three months of incarceration for the general public and for professionals up to six months of incarceration. In the United States, sanctions for not reporting are applied as well as on reporting false information. In Israel, as opposed to the United States, the anonymity of the reporting individual is not always upheld (Doron, 2012).

The education system plays an important role in identifying and relating to children at risk in general, and those who have experienced violence and neglect, in particular. This is due to the fact that school is an amalgamation of children who are there under the law of compulsory education in Israel, and spend most of their day there. In light of mandatory reporting, the education staff should be trained to identify and apply the proper intervention for children who have experienced violence, and comply with the education system and social services. Schools have a seminal role in this process, vis-à-vis detection, disclosing and reporting offenses since they are in daily contact with the children and can be the first to notice signs of physical or emotional violence. Furthermore, as a level of trust is usually established between teacher and child, the child might feel more at ease sharing information regarding recurring absences, physical signs, etc. (Weisblay, 2012).

In addition to the aforementioned law, the circular from the Director General of the Ministry of Education requires reporting: "The obligation to report an offense against a minor according to the law and the interrogation of students as victims or witnesses..." (2008). In accordance to updated guidelines from November 2008, any professional working with a student who has disclosed being the victim of any form of violence is under obligation to relate to the child, in order to provide appropriate treatment. The obligation to report

overrides professional confidentiality and is not restricted to any statute of limitation. Therefore, if there are reasonable grounds for suspicion of violence towards a minor that obligates report, the law states the following:

- Consulting with the school counselor or psychologist on the manner of reporting
- Informing/not informing parents, reporting to social worker/the police in a case of emergency
- Documenting the report and informing the principal and school superintendent
- Notifying parents (or specifically not doing so in certain cases)
- A social worker/psychologist from the school will cooperate with social services.

It is recommended to refrain from questioning the child, as this role is restricted to a professional child violence interrogator and any act other than that might interfere with the proceedings of further inquiry.

In addition, mandatory reporting of domestic violence was enacted in December, 2002. Section 11a of the law against domestic violence of 1991 requires reporting domestic violence to officials, including education staff, or para-medical therapists if there is probable cause to assume violence has occurred. According to this section, within the framework of his position, the official is obliged to notify the person the who has allegedly been assaulted of the intent to report, in addition to informing appropriate professionals that the Ministry of Education has published in the vicinity. Furthermore, s/he must document in the proper file all the aforementioned actions; this documentation will remain in the education institution in a secure place. School psychologists and educational counselors are responsible for training the education staff of this procedure (Circular of the Director General, 2014).

Despite the law in Israel, and though Israel is among the countries signed on the international Convention on the Rights of the Child from 1990, there are still sectors in the

Israeli population in general, and Arab population in particular, that refrain from reporting. This leads to a breach in the general accord regarding the protection of the child and cultural values. A similar situation exists within the school system: Despite regulations, in 2010, the Center for Research and Information in the Knesset informed that they received few reports of violence towards children from the Ministry of Education. Many professionals in the education system are wary of disclosing incidents of violence, either fearing tainting the school's reputation, the source of information is not reliable, or the police will not address the incident appropriately and they decide to employ their own educational measures. It seems that mandatory reporting is not being implemented effectively, and alternative options need to be found (Weisblay, 2012).

For the therapist, the law of mandatory reporting creates ethical dilemmas. In order to begin therapy, the therapist must find a safe space in which s/he can ensure privacy and therapeutic confidentiality that enables sharing of feelings, thoughts and difficulties. Thus, at the onset of the therapy, as part of professional ethics, the therapist signs an agreement obliging her/him to adhere to professional confidentiality, but on the other hand, is obliged to report to the authorities (Tzadik, 2002; Masarwa, 2016). Violation of privacy is a very sensitive subject, whose consequences may impact the relationship with the child's family, as well as the trust between the therapist and the child, which might reconstruct previous circumstances and even intensify them (Abu-Baker, 2013). Confidentiality is binding at the termination of therapy - even after the patient's death. When a therapist encounters issues that oblige reporting, the therapist is conflicted regarding what is in the child's best interest, or what is the least detrimental to the child's mental health (Scheffler et al., 2003). Moreover, when reporting, the therapist must testify/provide information from the therapy sessions, which raises ethical-lawful dilemmas as well as conflicting feelings regarding the need to protect the child (Tzadik, 2002).

3.2 Islamic perspective regarding violence towards children

According to Islamic law, i.e., the Qur'an, it specifically states Allah's command to safeguard children and treat them well (Al Nisa:11). Children are mentioned as "the gift of

life" (Al Kahf:46). And it is the parents' full responsibility to care for, educate and protect their child (Al Bukhari). In Al Ma'ida:32, it states that whoever kills, harms or maliciously publicizes evil it is like killing all; those who help and assist someone, it is like giving life to all. As such, one can see that there is no paradox between the Islamic command and Israeli law. The prophet Muhammad also placed the responsibility of children's welfare on the parents, in comparing them to shepherds: the man is the shepherd of the family, and the woman is the shepherd of her children, so they must protect them. Finally, Muhammad states that the entire general public is responsible for the society as a whole.

The Hadith of Muhammad claims: "Whosoever of you sees an evil, let him change it with his hand; and if he is not able to do so, then [let him change it] with his tongue; and if he is not able to do so, then with his heart — and that is the weakest of faith."

It is apparent that Islamic law and Western law coincide, and emphasize the importance of protecting children and their welfare and prohibits the use of violence, and encourages mandatory reporting of violence. However, reality presents a discrepancy between what the religion commands and social traditional norms that have developed in Arab society. According to the prophet Muhammad's commands regarding children's education, it clearly states that the prophet requests treating children kindly even when disciplining or educating them (Al Bukhari: 6024), hence, the goal for preserving children's welfare is universal; there is a consensus, but in practice, this is not the case (Goldstein & Laor, 2010).

3.3 Prevalence of violence against children in Israeli society and in Arab society in Israel

In a comprehensive study conducted among over 12,000 children and adolescents, it was found that more than half of the subjects were exposed to one type or more of violence (52.9%). Findings of this study presented that 31.1% of the children were exposed to emotional violence, 18.7% were exposed to sexual violence, 18% were physically neglected, 17% were physically violence, 17% were exposed to emotional neglect and 9.8% were

exposed to domestic violence. This study indicated that boys were at greater risk of sexual and physical violence and emotional and physical neglect. Girls were found to be at greater risk of experiencing domestic violence. In addition, these statistics are higher than their Jewish counterparts (Lev-Wiesel & Eisikovits, 2016). As previously presented, it seems that there is a discrepancy between the number of children violated and the number of reported incidences of violence, hence not representing reality (Lev-Wiesel & Eisikovits, 2016; Kornin, 2017).

Since the 1980s, the advent of mandatory reporting of violence and Israel's joining the International Convention on the Rights of the Child (Kedman, 2015), several surveys on the topic were conducted by the International Children's Peace Council with the aid of the Haruv Institute. The data published by the Children's Peace Council for the year 2020, the year of the onset of the Covid-19 pandemic (March-December), present a complex picture. On the one hand, it seems that the number of petitions relating to child violence doubled in comparison to the same time frame a year earlier (from 609 petitions in 2019 to 1,225 in 2020). The number of petitions regarding suspicion of sexual assault among children declined by 38%. This could be due to the fact that sexual offenses are more difficult to identify and track, especially during lockdown, when there is no exposure to people outside the home. Concurrently, there was a 10% increase in the number of petitions relating to children at risk, when 43 of the 117 social-service departments that participated in the survey reported at least a 25% increase in the number of petitions.

During the first two months of lockdown (March 14, 2020 -May 18, 2020) 122,336 petitions came from school counselors from the Ministry of Education's Psychological Consulting Services, 40% of which related to children at risk, approximately 23% related to loneliness and melancholy and approximately 18% related to difficulties in the home, distress or anxiety. Between September and December of 2020 there was a 24% increase in the number of estimated suicide attempts in comparison to the previous year. During these months, 340 children at risk were treated for suicidal thoughts through the Ministry of Education's educational psychologists (an increase of 40% in comparison to 2019). An additional report, from March 2020 - August 2020, the number of cases related to sexual

offenders remained the same. There was a 14% increase in cases of sexual harassment and a 14% decrease in cases of sexual assault within the family. An explanation given for this was the extended amount of time spent on the internet, coupled with a decrease in time spent in an educational environment or institution, which serves as a central factor in identifying sexual offenses within the family.

Between March and October of 2020, there was a drastic increase of 63% in calls to the telephone service center for the protection of children. Common types of petitions were suicide threats, bullying, shaming, seduction, and sexual harassment on social media, sexual offenses on social media, and computer hacking. Approximately two-thirds of the victims were girls (children and adolescents) (Children's Peace Council, 2020).

More recent data published in 2021 presents those 5,024 criminal cases opened regarding suspicion of physical violence towards children, and 216 criminal cases were opened regarding offenses against minors in schools (70% cases of physical violence and 12% sexual offenses), 2,241 criminal cases were opened regarding sexual offenses towards minors and 352 criminal cases were opened regarding neglect within and outside of the family. Since 2008, there has been a three-fold increase of the number of cases opened regarding sexual violence towards minors – specifically an 18% increase in these cases compared to the previous year. Additional data presents that 405,598 children are known to social services, and make up approximately 13% of all the children in Israel. The number of children of family/direct risk is on the rise of 1.5% compared to the previous year: 341,612 children in total. During 2021, 55,321 children were turned over to the juvenile justice department of social services as victims of violence. The most common reasons for reporting were neglect (21%), physical violence (25%) sexual violence (11%) (Children's Peace Council, 2021).

An additional wide-ranging study focused on reports from the children themselves. This study was conducted over a period of three years (2011-2014), nationwide, and included 713 schools in various regions and sectors in Israel; 12,035 children ages 12-17 participated in the study. The scope of violence and violence among youth in Israel was examined, as

well as inciting factors and deterring influences of violence and neglect among children and youth, in order to serve as an index that could be available to professionals, government officials and policy makers.

Findings from the study indicate that half (52.9%) of the completed surveys indicated that these children experienced one type or another of violence. In other words, one of every two children experienced at least one type of violent behavior – verbal, physical emotional, sexual, neglect or exposure to violence in the family – at least once at varying levels (mild and severe). Almost half of these children (45.1%) reported exposure to one type of violence, a quarter reported two types and 30.7% reported multiple incidents of violence, i.e., three to six different types of violence. The percentage of incidents of emotional violence was the highest; exposure to this type of violence was 31.1%. 18.7% of the participants of the survey had been sexually assaulted, 17% suffered from emotional neglect and 9.8% were exposed to domestic violence (Lev-Wiesel & Eisikovits, 2016). This data indicates that the number of incidents and exposure to various forms of violence in all sectors is quite high, both of criminal cases and reports from children and youth.

Taking a closer look at the rate of violent phenomena in Arab society in Israel, it seems that in the past years awareness of violence towards children has increased and is gaining recognition (Masarwa, 2016; Halifa, 2017). Despite this, research indicates that the percentage of children who experience violence in Arab society is still stable and high, regardless of the low rate of reporting (Palestinian Central Bureau of Statistics, 2019; Lev-Wiesel & Eisikovits, 2016; Al-Eissa, 2015).

According to an epidemiological survey (Lev-Wiesel & Eisikovits, 2016), children in Arab society in general, and in the Muslim sector in particular, are exposed at a greater frequency to all forms of violence than their Jewish counterparts. For example, of the 52.9% of the participants who were exposed to violence, 67.6% were Arabs, as opposed to 49.6% who were Jews. These gaps are reflected in all forms of violence: sexual violence (18.7% of all participants in the survey) was more common among Arabs (23.2%) as opposed to the Jewish sector (17.7%), and a slightly higher gap regarding physical violence. Physical neglect

and emotional violence are twice as prevalent in the Arab sector (physical – 33.1% ; emotional – 40.3%) than in the Jewish sector (physical – 14.6% ; emotional – 29.1%). In a recent survey of the rate of violence in Palestinian society it was found that 62% of the girls and 68% of the boys up until age 11 experienced physical violence by an adult caregiver during the past year, and of that number, 18% of the girls and 26% of the boys experienced extreme physical violence. 74% of the girls and 79% of the boys of the same ages, experienced psychological violence. In age groups between 12-17, 44% experienced some form of violence from one of the parents, 63% experienced psychological violence and 25% experienced physical violence. In addition, 7% of the girls and 26% of the boys in the same age category, experienced physical violence from a teacher and 12% of the girls and 18% of the boys experienced psychological violence in the twelve months preceding the survey (Palestinian Bureau of Statistics, 2019).

In order to better understand the social-cultural context in which this violence occurs, characteristics of Arab society will be explored.

Chapter 4: Arab society in Israel: Domestic characteristics and perception of the child

4.1 Internal characteristics of Arab society in Israel

At the onset of the year 2022, Arab society made up 21.1% of the population in Israel. Among this minority, which accounts for approximately 2,000,000 people, 84.8% are Muslim, 7.4 Christian Arabs, and 7.8% are Druze (Bureau of Statistics, 2021). Arab society in Israel, despite its diverse religious affiliation, comprises mainly Palestinian Arabs who became a minority of a wider population that fled Palestine to neighboring Arab countries during and following the war in 1948 (Naffa, 2008; Rinawi, 2003). In the past decades, Palestinian Arab society in Israel has experienced traumatic historical events, beginning in 1948 with the founding of the State of Israel, which the Arab population refers to as the "Nakba" – the catastrophe. Indescribable grief ensued as the result of the changes and devastation of a population that had been the majority up until that time, and was forced to flee. The majority of the population emigrated to neighboring Arab countries, and the minority remained in Israel (Manna, 2008). With time, this minority became a fifth of the country's population, as presented above.

Culturally, Israel is considered unique in light of its multi-culturalism, brought about by the immigration of Western and Middle-Eastern Jews to the country. The dominant Western culture to which the Jewish population is affiliated, encourages individualism, contrary to that of the Arab culture, that emphasizes collective cultural components and serves as an alternative to the source of security that the country does not provide (Manna, 2008). Arabs in Israel have their own uniqueness as opposed to Arabs in the rest of the world due to their minority status within a Jewish majority, largely defined by a Western culture side-by-side with Arab culture and language within which is a tapestry of sub-cultures and religions: Muslim, Druze, Christian, and Bedouin. This cultural mosaic that exists within the Israeli-Jewish domain is comparable to an existential cultural conflict. Despite the growing numbers in population and development, Arab culture in Israel is still suffering from

tremendous distress related to acute discrimination in almost every facet of life, in both public and private arenas; legislation, budget, public services, settlement, occupation and living conditions, in addition to the ongoing Arab-Jewish dispute. In addition to the discrimination, the Arab population in Israel is struggling for its place in society, its rights, land parcellation and basic resources (Haj-Yihey, 2017; Lavie, 2010; Manna, 2008).

Thus, Arab society in Israel exists between two main factions: the first is modernization and the second, adopts tradition and religious allegiance and preserves traditional collective values. This has led to the definition of Arab society in Israel as a "transitional society": traditional, agricultural and collective society, that is undergoing a process of urbanization and modernization (Manna, 2008). This situation results in personal and interpersonal conflicts (Al Kranawi, 2004; Dwairy, 1988). As such, religion and culture are considerably influential in how adults behave towards children in general, and how they relate to violence in particular, the domestic construct, women's status, dividing domestic functions and responsibilities (Goldstein et al., 2010) as will be explored.

Most of the Arab society in Israel functions as a tribal society in which the family or "*hamula*"¹ (a kinship group) is central. The emphasis is on the collective identity that is influenced by the familial, community, ethnic and national identity and less on individual identity, while the individual is expected to forfeit his individuality for the sake of the whole (Jeraissi, 2013). The perception of the individual's personality develops as part of the development of individualism in Western society.

However, in a collectivist society, as Arab society is defined in Israel, the individual's personality is influenced by the collective, as well as his reactions. The difference between the two is the level of the individual's independence from the family. Thus, when

¹ Social Research on Family Lifestyles among Arabs in Israel, Majid Al Haj, 1989

there is a country and a supporting social system like in the West, it enables independent personal development, and unlike the Other. However, in a collectivist society, without any governmental intervention, the family is what the individual is dependent upon and where he is protected, but at the same time, his independence is not realized (Dwairy, 2004).

As aforementioned, in the recent decades Arab society in Israel has been undergoing many changes in various arenas: political, economy-wise, educational, socio-demographic and cultural, that generate a change in the family construct and in the status of the children and women (Al Haj, 1995, 2019). The modernization process is defined as a transition process from a traditional rural society to a modern industrial society (Khalaila, 2012). For example, within the framework of this modernization process, benefits were seen in the level of education, in higher education and in politicization (Al Haj, 2019). In the last decade, many Arab women were able to break through the glass ceiling and increase the number of women who join the workforce outside of the home and women who seek an education, despite the tremendous effect the Covid-19 pandemic had on Arab women's unemployment (A'id, 2021). Despite the many changes that the Arab society in Israel is undergoing in the face of modernization, it still adheres to many of the collective characteristics according to which the constraints of the group often override those of the individual (Geraisy, 2013; Dwairy, 1998). There is less room for opinion and the needs of the individual and importance is placed on preserving societal norms. In cases where the individual behaves in contradiction to what is expected, there are certain consequences that might include social punishment (Achoui, 2003; Dwairy & Van Sickle, 1996).

4.2 Characteristics of the Arab family

One of the main characteristics of the Arab family is belonging to a “*hamula*”. The hamula is a conglomerate of small families that are descendants of the same grandfather, and they are "blood" relatives. The hamula maintains a central status in Arab society and provides security and adhesion, but also has the power to make decisions for the individuals who belong to the hamula (Azaiza et al., 2009). Most Arab families live in a cooperative apartment

building setup or in the same neighborhood and are perceived as a single unit by the family and in the eyes of the external community (Nashef, 1992).

In a collectivist community the emphasis is on conformity, commitment and sacrifice for the sake of the collective, so that any member of the hamula who behaves according to the values of mutual commitment, is rewarded by the family (Goldstein & Laor, 2010). The family continues to receive status and esteem even in modern times; therefore, preserving the family, how it is presented and appears and its public status, serve as crucial values that rule the behavior of the individual who seeks to maintain their respect (Hakim-Larson & Nassar, 2008).

The Arab family structure goes hand in hand with Arab society's patriarchal, patrilinear and hierarchical characteristics, (Dwairy, 2004; Haj Yahia, 1995); the base of the structure is age and gender. The hierarchic patriarchal structure within the home, hamula, and community is manifested by the men being at the apex of the pyramid. Within this masculine section, we can find the sheik or the head of the hamula that leads the hamula. Next on the pyramid are the women, the eldest women first, and the younger women last; at the bottom of the pyramid are the children. According to this division, it is expected that the younger members of the hamula will comply with the elder members via authorization (Azaiza et al., 2009). This domestic hierarchy has existed in the Arab family for generations, although the Muslim religion clearly emphasizes equality between gender, and mutuality among adults and children (Dwairy, 2006). In order to maintain balance within the milieu, Arab society places importance on preserving family relations that include the accepted behaviors according to the collective and solving problems within the family without involving state services (Haj Yihia, 1994).

It is apparent that the importance of preserving the family honor and the external image receives a seminal status in the Arab community as well as in the children's education, seeing how it overrides the internal truth of the individual, as well as causing the individual to forego interests that are perceived as negative out of fear of damaging the external image of the family. This situation may cause feelings of guilt and shame in the individual, might

affect self-image (Markus & Kitayama, 1991; Dwairy, 1998), and might even force the individual who challenges these rules to feel internal and external conflict, feel like a traitor, coupled with the possibility of being punished by his community (Azaiza et al., 2009). More often, Arab society employs the method of "concealing" and finds it very difficult to overtly express issues that might influence their external image, such as struggles, crises, hurtfulness and feelings – all the dynamics of a relationship and family that might lead to rumor and damage the family's image. The family's reputation has ramifications on the children's future marital prospects as well (Dwairy, 1998, 2006).

In the Arab family there is a connection between the individual identity and the collectivist identity of the individual (Arar & Haj Yihia, 2011). The intense transformative social and economic changes, influenced by the Jewish-Arab conflict and processes of globalization and modernization, are apparent in the Arab family's characteristics as well. The transition from a traditional society to a more modern one has brought about an inter-generational conflict between parents who were raised on traditional social values and the younger generations that have begun to adopt more Western traditions, based on a more individualist society (Dwairy, 1997, 2004, 2009). This conflict is manifested by the level of education and lifestyle, the decline in the influence and dominance of the extended family (hamula), an improvement in the status of women and children compared to the past and a combination of Western and traditional norms (Dwairy et al., 2006). The Arab family today can be defined as polarized, while sharing a wide range of demographic characteristics, such as housing, the style of the home and the number of children (Abu-Baker & Yihia, 2015). Differences between families that live in cities are apparent in the tendency to adopt Western norms and education, as opposed to those families living in the villages that prefer to maintain traditional culture and norms and preserve the family hierarchy (Elrazak, 2004). Furthermore, the family in Arab society still plays a seminal role; it contains the nuclear family – the father, mother, and the children – as well as the extended family that includes aunts and uncles and grandparents from both sides of the family – who can have a say in the children's education as well (Abu-Baker & Yihia, 2015).

One of the characteristics of the family that has continued since the beginning of the establishment of Israel is the "head of the family" – the man and the breadwinner and patriarchic authority in the Arab family (Naffa, 2008). Despite the process of modernization, the father has maintained his traditional role as the head of the family, especially in regarding decisions related to his wife and children (Abu-Baker & Yihia, 2015), and the attitude towards women in reference to creation and childbearing, as male children are preferred over females. This status is reflected by the parental attitude, men and Arab society towards girls (females) which influences the development of the female adolescent. Females in Arab society help with domestic chores, help raise their younger siblings and are given a great deal of responsibility, and are conditioned to accept authority, especially from men (Abu-Baker, 2006). Co-educational games are not always accepted, especially if a girl imitates "boy" behavior and vice versa. Modesty among females is a high priority and contact between the sexes before marriage is strictly forbidden, to the point that any disobedience of this sanction might lead to fear mongering and punishment by the males in the family, i.e., a father or a brother. The female is in a constant state of anticipation of marriage and becoming a homemaker, placing this status as top priority (Nashef, 1992; Abu-Baker, 2006). Azaiza et al. (2009) stresses that in the wake of modernization and change occurring in Arab society, the status of women wavers between two poles: tradition and modernization. There is still gender discrimination and inequality that causes discrimination within Arab society in Israel (Abu-Baker, 2009).

4.3 Children in the Arab family

In Islam, children are mentioned in the Qur'an as "*zinat el khiyat elduniah*" (Surah el Kahaf, Aya 46) – the beauty and joy of life. Bringing children into the world in Arab society is a supreme asset, as they serve as the family continuity, especially the males who perpetuate the family name. Women who give birth to males are granted validity in the marriage and receive "*isnad*" - support, or security in the father's absence or death (Ajabaria, 2013).

As mentioned, Arab society is hierarchic, children's status is marginal, the central status belongs to the man, and then to elderly women (Abu-Baker, 2009). Due to the nature

of the Arab family, the extended family often takes part in raising the children, so the family becomes a mediating factor between the individual and the society and influences the child's development (Abu-Baker & Yihia, 2015). On the other hand, this situation turns children into an object and legitimizes disregarding their feelings and desires. The perception of children is of an entity that does not feel or understand, and has no any emotional status. Children are meant to obey and care for their parents, contrary to Western education. Islam commands children to comply with their parents and other adults (Abu-Baker, 2009, 2013).

Although religion encourages a bond of love, benevolence and a healthy relationship between parent and child, parents are lacking the tools and awareness of the implications of this traditional education. Despite the legal definition that aspires towards preventing violence towards children, it seems that there is still legitimization for parents and teachers to use violence “for the sake of the child” – to educate and discipline – for a better future. This standing of punishment is devoid of parental guilt because the intent of corporal punishment is justified, and as such, there are no emotional implications on the child (Abu-Baker, 2009). This issue will be explored from the perspective of Arab culture in the following section.

4.4 Violence from the perspective of Arab culture in Israel

In Islamic Arab countries, domestic violence is still not a central concern, despite its frequency and severe ramifications. Surveys from Egypt, Palestine, Israel and Tunisia indicate that at least one of every three women is beaten by their husbands. Complacency towards this type of violence stems from an approach in which domestic violence is a private matter, and even a response from the husband justifying his violence because of his wife's inappropriate behavior is acceptable. Sections from the Qur'an are used to prove that abusive men who hit their wives are carrying out God's commands. These religious justifications, with the addition of preserving family honor, lead the violators, the victims, police and professionals in health organizations to join the "conspiracy of silence", instead of exposing these misdemeanors. However, an accurate reading of the Qur'an indicates that violence of

women, such as mutilating sex organs and "honor killing" are a result of culture and not of religion (Douki et al., 2003).

A painful issue in Arab society is coping with extreme violence, both within society and towards society. Society is leading a persistent struggle in the face of a high crime rate and violence within the Arab settlements, predominantly with no police intervention (Shakhbari et al., 2021). It can be seen that despite its proportion of the entire population of Israel, the rate of violence within Arab society makes up a much larger segment. From a wider-scaled observation of this phenomenon, approximately 45% of homicides in Israel occur in the Arab sector as well as 65% of the homicides of women by their spouses. Homicide of women has become associated with the Arab sector, though among all homicides, there is a much higher percentage of men. Since 2006, there has been a steady increase of violence in Arab society. Concurrently, between 2014-2016, 95% of the shooting incidents in inhabited areas occurred in Arab communities (Rivlin, 2020). In 2020, 113 Arab citizens were murdered, 17 of whom were women. These data represent a 90% rise in the past five years, while only 20% of the incidents of homicide were solved by the police – most of which were executed with firearms, and were a result of conflicts between hamulas or criminals (Shakhbari et al., 2021).

The following year, 2021, there was an additional rise: 126 Arab men were killed, half of whom were under the age of 30, and 16 of them women. These data represent 12.8% of incidents of violence and crime in Israel, indicating a steady rise in the past few years in relation to the percentage of the Arab population in Israel, indicating a record high of homicides to date in Arab society in Israel. This number expresses the perspective towards violence in Arab society in Israel and aids in exploring the phenomenon from a socio-cultural point of view (The Abraham Initiatives, 2021). These high rates of violence affect Arab society in many facets such as economic, education, socio-economic, etc., coupled with a rise in a sense of uncertainty in Arab society (Shakhbari et al., 2021).

As stated, in Arab society, it is still considered legitimate for parents and teachers to revert to violence for "the sake of the child" and the desire to educate their children towards

a better future. Parents feel no remorse or guilt for this behavior, as this type of physical punishment is justifiable, and there is no concept that physical violence might have negative emotional ramifications on the child (Abu- Baker, 2009; Khoury-Kassabri, 2019). Some explain the widespread use of violence towards children in Arab society in Israel as a result of authoritative values and socialization processes based on punishment, in order to instill culturally acceptable norms and values. Research indicates that there is a correlation between the level of parental belief in their ability to have an effect on their children and the use of physical violence and psychological aggression among Arab mothers. Mothers who perceive themselves as having difficulty disciplining their children, support physical punishment more than mothers who are successful at disciplining their children (Sanders & Woolley, 2004). The effect of using violence towards children within this context may cause behavioral disorders and emotional difficulties (Hill & Bush, 2001). Additional research indicates that social stress is an exacerbating factor for mothers who use physical violence towards their children, as well as a mother who perceives her spouse as supporting this behavior, or complete lack of involvement in raising the children. Mothers who perceive their spouses of having little input in child-rearing, use more violence in order to discipline their children (Grice, 2002).

There is greater importance regarding these factors among Arab women, as aforementioned, in the past four decades Arab families in Israel are undergoing a transition into modernization as a result of exposure to Jewish society and the liberal, democratic policies of the State of Israel. One of the seminal changes generated by this exposure relates to processes in gender-role equality among married couples (Haj Yahia-Abu Ahmad, 2006). It seems that more Arab women believe that responsibility for the children should come from both parents. This change is significant mainly within the context of a decline in the use of physical violence as a form of punishment. It is noteworthy that this type of punishment is more prevalent towards boys than girls. Perhaps this is because boys are perceived as "stronger" than girls and harder to control (Khoury-Kassabri et al., 2014).

In conjunction with theories indicating that families are a system, there is high probability that norms of violent behavior among parents are manifested among children

through inter-generational transference. This issue has secondary importance from the perspective of Arab culture in light of its characteristics. In addition, the field of research indicates a correlation between violence from family members and symptoms of depression among children and youth and that this connection increases over time. In a study comparing Jewish children and Arab children in Israel it was found that Arab youth have more violent behavioral norms than those of Jewish youth (Khoury-Kassabri et al., 2020).

Research on violence in general in Arab society, particularly towards Arab children and youth raises concern; in relation to the high rate of violence (Al-Eissa et al., 2015; Lev-Wiesel & Eisikovits, 2016; Masarwa & Khoury-Kassabri, 2017) and the perspective of Arab parents towards the severity of child violence, within the context of demographic variables (Elias, 2017), Arab art therapists' perception towards violence towards children (Alfandari et al., 2020) and mandatory reporting and art therapists' experiences within this context (Masarwa, 2016), and the low rate of mandatory reporting of violence in Arab society, does not reflect the existing reality (Usta et al., 2012), etc.

According to the law, an adult who is aware of an incident of violence, whether sexual, physical or psychological must submit a report to the police or children's protective services or a social worker. In Arab society, mandatory reporting was enforced in educators only in 2014, and despite this progress, it is still infringed and not fully practiced. Many of the reasons stem from the characteristics of Arab society, one of them being the collective and conservative nature that renders mandatory reporting a conflict within the entire family (Al-Eissa et al., 2015). Researchers claim that due to the difference in values between the field of therapy and Arab society, meetings between them may cause conflict (Al-Krenawi & Graham, 2000; Abu-Baker, 2009).

It can be stated that despite the changes and modernization processes that the Arab population is undergoing, when feeling distress, many people might still prefer to turn to clerics and traditional religious healing rituals (Abi Asba et al., 2014; Al-Krenawi & Graham, 1996). As a collective society, Arab society emphasizes values in favor of the group and at the expense of the individual. Self-image tends to depend on family-societal status and less

on personal achievement (de Fiano, 2010). Belonging to a collective is a very crucial and significant factor and above all conflict, when the individual's conflict with the society is perceived as emotional imbalance (Dwairy, 1997; Triandis, 2018).

Often, Arabs in Israel sense a lack of trust and alienation when encountering social health/mental health services in Israel (Al Krenawi, 2009; Diab & Sandler-Lif, 2011). There is a lack of mental-health care services and Arabic-speaking therapists in cities and Arab villages (Vacnin, 2008). Traditional norms of the Arab minority in Israel that relate to sexual behavior and inappropriate behavior do not encourage disclosure of information to the authorities. These norms contradict Western cultural norms that are dominant in Israel. Many Arabs in Israel believe that the law in Israel does not properly take into consideration the immediate negative and long-term impact that revealing court proceedings have on the Arab family structure and its reputation. These intersecting perspectives continue to have an impact on family decisions vis-à-vis addressing incidents of violence towards children without the aid of authorities. This empowers cooperative dependence among four basic bands: the individual, the family, the extended family and Arab community during crises. Both high-functioning and low- or non-functioning families consistently relate to the families' needs and those of the extended community and in return they seek advice and solutions from these bodies during crises, instead of turning to the legal services of the State (Abu Bar, 2013).

The functionality of the extended family and Arab community is measured by their ability to offer services and support that are considered culturally accepted solutions. Thus, if a functional family discovers an incident of incest, they are expected to offer help and support to both their children (victim and perpetrator) and their child and their relatives or their child and the offending family in their community. When the collective takes responsibility to mend the damage of the crime, they intensify the family and societal norms in their community. On the other hand, if there is an incident of sexual offense from an outsider, they believe that the authorities must get involved as an act of revenge and exclusion from the Arab community (Abu Bar, 2013).

When reporting that leads to the removal of a minor (in cases of violence), the report itself is considered a direct infringement on the family's authority and honor, which raises fear and often exacerbates the child's condition and status, impedes upon his treatment and the conditions in which he returns to the family from which he was removed. Nevertheless, the law requires reporting (Abu-Baker, 2009) what turns professionals into a "pipeline" through which information regarding the child, the authorities and the family travels. This situation entails many consequences for the therapist and the therapy (Abu-Baker, 2009). In cases of sexual assault, the reaction from the community might be even more severe, manifesting in blaming the victim, harm, separation and separation of the family. This causes secondary damage, causing recurring dynamics or prototype (Abu-Baker, 2009).

Concurrently, one of the complex issues in Arab society is sexual violence towards children. Attitude towards sex in Arab society is divided into two categories: legitimate relations between married partners (spouses), or a sinful, illegitimate liaison (Ilkharacan, 2000). Rape and incest are of the most severe sins, and victims of these sins must not be blamed (Qur'an, 5:33, 24:10). Based on this, Arab families are extremely sensitive to matters that might be shameful that deeply damage family and individual honor and reputation (Abu-Baker, 2005, 2007). Fear of shame is intensified by a dominant external focus of control that is influenced by collective norms (Brewer & Yuki, 2007). According to Kagan and Schlossberg (1989), there are instances in which parents are sexually violent, as well as those who were not violent, force their children to conceal the sexual assault as a family secret. In these types of families, the victims cannot seek external support. These parents conduct themselves in such a way as to maintain their public image.

In traditional Arab communities out-marital sexual relations are viewed as extremely harmful to the honor and reputation of the victim, the offender and the families of both sides (Ananam, 2006; Tuma-Suliman, 2006). When according to cultural perceptions a family's honor is disrespected, there is a possibility that "honor killing" – the murder of the victim - might ensue to restore the family's honor (Goodwin 1995; Hassan, 2003; Shilhuv-Kiyorkian, 2005). Concurrently, education regarding sex or sexual violence in Arab schools does not exist. This silence contributes to the risk of harming the victim of the sexual violence

(Abu-Baker, 2006). Thus, submitting to these cultural norms, silences to a great extent any professional and social discourse regarding sexual violence in the Arab society towards children. However, information regarding sexual offense against children in the Arab world began to appear in the 21st century, especially with the increase of information on the internet.

One of the leading factors in the high rate of sexual offenses against children in Arab society in Israel is the characteristics of Arab society itself. The cultural-societal context in which the Arab families (Muslims, Christians and Druze alike) live, affects their response to sexual violence. As stated, family connections within Arab societies are still conducted according to traditional norms. The family, and not the individual, is the basic unit in Arab society. Arab families are patriarchal and patrilocal, where men live in close proximity to their family of origin, and women move to where her in-laws live (Al-Haj, 1987; Abu-Baker, 2012). Common opinion is that collective interest overrides individual interest. In general. People who are born into small societies live near their relatives, who become lifelong neighbors, and often work together and rely on each other for economic, political and social support (Dwairy, 1998; Abu-Baker, 2012).

These conditions affect the sense of psychological and social security of the individual, mainly trust and reliance on the family of origin and the extended family as a support system (Abu-Baker, 2012). However, this proximity is often the cause of complications and tribulations. There are many cases of sexual assault that is executed by members of the extended family (Abu-Baker, 2006).

The psychological and social response to Western court proceedings causes more mental and social harm for the victim as an upshot of the clash between collective societal norms (Dwairy, 1998a), as the family reputation is one of the most important resources that the Arab family has. A poor reputation might adhere to a family following culturally or religiously inappropriate behavior. All the members of the extended family carry the weight of this misdemeanor, which can include economic sanction and/or social marginalization. As a result, fear of bringing shame upon the family serves as a form of control. This practice ensures acceptable psychological and social behavior. The individual is expected to suffer in

silence, if airing his suffering might bring shame to the family. Thus, when reporting an incident of violence towards a child within the family, in Arab society it is incumbent upon the family to do this sensitively and carefully, without infringing upon the family's social integration, as this type of report to an external body is perceived as harmful to the values and secrecy of the family itself, which provokes serious conflict within and outside the family (Abu-Baker & Dwairy, 2003; Halaby, 2004).

In light of this, Abu-Baker & Dwairy (2003) offered a culturally transcending model in exchange for mandatory reporting, claiming that mandatory reporting is not culturally suitable for Arab society that is fundamentally a collective, as opposed to Western society that is fundamentally an individualist society. Contrary to Western societies in which the government takes responsibility for the needs of its citizens, where there are rules whose aim is to protect the victims of violence and punish the offenders, in many collective societies people live in a mutual dependency with their families. The family, and not the government, is the main protective factor. Enforcing the law against offenders for the most part threatens the unity and reputation of the family, and therefore this possibility is denied and families turn against the victim. Instead of punishing the offender, families protect him and often blame the victim for the turmoil that he has created. Consequently, these researchers offered a culturally sensitive intervention model that includes six phases: 1. Verifying information 2. Family mapping 3. Connection with advanced authorities 4. Condemnation ceremony, requesting forgiveness and punishment 5. Individual therapy for the victim 6. Family therapy and close guidance. Culturally sensitive intervention that takes advantage of the family's power, in favor of the victim of violence prior to law enforcement, can achieve the same juridical goals such as State intervention, without threatening the family spirit, unity and reputation (Abu-Baker & Dwairy, 2003).

Despite the importance of immediate reporting in order to cease the assault and treat the victim, the mandatory law to report is not applied entirely, mainly in Arab society in Israel. On the contrary, reporting can blame the victim as destroying the family, and placing the offender in jail does not necessarily ensure physical and societal or traditional protection in this society (Abu-Baker & Dwairy, 2003).

Moreover, comparing the number of reports between Arab and Jewish societies, it seems that in Arab society the percentage of assault is higher than in the Jewish sector, even though the number of reports is lower in comparison to the Jewish sector of a similar number of children (Lev-Wiesel & Eisikovits, 2016). This discrepancy in reporting is seen as a result in lack of the State's promoting educational resources and social services (Ben-Arieh & Haj Yihia, 2006).

Chapter 5: Art Therapy

5.1 Art therapy: definition and development

Creative Arts Therapy is an umbrella term for healthcare professions that use the creative and expressive process of art-making to improve and enhance the psychological and social well-being of individuals of all ages and health conditions. Creative arts therapies use the relationship between the patient and therapist and patients in group or dyadic therapy in the context of the creative-expressive process as a dynamic and vital force for growth and change. The creative-expressive process engages physiological sensations, emotions, and cognition, facilitates verbal and non-verbal symbolization, narration, and expression of conscious or unconscious conflicts and meaning through inner and external dialogue and communication between oneself and others (Shafir et al., 2020, p. 68).

Concurrent with the development of man throughout history, modes of expression through art have developed as well. Various methods of creating art – drama, drawing and sculpture, dance and movement, have developed throughout the years in many countries and cultures, while shamans and clerics used these tools of expression and creation for curative purposes (Stuckey & Nobel, 2010; Casson, 2016). The field of creative art therapy began in the 1920s and 1930s, while different types of artists used different types of art as a therapeutic tool with people who had suffered some aspect of distress or had been admitted to health-care institutions. In the 1940s, at the end of WWII, with the return of millions of soldiers suffering from post-war PTSD, the United States and Great Britain recognized the power of therapy using art as treatment. The use of drama, music, movement and other forms of art were experimented with by psychotherapists and psychologists, who realized that psychoanalysis was not the suitable means of therapy for less verbal patients. From this point, legislation began to regulate the field (Foa et al., 2009; Lahad, 2009; Malchiodi, 2020). Years later, art therapy became a natural tool for mental and emotional therapy that enables a therapeutic process for analyzing thoughts, behaviors and feelings of individuals in relation to their psychological, social and cultural conditions in which they live. This is to enable the

patient to develop tools and capabilities to cope with difficulties both consciously and unconsciously (Bailey, 2007; Lahad, 2009; Malchiodi, 2020).

The roots of art therapy stem from the therapeutic work of Carl Jung (1963), which requests patients to illustrate their dreams, while processing occurs through the interpretation of the illustrations. With the development of this field, tools of this sort became a therapeutic, and even diagnostic means, while its non-judgmental and empathic perception of the patient's projection of the content through art emergent from the patient's inner world serves as its essence (Case & Dalley, 2014). The field of art therapy ascribes to the field of psychotherapy. In the 1940s, psychologist Margaret Naumburg coined the term "Art Psychotherapy". Edith Kramer, who was one of the first artists who used art as a means of therapy chose a more accurate term: "Art as Therapy," emphasizing the importance of art as a therapeutic tool and the non-verbal space as therapy (Foa et al., 2009; Johnson, 2009; Malchiodi, 2005). Melanie Klein (1955), was one of the first to emphasize play and the arts as expressive tools for children to express their emotional world non-verbally.

Art therapy combines elements from psychology and the arts; thus, the art becomes the language used as expression by the patient. In this arena, the patient can share his/her feelings, thoughts and experiences that cannot be expressed verbally. As such, this type of therapy is especially suitable for children, particularly those who find it difficult to conceptualize their thoughts and feelings verbally (Jennings & Minde, 1993; Malchiodi, 2005; Lahad, 2009). Thus, creative art therapy differentiates from psychotherapy, that relies on verbal discourse, mostly in a static setting. In addition to discourse, art therapy includes modes of expression that are non-verbal and activate the right brain lobe, which activates imagination and creativity, encouraging therapeutic processes. Through this process, the "inner artist" is developed, that contributes to play and creativity along with raising the patient's cognitive awareness (Foa et al., 2009; Lahad, 2009; Berger, 2021). It can be asserted that art creates a new space – an intermittent space between the artist's inner world and his/her external reality. Thus, the creation becomes a space that forms a link between two worlds. During this process there is sensory expression and creativity of the emotional world, that enables both a non-verbal and verbal, cognitive, sensory and emotional discourse, and

exploration of conscious and unconscious areas, through imagery related to the artistic creation, which generates a change in the patient's inner world (Jung, 1963; Winnicott, 1971).

In visual arts, for example, the creative process using art materials entails a continuity of mental and emotional work; the medium (pencil, gouache, or marker) has a different place in relation to the patient's emotional therapeutic process as well (Ogden, 2019). Thus, the characteristics of the medium affect the patient-therapist process and creation, and the inner and deep-seated dimensions that exist in the fantasy setting are influenced by the imagination. Thus, art, play and metaphor serve both in individual and group settings as the foundation for developing coping abilities, resilience and strength for each and every human being.

Art enables the expression of self and that of the inner world; it releases tension, broadens perspectives and connects to others, in a way that transcends age, gender, culture and language (Berger & Lahad, 2013; Berger, 2019). In addition, art has a great impact on the body and mind, as the imagination aids the physical, emotional and spiritual connection. The spectrum of art in creative activities (drama, music, writing, dance, etc.) enables an inner and external dialogue between the self and the other. The source of the dialogue is in the inner world, and later it emerges to the external, concrete world. This process of choice and planning, performing art through imagery and metaphor and sharing the work with another person, develops self-confidence and assertiveness that might aid in similar situations in real life (Berger, 2021).

For both children and adults who suffer from various emotional harm, art therapy serves as a potential therapeutic solution for empowerment and fostering self-confidence; it provides a space for expression and creativity. Art therapy, that utilizes sensory implementation through media and play, fantasy and imagination, leads to healing of the individual, the group and finally the family and community, especially pertaining to significant life events and incidents having a traumatic nature (Jennings, 1990, 2011; Lahad & Berger, 2011; Berger, 2014; van Westrhenen & Fritz, 2014; Malchiodi, 2020; Berger, 2021).

Thus, drama therapy includes a variety of artistic languages based on activity (drama comes from the Greek: act / do), such as movement, music, visual art, roleplaying,

improvisation, playback theater, dolls, masks, storytelling and theatrical performances. These tools are combined with psychotherapy, with the aim of strengthening inner resilience of the individual, to raise personal and interpersonal awareness and develop coping mechanisms (Bailey, 2007; Berger, 2015; Berger, 2021).

The roots of drama therapy come from approaches in psychotherapy that use dramatic techniques and processes such as gestalt, play therapy and psychodrama. Drama therapy is the closest form of art therapy to psychodrama in its use of roleplay, spontaneity, work with the imagination and the stage, but also encompasses dramatic and theatrical techniques (Jennings, 2000; Halonen, 2018). Furthermore, the individual is granted permission to demonstrate feelings that are not necessarily legitimized in society, by portraying roles and characters from their milieu (Meldrum, 1994; Harari, 2015). According to Gersie (Gersie, 1996a, 1996b), drama therapy relates to several therapeutic models that employ theatrical elements, improvisations and roleplay. Drama therapy creates a learning environment with clear therapeutic objectives, encourages personal insights as the process fosters unique experiences. Drama incorporates the use of many roles, actors, a director and various characters that the patients portray. He/she can portray a depiction of his/her life, through which there is an empowering therapeutic process (Johnson, 2009; Harari, 2015).

Art therapy combines both the various art forms and the sciences (psychology, psychiatry, and medicine) the services of individuals, families, groups and communities. Due to the fact that art therapists touch upon these two fields in their work, research, definition and explanation of the outcome of the work is dynamic; they are often challenging. On the one hand, there is the desire, and often pressure to explain the outcome of the therapy through empiric measures that are accepted in Behavioral/Social Sciences. On the other hand, a large portion of what is compassionate and unique creative expression understood through ways related to art, may disappear, be canceled or pushed to the margins. might possibly disappear, be dismissed or be marginalized, while difficult subjective, inter-subjective, spiritual, interpersonal and artistic attempts are made that are impossible to quantify (Malchiodi, 2018). Furthermore, art therapists are differentiated by the emphasis each place on the importance of inner dialogue during the patient's creative activity, as well as the way in

which they implement and comprehend the process when they begin to interpret the creative product within the framework of the external dialogue between the therapist and the patient (Van Lith & Bullock, 2018), what might also add to the difficulty in empiric and quantifiable assessment.

Art therapy incorporates many unique methods of emotional therapy, such as drama therapy, therapy through visual and plastic arts, music, psychodrama, movement, bibliotherapy, etc. The basis for this therapy is the creative ability of the individual, based on imagination and the healthy strengths that exist in every one of us. The utilization of art provides a means of both verbal and non-verbal expression, increases hope and offers a safe place to process traumatic emotional states (Appleton, 2001, Hanney & Kozłowska, 2001; Malchiodi, 2018, 2020). These advantages for using art therapy are of utmost importance when referring to therapeutic work with children in school settings. The potential enjoyment that working with art entails, engages the children in the comfort of the therapeutic setting, i.e., therapy room (Snir et al., 2018).

At this point, the uniqueness and essence of art therapy have been mentioned. Next, art therapy in Israeli schools in general, and in the Arab sector in particular, will be discussed.

5.2 Art therapy in the education system in Israel

In 1971 the Israeli Association for Creative Arts Therapies (YAHAT) was founded.² The aim of this professional association is to instill a professional and high-quality standard in the field of art therapy as well as to establish and regulate the profession as part of mental health care, along with raising the awareness of the field among the Israeli public.

Since the 1970s, YAHAT has been struggling for the rights of the art therapist in Israel and legislating this field in Israel in the Knesset (the Israeli Parliament). Academic development of art therapy began in the 1980s, while the first academic institution to include the profession was Haifa University, in 2008 (Snir et al., 2018). In the past decade, art therapy has developed from a certified study into an entire Master's Degree program. Since 2014, six

² The Hebrew acronym stands for "Creativity, Expression and Therapy".

fields of art therapy have been recognized in Israel by MALAG, the Council for Higher Education in Israel, the Ministry of Education and the Ministry of Health, who are subject to the syllabus of the MA program (drama, visual arts, music, bibliotherapy, movement and dance) (Berger, 2014; Snir & Regev, 2018; YAHAT, 2021).

As aforementioned, until today, there is no legislation for art therapy that would grant this profession equal appreciation as other fields in mental health (e.g., psychology, social work, and para-medical professions), hence, in the medical and governmental establishment, there is still no agreement on its status and recognition of those working in the field (Baur, 2013; Berger, 2014; Snir & Regev, 2018; Dvir, 2020; YAHAT, 2021). In 1988, with the inclusion of the Special Education Law and its amendment (Amendment # 7, 2003, and Amendment # 11, 2018), there has been an increase in the number of art therapists in the education system in Israel, to provide treatment to children in need and are entitled to according to the law (Yermiyahu & Shaham, 2018). Thus, despite the relatively low status of the profession, the number of people active in the profession is one of the highest in world, relative to the general population: There are more than 6,000 art therapists in Israel, while more than 85% of them are women. The majority of the therapists have a Master's Degree, and approximately 3,000 works under the auspices of the Ministry of Education. The field of art therapy is considered one of the most sought-after para-medical professions in Israel, especially by the Ministry of Education (Snir et al., 2018). Accordingly, this field is increasing in its popularity in the Arab sector as well (Masarwa & Bruno, 2018).

As mentioned, in 1988 the Law of Special Education was legislated in Israel, including its amendments, which provided the right for students diagnosed as having difficulties within the education system (schools and pre-schools) to receive a variety of para-medical treatments, among which emotional therapy through expression and creativity. This law expanded the work of educators into a multi-disciplinary and systemic vocation. To address its efficacy, para-medical staffs were added to complement the general staff (CEO Circular, Ministry of Education, 1999). Regional Support Centers coordinate the para-medical field of art therapy in pre-school, elementary-school and high-school frameworks.

As a result, in 2018, there was a large increase of children entitled to this therapy. This situation led to a significant rise in the number of therapeutic hours provided to the children in the system and an increase in integrative hours; concurrently, the number of art therapists working under the Ministry of Education has increased as well (Ministry of Education, 2020). These trends led to the fact that art therapy is becoming an increasingly more integral part of the educational system's framework. However, this field is still new and in its growth stages, and is still aimed towards the field of special education (Huss, 2013; Snir et al., 2018).

Children who are entitled to art therapy are those who have sat with the placement committee in order to receive this treatment, including academic aid, and health care such as emotional therapy, i.e., art therapy (Ministry of Education, 2010; Guidelines, 2022). As a result of the tremendous value of using art therapy with children, and as it provides a solution for non-verbal, personal, interpersonal and systemic therapy integrated in the education system (Elkara, 2015; Yermiyahu & Shoham, 2018), the education staff and therapeutic staff have a common goal (Gersh & Goncalves, 2006): to enable the students to be “good enough” students; meaning, to have the emotional availability to develop academically, emotionally and socially through personal, inner and environmental work and with the support of significant figures, such as parents and teachers (Wengrower, 1998; Moriah, 2000; Nissimov-Nahum; 2018).

Two main frameworks in which art therapists work within the school system are special education – children with special needs only - and regular education – in a regular school framework with children who are mainstreamed into regular classes, or in special classes for children with special needs, integrated in a regular school, and in regular classes. Schools for children with special needs are usually better equipped for art therapy in terms of space and supplies, professional staff and the use of therapeutic language that is more of a part of the therapeutic infrastructure in comparison with regular schools, in which physical resources for art therapy are often scarce. The art therapist might also experience marginalization: In an integrated classroom, s/he is regarded as a “hybrid”; on the one hand, s/he must supply the child who has special needs with understanding, support, therapy and

instruction accommodated to his/her needs, and on the other hand, s/he is under the same roof as the regular school, which at times interferes with the child's art therapy (Snir et al., 2018). Thus, at times, the relationship between the teacher and the therapist is distant, what might inhibit the possible level of potential. This, as opposed to the special-education framework, which provides a place for meetings and mutual inspiration between therapist and staff members, enhances success for therapy due to the integrated, systemic and multi-disciplinary process (Keinan, 2018). Nevertheless, having art therapy as an option in schools is essential, whether the school is predominantly for special needs or not. The familiar environment aids in creating trust which is necessary for a relationship with the therapist. School is the natural environment in which the child lives for a large portion of the day, and the processes s/he undergoes on a personal, academic, and group level greatly impact the child's self-esteem and development (Hazut, 1998; Moriah, 2000; Snir et al., 2018).

Currently, the Ministry of Education of Israel is considered the largest body in Israel to employ creative and expressive therapists through the Regional Support Centers (Steinhardt, 2004; CEO Circular, 2020; Guidelines, 2022). Having this type of therapy under the umbrella of the Ministry of Education requires specialized therapeutic work from the art therapists that combines knowledge, not only from the world of therapy, but also how to cooperate with the system and staff. In addition to the multi-dimensional work within the education system, art therapists work with all ages simultaneously, such as toddlers and preschoolers, elementary school children, and high-schoolers. They go back and forth between diverse populations, assessing different diagnoses for children, while being compensated for only one salaried position, and at times, only a part-time one. Furthermore, though each art therapist works under the same auspices (Israel Education System), and fulfills the same function in the field of art therapy, it seems that in each case the job is addressed differently regarding physical conditions, staff, as there is no unified standard (Guidelines, 2022).

Art therapists are defined as part of the education system and multi-disciplinary staff; they are an integral part of the teaching staff, under the same roof as principals and inspectors from education institutions, which leads to complex challenges. Thus, despite the importance

placed on art therapy in the school setting, there are many points of friction caused mainly by the juxtaposition of two approaches: educational and therapeutic. This fact raises the need for creating a liaison and dialogue between the therapist and the education system (Huss, 2013; Moriah, 2000; Snir et al., 2018). Based on this necessity, and with the aim of promoting a mutual relationship between these two approaches and regulating the therapist's work within the education system, the circular "Guidelines" was written for all health professions (Yermiyahu & Shaham, 2018). A comprehensive study conducted in Israel in 2013-2015 regarding the education system indicated that having art therapists in the education system has many advantages and disadvantages (Snir et al., 2018), that stem from the nature and unique characteristics of the work. These will be addressed in the following chapter.

5.3 Advantages and disadvantages of art therapists working within the education system

One of the most blatant advantages at the basis of art therapy is the holistic psychological approach, that sees the child as a whole; children are influenced by their environment, so that the family, parental, educational and social environment serve as being highly instrumental in the child's healthy development (Tamir & Regev, 2021). Systemic approaches assert that one cannot fully understand the significance of a child's behavior and offer solutions and coping methods effectively without understanding the reciprocity between the child and his/her environment that affects education, strengths and coping mechanisms (Adoni-Kroyanker et al., 2019). Hence, different approaches such as the systemic approach (Minuchin, 1984) or the integrative approach (Wachtel, 1997), perceive the environment as an inherent part of the therapy. Modern approaches encourage integration and cyclical reciprocity between the various elements surrounding the child (educators, parents and therapists) and places the child and his/her needs in the center through cooperative thought in order to create a change in the child's inner world, and further, in his/her reality in general (Salama, 2016; Moriah, 2000; Adoni-Kroyanker et al., 2019).

In light of this perspective, having the art therapist in the child's natural surroundings along with the approachability to his/her daily reality and systemic elements involved in

his/her life, prevents a distortion of reality (such as a division or denial from the child's point of view), and reduces the disparity between external reality and the therapy room and fantasy (Yalom, 1980).

The art therapist's work within the education system aids in transferring information regularly and throughout the system; the process of sharing enables support in the therapeutic process. Therapy in the child's natural environment and within the education system grants a long-term therapeutic continuum. To this end, therapy in the child's natural environment is one of the main advantages, allowing the therapist to be present in the child's natural environment, outside of the therapy room, and thus being able to assist the child facing difficulties in school, e.g., emotional difficulties originating in the home, social difficulties among peers, or difficulty communicating with the school staff (Nissimov-Nahum, 2018; Regev & Snir, 2018). From the onset of the therapeutic process, the therapist takes part in the choice of therapies together with the multi-disciplinary staff, steers emotional content in meetings and is included in comprising the personal education plan, and the individual personalized program. The therapist works in conjunction with the teachers, counselors and principal throughout the year. In this way, the therapist contributes to the translation of the child's inner world for the staff members, increasing concern for the child, and aiding in support and offering advice to the staff professionally, while maintaining the confidentiality, while on the other hand enabling transference of information (Feldman, 2018). Accordingly, the therapeutic process provides emotional healing provided in the educational setting during the typical school day as part of the curriculum, so that the therapy is woven into the child's natural environment. This enables a direct connection to the seminal figures in the child's life (Huss, 2013; Snir et al., 2018).

As mentioned, incorporating art therapy in the education system is gaining momentum; one of the advantages is the availability and accessibility of the therapy for children in need within the natural school setting (Hassan & Avni-Eylon, 2013; Daoud, 2015; Regev & Snir, 2018; Gabbar, 2020), and who, without these circumstances, would not have access to the therapy. In cases where children come from low socio-economic backgrounds, having art therapy available in schools alleviates financial burden. In addition, children are

not singled out for this treatment, so it bears no stigma on the child or the family. Because it is part of the curriculum, and takes place within the school, it is not always easy to discern who is receiving art therapy and who is not (Snir & Regev, 2018). It can combine individual therapy with group therapy, which reduces the stigma even more and increases consolidation and a sense of belonging (Waldman & Collins, 2010; Mussa, 2016; Heller, 2018). The setting for art therapy is a place for self-expression, venting feelings, developing resilience and healthy relationships, which strengthen self-image and self-esteem that foster the child's development in various spheres: emotional, social and academic (Keidar et al., 2021).

Research indicates the positive impact the school setting has on the success of art therapy. Therapy helps students to cope with emotional difficulties within the school setting (Gersch et al., 2006; Rosenberg, 2020), and contributes to reduce behavioral problems, aggressiveness and violence in school (Nissimov-Nahum, 2018). This type of systemic therapy is essential, especially among children with special needs (Yermiyahu & Shaham, 2016). It has been found that art therapy empowers children with learning disabilities, (Freilicht & Schechtman, 2010; Mussa, 2016), with attention deficits (Ottarsdottir, 2010) as well as children who are on the autistic spectrum (Bongratz, 2019). It also contributes in coping with difficulties for children and youth at risk (Spier, 2010).

The effect of a relationship between the therapist and child is the core of the therapeutic bond and is crucial for a positive outcome in art therapy. This bond within the school framework improves indicators such as loneliness, self-perception, behavior problems and developing positive emotional relationships (Keidar et al., 2021). Including parents in the art-therapy process together enhances the effect of the therapy among children (Tamir & Regev, 2022).

The two most notable advantages for attaining the most effective outcomes in art therapy are when the therapy takes place in the child's natural environment, hence accessing therapy to a wider range of students and reducing stigma; working within an entire system, in which there is positive influence on the child, parents and staff. Despite the advantages of making art therapy accessible in the school setting, there are many challenges involved as

well that the therapists face within the education system (Regev & Snir, 2018; Adoni-Kroyanker et al., 2019).

Certain schools of thought believe that the school setting is not an optimal environment for emotional therapy; schools are education institutions, and lack of knowledge and availability might reduce its effectiveness and value (Adelman & Taylor, 2000), coupled with lack of tools and resources with which to address students on an emotional level (Lipton-Carey, 2012). A series of nine studies conducted between 2013 and 2015 (Snir et al., 2018) focused on various issues relating to the existence of an art therapist on the school premises. These studies addressed the perceptions of 131 Arab and Jewish women in the education profession, working within the education system in Israel, such as: art therapists, principals, counselors, educators and instructors. Findings indicated many conflicting opinions between the therapeutic and educational perspectives, together with a lack of clear regulations regarding the role and definition of the status of the art therapists in Israel, which impedes upon the establishment of professional identity and affects the various levels of training (Nissimov-Nahum, 2018).

Accordingly, many cases emerging from various studies indicates a “clash” between the educational and therapeutic perspectives. For example, educators seek quantifiable changes, while therapists seek meaning in the process and emotional social change (Karkou, 2010; Tytherleigh & Karkou, 2010; Ayalon, 2018; Snir & Regev, 2018; Gabbar, 2020; Zaken & Walsh, 2021). At times, the education staff opposes the presence of the therapists, mainly due to lack of knowledge about the profession and its nature (Keinan, 2018; Moriah, 2020), or are skeptical regarding its efficacy (Stormont et al., 2011). In addition, vacation, events and changes occurring in the school schedule greatly affect the continuity of the therapy (Wengrower, 1998; Snir & Regev, 2018; Gabbar, 2020). The interaction between educator and therapist might lead to failure due to lack of involvement in school activities, changes in schedule, harboring pertinent information about a child that might be essential for effective treatment, and lack of consideration for the therapist’s freedom in decision-making for the child (Moriah, 2000; Snir & Regev, 2018). Often a situation occurs in which there is tension between therapist and teachers regarding the level of intimacy between the child and therapist

(Wengrower, 1998), or expectations of the teacher from the therapist vis-à-vis sharing information about the child (which might jeopardize the child's right to confidentiality) (Baliti, 2014), as referred to later. At times, the educational interest provides a solution for a greater number of children, which creates a dilemma for the therapist in maintaining ethical issues of confidentiality and providing the best therapy possible. Furthermore, many educators are in favor of placing specific and clear boundaries, which is not always in agreement with the therapist's perspective (Snir et al., 2018).

One of the central challenges is the therapists' status as "guests" in the school setting, and have been placed there in most cases by an external body (Regional Support Center). Therapists are defined in the system as "teachers", which is confusing and causes conflict due to unfounded expectations, such as monitoring the playground or substituting for absentee teachers. These roles require an entirely different encounter with the children, and can infringe upon the therapeutic process. Though the therapists are employed by the Regional Support Center, which determines the number of hours therapists work and to whom the therapists must send their reports, but therapists work on the school premises and are dependent on the school climate and the education staff, and administration, regardless of who employs them (Regev et al., 2016). The therapists in the school are expected to weave a network and build bridges not just between them and the teachers, children, parents and counselors, but also with the head authority – the school principal – whose point of view has a great impact on the education staff (Salame, 2016). For example, Alkara's study (2015), indicates that there is a discrepancy between the principal's perspective and that of the art therapists in Israel regarding confidentiality during the therapy process. The principals requested to enter the therapy room and to have control over what occurs during the therapy session despite the therapists' desire to respect the child's privacy, along with the possible sense of confusion regarding the therapists' role. This leads to the principal's notion that the therapists should be filling other functions in the schools as mentioned above.

In addition, many therapists in the school system have to fight for their basic conditions for therapy, such as equipment, supplies, a location, and privacy. Art therapy requires special conditions that emerge from the profession itself; visual arts require the need

for a sink, a place to store work and a storage space that can be locked. Drama therapy requires space to move about freely and a variety of accessories that can be stored in the room. This can be a problem if the school is lacking classrooms, whereas the same space might be used for academic studies. The physical space is invaded by educators, children and cacophony, which interferes with the level of efficacy of the therapy (Moriah, 2000; Daoud, 2015; Snir & Regev, 2018; Gabbar, 2020). In order to be able to express his/her inner world, a child must feel safe and protected, as well as having access to a private and regular environment – without which s/he might feel a lack of trust (Wengrower, 1998; Moriah, 2000; Friedman, 2018; Gabbar, 2020).

Despite the anchor that enables systemic collaborative work, it might be the source of obvious issues within the therapeutic workspace in the education system such as the issue of confidentiality. Passing on information among various officials occurs often, which indicates a lack of sensitivity required and lack of discretion in maintaining the ethical guidelines due to the nature of the work, which can cause conflict and dilemmas. On the one hand, it is necessary to share information about the child in order to enhance the efficacy of the therapy, while on the other hand, it is imperative to maintain confidentiality (Friedman, 2018). Lack of understanding of the essence of this type of therapy evokes inappropriate demands and expectations (Cooper-Adar, 2006). This leads to a more sensitive challenge within the context of mandatory reporting in cases of possible suspicion of violence or neglect. Often, art therapists in the education system deliberate over whether to report information, and if so, to what official in the school and how, with the utmost consideration for the child's welfare, while avoiding disclosure in the teachers' room, hence turning the child's welfare into a public discourse. This becomes a sensitive issue in more traditional societies, i.e., the Arab society in Israel (Masarwa & Bruno, 2018; Friedman, 2018; Zaken & Walsh, 2021).

Another disadvantage is budgetary shortages, especially in the Arab sector. The meager resources allotted to therapy in the education system do not allow for active therapy. The number of hours allocated to therapy are few, in comparison to the number of children who need it. This is manifested by the many transitions between frameworks or schools that

exhaust the therapists by requesting them to address large groups of children at the same time – not from a therapeutic perspective, but to take care of more children at a given time (Masarwa & Bruno, 2018; Snir & Regev, 2018; Gabbar, 2020). Therapists are often required to fill other roles in the schools, such as attending meetings, filling out reports, sitting on committees, etc., and are “juggled” between frameworks, e.g., schools, Regional Support Centers, classes, various school staffs, and accordingly, many parents of many children when reality and resources are lacking (Snir et al., 2018; Gabbar, 2020).

Therapeutic approaches emphasize the importance of the parental role in their child’s therapy, and there are some who believe that the level of efficacy of therapy depends on the level of cooperation from the parent (Regev & Snir, 2014; Baliti, 2018). Parental cooperation and involvement aids in the child’s adapting to therapy and leads to a more successful outcome of short- and long-term therapies. Therefore, parental training is also important for promoting the child’s therapeutic process (Moriah, 2000; Baliti, 2018). However, when working within the education system, therapists seem to find it difficult to get parents on board. The difficulty begins when therapy is recommended by the school and not by the parents, and there is a disparity between how the parents perceive the child’s difficulties as opposed to the school, or if the parents feel less commitment towards the therapy as it occurs in school, and is “free”. Hence, on the one hand, parental permission is necessary to begin therapy, but on the other hand, their presence and cooperation is often absent. In addition, there are technical difficulties in providing training for parents due to time and work hours, as the therapist might be employed as a part-time position, and is not authorized to receive parents during those hours (Nissimov-Nahum, 2013; Baliti, 2018).

As presented throughout this chapter, providing art therapy in schools has both advantages and disadvantages. Despite its disadvantages, there is no doubt that providing this service in schools is crucial. An additional importance emerges from the integration of art therapy into schools in the Arab sector in Israel (Masarwa & Bruno, 2018; Gabbar, 2020), especially for Arab students who are victims of violence (Mussa, 2019). Thus, art therapy bridges between cultures – educational and therapeutic – in Arab society (Zaken & Walsh, 2011), as will be explored.

5.4 Art therapy in the Arab-sector school system in Israel

This chapter describes the status of art therapy in Arab society in general as an integral part of emotional-therapy professions and the process of introducing art therapy to the Arab-sector school system.

As presented in the chapter relating to characteristics of Arab society, Arab society in Israel makes up 21.1% of the population in Israel. Within this minority, which comprises approximately 2,000,000 people, 84.8% are Muslim, 7.4% are Christian, and 7.8% are Druze (Central Bureau of Statistics, 2021). Arab society comprises diverse groups, varying in religion, level of education, place of residence, etc. (Jaraisy, 2010; Cohen, 2018, Rivlin, 2020). The Israel Ministry of Education divides the education institutions in the various regions between the Jewish and Arab populations. This division carries political, social and cultural ramifications, which cause the Arab population to suffer from levels of deficiencies, especially regarding the Arab-sector education system. These deficiencies are manifested in poor infrastructure of schools, dilapidated buildings, lack of supplies and crowdedness (Balikoff, 2014; Masarwa & Bruno, 2018; Zaken & Walsh, 2021). Concurrently, this situation defines poor conditions for art therapists in the Arab sector from the get go (Daoud, 2015; Gabbar, 2020). Thus, schools in the Arab sector become a place in which the social, physical, emotional and cultural gaps between knowledge and tools and the reality in the field are palpable. There are gaps in gender equality - women therapists within a male hierarchy that supports male authority - gaps in confidentiality, and professional and private ethics (Masarwa, 2016; Ali & Da'as, 2017; Friedman, 2018; Zaken and Walsh, 2021).

Even though the Arab society in Israel is undergoing changes and modernization, as well as being influenced by globalization that has broadened the multi-cultural spectrum, Arab tradition bears a significant influence on the society in general, and on the concept of art therapy as well (Magnússon, 2011; Dwairy, 2012; Abduljabbar, 2018). For example, despite the change in awareness regarding emotional therapy, the Arab individual still expects an immediate solution from the therapist, instead of an in-depth process (Masbakh, 2008). Considering this, questions are raised regarding the adaptation of art therapy in the

Arab sector including training, which is conducted in Jewish institutions using Western methods, without considering the sensitivity of the target culture. This can lead to internal cultural conflicts and obstacles for therapists in the field, and thought regarding to what extent their training is relevant to the reality within which they work, i.e., the Arab sector in general and the Arab education system, in particular. Hence, art therapy in Arab schools creates a discrepancy between what is considered “educational” in the Arab culture and the “therapeutic” approach, which introduces Western culture and new concepts that make room for the emotional world of the child (Masarwa & Bruno, 2018; Mussa, 2019; Hocov, 2020; Zaken & Walsh, 2021). Research indicates that introducing Western methods and approaches into Arab society might prove significantly inefficient and even detrimental (Dwairy, 1997), as opposed to strategies that are anchored in the Arab culture (Baker & Dwairy, 2013; Vaya, 2017).

Thus, an apparent complexity for art therapists who wish to introduce Western psychology, which promotes self-fulfillment and self-expression. They might miss the target when encountering children from Arab society, which encourages collective behavior and self-deprecation. The child might hide or suppress his/her feelings as s/he was taught when facing the therapist, who is perceived as an authority figure (Bakarat, 2000; Zaken & Walch, 2021). Nevertheless, ironically, it might be easier for the parent of the child in Arab society to cooperate and open up towards the therapist from the Jewish sector as an external entity in order to prevent fear of societal exposure, as opposed to seeking therapists from the Arab sector. On the other hand, there are those who avoid exposing personal problems to entities other than family or community for fear of being perceived as weak or disloyal, especially when addressing issues that might infringe on family honor (Jaraisy, 2013). The above examples present the complexity of the art therapist’s presence in schools in the Arab sector in Israel.

Regardless of these challenges, in recent years students in the Arab-sector school system are granted for the first time, accessible emotional therapy in their school – not just in the physical sense, but also in the cultural sense, as the therapists are from the Arab sector and speak Arabic. Art therapy has additional potential and dimensions adapted to Arab

culture which seeks not to expose difficulties; thus, a non-verbal alternative is offered in lieu of dialogue: indirect communication through art therapy. For example, the use of metaphor can serve as a common ground between the various fields of art therapy and can be used through indirect therapy and enable the patient to distance him/herself from his/her own community, as will be presented at length (Dwairy & Van Sickle, 1996; Robbins, 2001). There are several studies relating to Israeli-Arab multiculturalism from the perspective of art therapy that will enable a closer look into this phenomenon and bring various perspectives into light (Zaken & Walsh, 2021), as this study seeks to do.

Hurtado et al. (1999) emphasized the importance and cultural understanding and perceived in social-psychology an additional school of thought in psychology that provides equal significance to understanding the sub-conscious, behavior and the environment, the cognitive self, as to understanding culture. Dwairy (2006) states that culture has a great influence on self-design and the superior self; accordingly, cultural perception has a great influence on mental disorders and seeking psychological help. Abu Asba et al. (2014) claimed that the cultural factors are highly influential on a person's emotional world: feelings, behavior, thoughts and perceptions. Within the Arab context, issues with these facets of life are perceived negatively and are not granted legitimacy, especially since the Arab individual sacrifices his/her Self, and surrenders to the group. The Self belongs to the family and community identity more than personal achievement (Jaraisy, 2013). In support of this statement, the Arab proverb: "لسانك حصانك اذا صنته صانك واذا خنته خانك" ("Your tongue is your horse; if you respect it, it will respect you; if you humiliate it, it will humiliate you.") Another proverb claims: "الشكوى لغير الله مذله": ("Complaining to someone other than God is a humiliation"). In other words, one mustn't share our inner thoughts and feelings with others (Dwairy, 1998).

In his book on metaphoric therapy in Arab society, Dwairy (2009) emphasizes the importance and efficacy of emotional therapy in Arab society. Using the metaphor in therapy is an indirect way to cope with unconscious issues that are repressed and difficult to expose. Before beginning therapy, Dwairy suggests assessing three factors: the level of the patient's independence, the level of tradition or flexibility of the family, and the strength of the

patient's ego and how s/he copes with controversial issues. In cases where patients come from ultra-religious Muslim families in which the level of individuality is low, they might refrain from raising repressed issues. Therefore, the alternative in these cases is through metaphor which brings indirect therapeutic intervention to the forefront, rendering it an efficient method. Furthermore, Arab culture has a wealth of metaphor, including the Quran (Barakat, 1993). Dwairy offers a bio-psychosocial method that views the metaphor as reflecting the individual from three perspectives: the body through transmitters, hormones and peptides; the unconscious through symbols; the social experience through proverbs and expressions that encompass the collective experience. For traditional people, the metaphor serves as a representation of their familiar language and it is used through cultural symbols, expressions and proverbs, which enables therapy by means of metaphoric language.

Art therapy is unique in that it can serve as an intercultural mediator and a channel for self-expression for those whose culture does not encourage direct emotional expression (Huss & Cwikel, 2008). Therapy that utilizes dramatic tools adds elements of intuition, imagination, excitement and power to dialogic therapy, which the patient draws from the very engagement in drama (Faust, 2002). For the therapist, there is an additional element that must be taken into consideration – the patient's cultural world: the codes, norms and values that emerge from this outlook (Jennings, 1995; Elkrinawi, 2005). Another intriguing perspective is discovered from working with art materials. Art, in the Arab world, is not a tool used for emotional expression, but a means with which to express religious ideals (Alyami, 2009). Thus, when a child from Arab society is requested to express his/her feelings for the first time in his/her life, it is an alien activity, contrary from a child from Jewish society in Israel, for whom expressing feelings using art might be more familiar (Daoud, 2015). This situation might arouse a sense of confusion for the child, especially when addressing a difficult or emotionally charged topic (Halifa, 2017). At the same time, the cultural differences have an effect on the therapists as well, as they must accommodate their approach accordingly (Masarwa & Bruno, 2018; Huss & Cwikel, 2018), and in many cases offer examples from the child's religious world in order to give rise to emotional processes

(Alyami, 2009). Therapists who come from the Arab society have a distinct advantage in making these accommodations for these children.

In accordance with the current study, use of imagination and stories as a metaphor in art therapy offers protection for the child from Arab society, while at the same time enables emotional, internal work from the child's cultural world and aids in finding strength and appropriate cultural solutions; therefore, using art therapy that includes the use of metaphor is recommended for children from Arab society in Israel (Dwairy, 1998, 2006, 2009). Previous studies conducted among children and adolescents from Arab society indicate that the various forms of art therapies aid in understanding their inner world, being able to express emotions and improving personal and interpersonal communication, which provides a solid ground to process difficult issues (Segev-Shoham, 1998). Furthermore, it has been found that art therapy enables a personal transformation, internal healing and identifying and expressing pain, which is cathartic, especially within a collective society that does not encourage articulating personal expression (Dror Hadar, 2015). We will focus now on art therapy within the framework of Arab schools in Israel among children who have experienced violence, and who are the focus of this study.

5.5 Special needs in Arab schools

When describing Arab society in Israel it is important to note crucial points that will enhance a deeper understanding of the society's composition and that of the Arab education system, with a view of the judicial background - the law of special education and its amendments.

The definition of a child with special needs according to the Ministry of Education is a person between the ages of 3-21 whose development is impaired in one or more of the following aspects: physical, mental, emotional, developmental, behavioral, autistic, learning disabilities, ADD, physical or speech delay in development (Margalit, 2000). A child who falls under any of the categories is eligible for special education services in their area, determined by a multidisciplinary committee in the child's school. The Ministry of Education has a branch called Regional Center for Support whose aim is to conduct, apply and oversee

the law of special education and mainly integrating children with special needs into the regular education system in certain subjects and in some cases to provide para-medical services of art therapy for these children (Circular of Ministry of Education).

Children with special needs are found on a wide spectrum of difficulties and delays, which include health issues and various disabilities. In 2018 – 2019 the most common disabilities were ADHD (Attention Development Hyperactive Disorder), speech and behavioral delays and autism. Other deficiencies that fall under the definition of special needs include learning disabilities, different levels of intellectual disability, physical handicap, rare diseases and syndromes, levels of hearing or sight impairment (Weisblay, 2019).

More than half of the children in special education (53%) are of elementary school age, while a third of them are in middle and high school and approximately 15% are in preschool. Children in special education are entitled to services that enable learning in the education system: smaller classes, more remedial hours, and longer hours at school, para-medical services such as occupational therapy, physiotherapy, speech therapy, emotional therapy, etc., longer academic year and an aid in the classroom. Children who are integrated into regular education are also entitled to a range of services that include: additional remedial hours, professional therapy and aid, an integrative aid (according to the level of their needs) (Weisblay, 2019).

The Law of Special Education (1988, in Snir Regev, 2018) and its amendment, placed the integrative policy for children with special needs in the forefront.

In July, 2018 amendment 11 for the Law of Special Education was legislated – the “Special Education Reform”, which signified a change in the special education placement process, where the integration and placement committee was exchanged by the Eligibility and Assessment Committee, which determines the special needs child’s rights to services adapted to their needs, concurrently with an interdisciplinary staff provided by the regular school. Within this framework, the services the child is entitled to are determined, i.e., integration into a regular class, or joining a special needs class (Weisblay, 2019).

Until 2020, the number of children with special needs totaled approximately 326,000, which included children with learning disabilities, severe ADHD, accounting for more than 10.9% of all the children (Barlev et al., 2020).

More than one billion people (15%) in the world live with some form of a disability related to physical, mental, intellectual, or sensory impairments that impact full participation in society (World Health Organization, 2011). Among children aged 0–18 years, the number of people with a disability range from 93 million to 150 million according to different survey estimates (UNICEF, 2013). For those with disabilities, unequal access to health care and employment and daily experiences with discrimination are common in many parts of the world. Consequently, disability is framed as a human rights issue in many international treaties, including the landmark Convention on the Rights of Persons with Disabilities (CRPD) that explicitly acknowledges rights related to respect, dignity, and equal opportunity for individuals with disabilities. Countries that sign the CRPD (160 total) are obligated to address barriers that impact quality of life and eliminate discrimination by advancing legal disability reform.

When observing Arab education in Israel, there are many barriers in the education system in general and special education, due to Arab society and the gaps that exist as a minority in comparison to the Jewish population.

In Israel, all citizens have rights and obligations according to the law. These rights, especially those of people with disabilities, are part of the collective rights of human rights, among which is the right to an education that is defined as equality under law (Rabin & Meidar, 2003). These rights are given to all human beings regardless of race, ethnic or religious affiliation. In addition, there are rights for members of a particular group to receive a framework for self-expression and protection (Abu Asba, 2006). Arab society in Israel is entitled to collective rights for education, due to its being a minority from a national, religious, linguistic and native standpoint and one that suffers from general national discrimination (Abbas, 2011).

Following the establishment of the State of Israel, and regulations following the British Mandate, ethnic separation was maintained. When the various bodies of management of sectors of education that were not included in the national education, the Arab branch of education was managed separately, but under the auspices of Jewish functionaries, that perpetuated discrimination, control and inequality, as an intentional policy (Sversky & Dagan-Buzaglo, 2009).

This status quo of inequality is manifested in a decrease in timeframe and level of education and the service provided to the children, level of teaching, workforce and supportive services for children with special needs (Abu Asba, 2006). Furthermore, the definition of state education of 1953 is written in Hebrew terms, which generates neglect and dismissiveness of the collective interests of the Arab population despite the large number of Arab students in the school system (Jabareen, 2006). According to the central bureau of statistics, the Arab population comprises 1.85 million people, 578,000 of whom are youth and children, of ages 5-18. The number of children and youth in the Arab population (31%) is higher than the parallel group in the Jewish population (23%). The percentage of children and youth in general aged 5-18 (27%) is higher than the percentage of the Arab population within the general population of Israel (21%) (The Central Bureau of Statistics).

It seems that there is still a gap in the Arab education system in comparison with the Jewish population regarding buildings, classrooms (Ballas, 2017). This is manifested by complete disregard for the Arab and Palestinian identity as a minority of inhabitants of Israel, coupled with a risen right-winged politics and the Nation Law that attacks Palestinian identity (Jabareen & Jabareen, 2010). Barriers in special education in the Arab population in Israel are expressed in society, organization and management. The status quo of Arab authorities and socio-economic state of poverty and unemployment, violence and crime are direct outcomes of the continual discrimination (Haj Yehia, 2011).

The Law of Equal Rights for Persons with Disabilities is a law that was enacted in 1988, in section 2 of the law, with the aim of protecting the dignity and freedom of a person with a disability, and anchoring their right to equal and active participation in society in all

areas of life, as well as providing an adequate response to their special needs in a way that will allow him to live life with maximum independence, with privacy and respect, while living up to their full potential (Ministry of Economy, 1998). Despite this law, there still seems to be inequality towards people with disabilities and the law is not fully implemented, so that children with special needs face complex discrimination due to their disability, economic and occupational inequality in addition to their belonging to a social minority based on their religion and origin; this discrimination is manifested in different aspects of their lives and a lack of provision of essential services and social exclusion (Abbas, 2011).

The special education law for integrating children with special needs into the regular education system: One of the definitions of "special education" in the law is "systematic teaching, learning and treatment provided according to this law to a child with special needs, including physical therapy, speech therapy, occupational therapy and therapies in other areas to be determined and including ancillary services, all according to the needs of the child with special needs" (Ministry of Education, 1988). In the seventh amendment to this law, from 2002, it was clarified that it is beneficial for children with special needs to be integrated into the regular education system (Abbas, 2011).

The concept behind integrating children with special needs is that they deserve the same equal rights as a child without a disability, therefore one of the basic rights is to study together with peers in one place. Likewise, in reference to the consequences of separating children with special needs from the rest of society, it is described as discrimination that widens the existing gap, stigmas and prejudices in society (Marom et al., 2006). These children need accommodations according to their difficulties, such as modified teaching, additional learning time, and specialized strategies; therefore, the teachers of those children receive training for special education (Marom et al., 2006). In addition, in order to integrate children with special needs, special contributions in the field of social and personal learning are crucial; therefore, in order to create an adapted classroom climate that is accepting and inclusive, it is important to provide guidance, training and advice to teachers and adapt curricula and teamwork (Heiman & Olnick-Shemesh, 2001). Therefore, true integration must

come from respect for the individual's rights in the social, educational and rehabilitation fields (Marom et al., 2006).

It was found that teachers in regular education in the Arab society expressed negative attitudes towards the integration of children with learning disabilities compared to special education teachers who expressed positive attitudes and that seniority was found to have an effect on positive attitudes (Samara & Abu Hassin, 2007).

5.6 Therapy in Arab schools among children who have experienced violence

Children's ability to be spontaneous and engage in play is a testament to mental health; hence, through this play one can witness their ability to enrich their play using a wide range of games, movement, song, stories and drawing that is carried out intentionally through a ritual that serves the traditional method of healing when combining arts both individually and in a group setting (Jennings, 2010; Berger & Lahad, 2011). The greater the therapist's repertoire of language and variety of arts, the more the patient will be able to express him/herself in the language they choose, thus the flexibility and mobility expands between the "doing" and the "being". Furthermore, the ability to be reflective develops when working with material that highly contributes to a process of self-awareness (Berger, 2014). In light of this, art is one of the most powerful tools in therapy for children who have experienced violence (Meged, 2001; Lahad, 2006).

Among children who have suffered trauma, e.g., violence, the contribution of the world of fantasy or drama that utilizes imagination and metaphor is essential. The inclusion of the dream setting enables the child to temporarily shift between reality and imagination (Lahad, 2006). In addition, being the realm of fantasy serves to protect the child: "This is not about you; it is not you". Thus, the threshold for consciousness and unconsciousness enables circumventing content - such as violence - that is difficult to talk about, censored or considered taboo (Lahad, 2001).

It is sometimes difficult to verbally describe a traumatic situation or a violent experience, especially for children. These situations characterize a sense of terror and physical danger that is experienced repeatedly, even after the incident has ended. This can lead to a sense of emotional numbness. On a physical level, the limbic system, responsible for survival, combining the amygdala and the hippocampus, preserves the trauma in sensory terms such as color, smell, sound, sensation, imagery, feelings and taste, arousing survival instincts such as flight, fight or freeze. Thus, in order to relate to the traumatic incident, we must reach the limbic system and activate the right lobe of the brain, which is responsible for imagination and language. Children who have suffered severe trauma or violence must demonstrate methods of disassociation as a survival mechanism. Thus, during severe trauma and presence in the intolerable situation, the only way to survive is transference from the difficult reality to imagination, where the “reality” is more endurable. The realm of fantasy provides room and respect for movement between the two realms (Meged, 2001; Lahad, 2006, 2014). Through art therapy, activating the imagination as a therapeutic method in this realm can resume the connection between Self and the world (Lahad, 2006). This field of research indicates that there is a strong correlation between trauma, abuse and violence and the hypnotic imaginative ability among children who have experienced it (Nowlis, 1986).

According to Tsur (2003), the imagination is an internal presentation of experiences. When children who have suffered violence make use of the imagination as a resource, this process activates images and senses from a reservoir of memories that bring to the surface content that represents the trauma and pain. Moreover, resources and strength for coping also surface, creating a new reality; the use of the imagination as a resource for a healthy and renewed reality is a crucial therapeutic element (Pendzik, 2006). Within the “reality of fantasy”, the child is granted a place and control in his/her role and outcomes; the child can reverse or change roles, speak about “forbidden topics”, such as murder or death. These possibilities lead to feelings of compensation or a respite and change from aggressiveness, and gradually a safe place is created for the child as well as a place for expression and pain in a safe and metaphoric environment (Lahad, 2014). The process of creation comprises several levels of imagination, imagery, dream and thought that reflect the child’s inner world.

The creative process and the use of creative materials enables a bond between the child's inner strengths, empowering the child's feelings and releasing fears, thus, alleviating the pain (Meir, 2014). Art therapists utilize this unique space in a variety of ways through role-play and transformative improvisation (Landy, 2001).

As presented throughout the literature review, in order to conduct emotional therapy in a school setting, there is great importance to the therapeutic setting as well; it must be safe and permanent, be private and maintain confidentiality between the therapist and the child. In cases in which a child has experienced violence, these conditions are even of greater importance in order to create a sense of trust with the therapist vis-à-vis the type of violence. Confidentiality is a requirement from all persons involved – even from the child's closest family members, teachers. What is conveyed in the therapy sessions must not leave the room (Halifa, 2018). Among children in Arab society in Israel, who are victims of violence, this is extremely crucial, due to the taboo and the secrecy placed on the subject of violence in general and sexual assault in particular, and the sense of humiliation and fear of society, confidentiality is mandatory (Alfandari et al., 2020).

However, children's privacy in Arab society is not an accepted merit on a societal level, as it is often perceived as an external threat to the society and the need to be in control. Therefore, locking a door, or even closing it, may be perceived as impolite or exclusionary by the school staff or family members (Daoud, 2015; Masarwa, 2016; Halifa, 2017; Masarwa & Bruno, 2018). In order to overcome this situation, art therapists in schools in Arab society often explain this when presenting their profession to the education staff (Masarwa & Bruno, 2016; Halifa, 2017).

Due to the space that art therapy offers, a child who has experienced violence might raise difficult issues in the first session, so that the secret of the violation is revealed to the therapist and responsibility to report is then on the therapist's shoulders (Masarwa, 2016; Halifa, 2017; Alfandari et al., 2020). The report must be carried out immediately, lest the therapist be subject to arrest according to Section 368d in Israeli punitive law (Doron, 2012). Despite this law, rate of report in Arab society is consistently lower than in the Jewish sector,

which infringes on evaluating the extent of the violence among children in Arab society in Israel (Weissblei, 2010; Rabinowitz, 2010; Halifa, 2018). In addition, many art therapists indicate that they are exposed to a wide number of violent incidents among children in schools in the Arab sector. Whether or not to report becomes an internal and external conflict, when added to secondary harm caused to the family, vis-à-vis shame, tainted family honor, stemming from infringement of privacy. In the “best” case scenario, reporting can cause social harm with long-term ramifications to the family, and in more extreme cases, reporting can lead to physical harm and even murder (Halifa, 2017; Masarwa, 2016; Masarwa & Bruno, 2018). The therapist might find him/herself in the same predicament as the patient’s family, experiencing genuine threats to their family (Alfandari et al., 2020; Goldstein & Laor, 2010).

Despite the wide scope of research conducted on mandatory reporting in Israel, one of the interesting findings in this field is the limited number of empiric studies on the subject. In addition, there is no evidence of research that has examined authentically and extensively the experience of the art therapist working in Arab society in Israel, and mandatory reporting of violence and abuse among children (Doron, 2012).

Chapter 6: Research Methodology

6.1 Collective Case Study in Qualitative Research

The qualitative research method includes the systematic collection, organization, and interpretation of written material, which derive from conversations or observations. This method allows deep phenomenological learning of social phenomena as experienced by the participants, in their professional context. The nature of qualitative research is more subjective in comparison to quantitative research; however, both rely on empirical data (Malterud, 2001). This method qualifies the participants' perspective, so as to deepen and better understand the personal-social reality of the phenomenon. It emphasizes the multiplicity of the individual's subjective realities and interpersonal processes (Flick et al., 2004; Guba & Lincoln, 2005; Sabar Ben Yehoshua, 2001; Shkedi, 2003).

The objective of qualitative research is not to discover and define an existing reality, since there is no one correct reality. Rather it provides perspective of many and different interpretations of reality. Therefore, qualitative research is more suited to the fields of the social sciences and the humanities (Flick et al., 2004; Sabar Ben Yehoshua, 2016; Silverman, 2016). For the purpose of the construction and comprehension of the multiplicity of perspectives, qualitative research relies on a number of methods. These methods relate to the collection of data, according to the researched phenomenon and for the purposes of the research, and so as to increase the 'triangulation'. These methods include in-depth interview, semi-structured interview, observation, open-ended questionnaire, analysis of documents, photographs, films, objects, or texts, and focus groups (Sabar Ben Yehoshua, 2016; Shkedi, 2003). Moreover, there are different types of qualitative research – ethnographic research, narrative research, grounded theory, phenomenological research, action research, and case study, which also includes the collective case study (Stake, 1995, in Zainal, 2007). This research methodology uses collective case study, as it allows the deep first-person understanding of the phenomenon at hand. Hence, when art therapists discuss their own personal experience, it can be understood both as a subjective experience but can contain mundane validity as well (Shadish et al., 2002). Mundane validity derives from the universal

meanings that are parts of a personal experience of AT (Creswell & Creswell, 2018; Creswell & Poth, 2017).

Stake (1995, in Zainal, 2007) in his definition of the case-study method, notes three different types of this research: intrinsic, instrumental, and collective. In intrinsic case studies, the researcher examines a distinct and separate case. In the instrumental case study, the researcher examines a small group of research subjects, so as to examine a certain pattern of behavior. In the collective case study, the researcher triangulates data from a number of different sources, institutions, or details. Unlike the intrinsic case study, which aspires to describe or solve a problem of a single case, the instrumental case study and collective case study enable the generalization of the findings on a broader population (Zainal, 2007).

In a collective case study or multiple case studies, a number of cases are chosen carefully. The advantage here, is that the cases enable a comparison between them. In certain cases, the researchers will prefer to choose a “representative” case, which will enable a generalization of the findings in the context of the theory (analytical generalization). Otherwise, the researcher will examine the theory of the findings that recur in a second or third case (in other words, replication logic). The criticism of this indicates that the choice of cases in this manner does not enable broad observation and examination of the phenomenon sufficiently from all its aspects (Crowe et al., 2011). However, the choice of case is related to the phenomenon, but represents differences in the population. It therefore enables broader observation, and thus, this research design was chosen for the present research study.

6.2 Research Objective and Research Problem

Since the emotional domain in the arts is a pioneering field in Arab society in Israel, not many research studies have been written, and there are many topics that it is important to express, especially regarding the therapy work in the Ministry of Education.

In the search for research studies conducted in Arab society on the topic of violence against children in general and the dilemmas of emotional therapists with the arts in particular, it was found that very few research studies have been conducted in this area. In

the Arab world, the awareness of the topic of the abuse of children only began in the past two decades, and the awareness of the obligation to report is only in recent years (Al-Eissa et al., 2015, in Msarwe, 2016). In Israel, research studies were found that examined the response of Arab society towards the sexual abuse of children (Zarzour, 2004) and the willingness to report these cases in the family (Abud Halabi, 2004). In contrast, research studies were not found in the research literature that examined in an in-depth and authentic manner the experience of therapists in the arts from Arab society and the dilemmas and the difficulties they encounter. Research studies were found that examined perceptions of art therapists of the profession (Douad, 2015). Among other professionals, research studies were found that examined the attitudes of educational counselors from the Arab sector towards the obligation to report (Natur & Lazovsky, 2010, in Msarwe, 2016), as well as works on teachers in the Arab sector (Huri-Vated, 2008). Recently there were studies on the influence of the reporting of therapists in Arab society (Msarwe, 2016), the comparison between Arab society and Jewish society on the topic of professional ethics of art therapist (Msarwe & Bruno, 2016), and art therapy and sexual injuries in Israeli Arab society (Halifa, 2018).

Therefore, the objective of this study is to explore the AT perceptions of work with abused children in the Arab-sector education system in Israel.

It is important to bring educational and emotional factors to a situation of cooperation to influence the child who is experiencing violence. It is important to research the field of art therapy, which is very young in Israel in general and in Arab society in particular, and it has theoretical and practical importance in the systemic educational treatment work. It is necessary to bring tools and models in art therapy and to see their influence on the education system according to the perspective of the art therapists, as well as their influence on the child who experienced violence, including aspects of involvement in the education system that represent the professional support of the therapists and teachers, so as to create a change through the arts and to present an opportunity for further research.

As part of the research, there is an opportunity to share tools developed from personal experience that may help art therapists in general and those who work in Arab society, in

particular, cope with these dilemmas in the therapeutic, professional and instructional dimensions. This has practical aspects. These may be expressed through the implementation of a new systemic work model that provides tools and responses for the art therapists and broadens the classical treatment view and works aimed not only at the child but also at his environment, which influences him and creates and influences his mind.

Research questions:

How do art therapists (AT) working in the Arab-sector education system in Israel perceive their work with abused children?

1. How do ATs working in the Arab-sector education system in Israel perceive the problem of children that experience violence?
2. How do ATs working in the Arab-sector education system in Israel perceive the report procedures of violence towards children?
3. How do ATs helping children experiencing violence perceive their work in the education system?
4. How do ATs perceive the possibilities of using art therapy methods in working with children experiencing violence?

6.3 Research Sample

The research population comprises female ATs who work in Special Education within Arab-sector elementary schools in Israel. Those ATs work with children in Special Education who are integrated into the Arab-sector formal education system. The sample was chosen as a convenience sample and snowball sampling. A WhatsApp text seeking volunteers was sent to an AT WhatsApp group. The researcher was referred to an interested AT by another acquaintance AT (Beyt-Marom, 2001, 2005). Fifteen ATs volunteered to participate in the research, 5 of which were drama therapists, 7 art therapists 2 music therapists and 1 movement therapist. Participants' ages ranged from 30-59 and their experience in the education system ranged from 4-22 years. Participants varied geographically. The AT age difference correlates

with the number of their years of experience. The diversity contributes to mundane validity in two ways: 1. It demonstrates that despite differences in age a level of experience, many aspects of difficulties are common among all ATs 2. It allows insights into some differences that might relate to habituation.

This research took place over a year and included an in-depth semi-structured interview with each AT participant. The participants signed a document of informed consent of their participation in the research study, in which they were assured of full anonymity and confidentiality. All interviewees are women, art therapists with at least three years of experience, work in elementary schools with children with special needs who are included in classrooms in regular education (inclusive classroom). Table 1 below shows the socio-demographic characteristics of the interviewees.

Table 1: socio-demographic description of the interviewees

interview no.	interviewee number	Age range	range of seniority (in years)	Specialty
1	R1	55-60	20-25	Visual Arts
2	R2	45-50	5-10	Visual Arts
3	R3	35-40	15-20	Drama therapy
4	R4	30-35	5-10	Drama therapy
5	R5	35-40	5-10	Movement therapy
6	R6	30-35	10-15	Visual Arts
7	R7	30-35	20-25	Visual Arts

8	R8	30-35	5-10	Visual Arts
9	R9	30-35	5-10	Music
10	R10	35-40	10-15	Drama therapy
11	R11	35-40	1-5	Drama therapy
12	R12	30-35	10-15	Music
13	R13	30-35	5-10	Visual Arts
14	R14	30-35	10-15	Visual Arts
15	R15	30-35	10-15	Drama therapy

6.4 Methods of Data Collection and Analysis

In this research study, the research methods of data collection were in-depth semi-structured interview. For the purpose of this study, the in-depth semi-structured interview was chosen. The objective of this methodology is to enable the interviewer an observation into the interviewees' world, with a focus on the contents relevant to the research study (Patton, 2011). The interviewer focuses on descriptions, meanings, and perceptions the interviewee holds regarding the researched phenomenon. This research relies on the phenomenological theory that focuses on subjective interpretations and experiences. Those aspects of information are seen to be of great contribution to the understanding of human behavior, thoughts and actions. It further contributes to the deep understanding of the essence of the phenomenon as it gives rise to finding common experiences and deriving universal meanings (Creswell & Creswell, 2018; Creswell & Poth, 2017).

In addition, the semi-structured interview enables dynamism and flexibility as well as focus and construction of the contents (Hopf, 2004a). The interview guideline was built according to four categories, as presented above in the research questions. In the beginning of the interview, each AT participant shared general background details (some of which were changed/concealed for the purpose of the preservation of confidentiality). Thereafter, the interviewees were asked questions pertaining to the categories, as detailed in the interview guide (Appendix D). In this research, the phenomenological approach assists in exploring and understanding the ATs' experience choices and considerations while working with abused children in the Arab-sector education system, as well as their work strategies with their professional coworkers. The focus hereby is with the aspect of abuse since this is the purpose of therapy.

Question to interview in order to answer Research Question 1:

1. What forms of child-violence experience do you work with? (Ask for different forms if they do not appear in the interview)
2. Who is the perpetrator of violence against children?
3. How were you informed that the child experienced violence?
4. What is the specificity of violence against children in the Arab community in Israel?

In order to answer Research Question 2:

1. How do you discover that a child is a victim of violence?
2. How do you react and what do you do about this information? (Ask for procedures)
3. How do you perceive the problem of reporting?
4. what are your dilemmas related to procedures?

In order to answer Research Question 3:

1. What are the working conditions you have while working with children?
2. What conditions are favorable and what hinders your work at school?
3. How do you perceive the attitude of other people from the educational system towards your work?
4. Does anyone support you at work?
5. what are your dilemmas related to work in the education system?

In order to answer Research Question 4:

1. Describe your work with the victims of violence?
2. What methods do you use when working with victims of violence?
3. How do children / parents / school employees react to this?
4. what are your dilemmas related to the application of art therapy to work with victims of violence?

According to the transcriptions of the interviews, the categorical analysis of the findings was conducted. The categorical analysis, also referred to as coding, is a process of classification/separation of the research data and re-organization into categories so as to find meaning (Beyt-Marom & Ashkenazi, 2012). The categorical analysis is a process built on the following seven stages: 1. Holistic reading of the data. Reading of all the interviews in the context of the research question. 2. Organization and reduction of the data. Organization of the data in a way that enables focus of the analysis for a certain topic on certain interviewees, it is possible to organize the data in an organizing table. 3. The 'disassembly' of the data into small units. A process in which the researcher disassembles the data into small units so as to examine them extensively and classify them. This process enables comparison of codes and categories through the identification of patterns, the inculcation of meanings, and helps the reconstruction of the researched phenomenon. 4. Reconstruction of the data and/or theoretical

conceptualization. Collection of parts of the data into a new picture or new theoretical conceptualization. 6. Repeated holistic reading – in this reading there is a return to the raw data so as to ascertain that the researcher did not distance too far from the data in the reconstruction or building of the theory. 7. Validation of the findings. This stage's purpose is to examine and to ascertain that the findings indeed are anchored in the data. 8. Writing. the analysis (Kassan & Krumer-Nevo, 2010).

6.5 Ethics

After the ethics committee approved of the execution of the study, a personal appeal to the research participants was made. ATs who work in the Arab-sector education system with special education children in elementary schools were identified. ATs who have encountered the phenomenon of abuse (physical, sexual, and/or emotional) and/or neglect of children and experience reporting or lack of reporting, were included in the research. After the examination of suitability, a meeting was set for the purpose of an interview, in a neutral place for the interviewees (not in their home, nor in their job framework). In the meeting, the interviewee was introduced to the research objective. She was asked to sign a form of informed consent; she was ensured anonymity and confidentiality. Thereafter the interview was held, and lasted an hour to an hour and a half. The conversations were held in the Arabic language, were recorded, and were transcribed into Hebrew. After the transcription of the interviews, categories content analysis was performed of the collected findings.

This research was approved by the Israel chief scientist on the 6th of September 2020. The basis for approval was that this research was conducted outside of any organization via the individual written consent of each participant. A qualitative study places the researcher as a part of the research field. This is due to the researcher's participation in the interviewees' world and understanding of their experiences, their perspective, and their inner logic. Therefore, the researcher is an inseparable part of her own research. It is important that the researcher has awareness of the implications of her involvement in the research in terms of research bias (Creswell & Poth, 2017). Research bias may be slightly moderated, since the researcher aspires to create a conceptual framework for the understanding of the phenomenon.

The aim is to understand the phenomenon from the inductive investigation, through the learning of details in-depth and the generalizations. The researcher aspires to pose the hypotheses and her preliminary knowledge in order to provide meaning to the researched phenomenon regardless of personal implications (Guba & Lincoln, 2005).

Ethical questions in qualitative research engage for the most part, in the topics that entail the relationship between the researchers and the participants. Common questions in this field may be: to what degree is it possible to ensure the anonymity and confidentiality of the research participants? The researchers and formulators of the ethical code determine that to address issues of this type, the participants need to sign a form of informed consent to participate in the research, and the researchers must ensure full anonymity and prevent exposure of personal information that may betray the participants' identity (Hopf, 2004b, Ryen, 2016). Participants were informed before the interview that they would remain anonymous and that they did not have to answer any questions that they might find uncomfortable or for any other reason. Furthermore, each participant was given the researcher's contact details in case she wanted to talk about the interview, ask general of ethical questions. Each participant was told that she could resign from the study at any time without giving a reason for the resignation.

Chapter 7: Research Findings: Art Therapists' working in the Arab-sector education system in Israel perception of the problem of children that experience violence

This chapter will refer to the research findings regarding art therapists' working in the Arab-sector education system in Israel perception of the problem of children that experience violence.

This chapter will present four categories:

1. **Category I** - The first category addresses the testimonies of art therapists about the various forms of violence towards children in the schools and in the family framework. This theme addresses the way in which the art therapists perceive and describe the violence that takes place towards the elementary school children. Throughout the interviews, they describe the different types of violence to which they are exposed during their work that can stem from a range of position holders, including the school principal, teachers, other students, parents and family members.
2. **Category II** - The second category in this chapter presents descriptions of the therapists in the context of the manner of their identification of the various forms of violence.
3. **Category III** - The third category addresses the uniqueness of the various forms of violence towards children in Arab society as expressed in the school and in their environment. In this section, it is important to note that the therapists describe the forms of violence from first-hand testimony as being part of Arab society. This testimony therefore stems from their sharing the children's environment in the Arab villages and Arab neighborhoods around the country.
4. **Category IV** - The fourth category addresses the question of the extent to which a child with special needs has an increased chance of being exposed to violence.

7.1 Category I: Forms of Violence towards Children in the School and Environment

7.1.1 Violence from the Staff

This part will present the three main groups of people by whom children experience violence: staff members, including teachers and principals; parents and family members, and the other children. During the interviews, all the therapists described the different types of violence that the children experience, including physical, verbal, and emotional violence, which some children experience frequently.

It appears that there is a discrepancy between the teachers' statements against violence and the lack of fulfilment of these statements in practice, in cases of direct witnessing of violence. Thus, teachers can say that there is no place for violence but they will engage in violence towards children even when the intention is to stop violent behavior between children.

“... I would see children attacking children, children chasing children in the yard, in the classroom, bullying and rejection against children, and the most difficult thing is that there is no teacher intervention as is necessary; they respond the same way, the teachers to children and violence, yelling, hitting ... There is no situation in which to increase awareness on the part of teachers; there are no workshops given on violence and so on ... I do not see that they address the issue at all. You hear a teacher call out and say ‘no to violence’, it is forbidden to use violence, and then you see him or her standing in the field and yelling at the boy or girl using their hands. What does this mean? You are setting an example, and you are hitting? Then from the child’s perspective this is how the problem is solved and I am allowed to hit ...” (R11)

There are cases in which therapists report of physical abuse of children in the school on the part of the staff. Interviewee Number 6 speaks about her witnessing cases of physical abuse of children carried out by the school principal, who hits them in her presence and in the presence of other teachers. This violence is directed at both children of special education and children of regular education in the school.

“Unfortunately, this year I witnessed the abuse by the school principal towards my patients, physical abuse ... he hit the special-needs children who receive art therapy hours, ... when he is in front of his classmates, in front of the therapist, in front of the homeroom teacher or the subject teacher. These are the things I am exposed to ...” (R6)

“Regarding physical violence I met teachers and principals, I speak about slaps, punches, use of the feet, in addition to verbal violence with curses, many threats to the children, I would see this and also this would come up in our therapy room from the children.” (R11)

Additional testimony is described by R10, about the violence of the school principal who punishes the student for his response to a teacher who had humiliated him and yelled at him in the therapist’s presence and when the principal came, he spoke politely to the child in her presence and when the therapist left the classroom, she was surprised that the principal had waited for her to leave the classroom in order to hit the student who was under her supervision. The therapist emphasizes that this is not the only case where she encountered a situation in which violence would seem to be hidden from her.

“I had a case where the teacher humiliated a child and yelled at him in front of me; the child got up angry and threw the chair at her; of course she would retaliate, she does not see and feel that she hurt or ... she summoned the principal, the principal waited and spoke ‘nicely’, I went out of the room and I heard the blows on the child’s body; I heard with my ears the thump, as if it was in front of me, a stranger, they do not want me to know and when I leave a lot happens. I know that a lot happens. It’s like parents who have guests, when the child behaves inappropriately, they are quiet and give the signs that all is well! And when the guest leaves then they hit” (R10)

In many cases the therapists also report of verbal abuse. Interviewee R3 sees verbal violence to be the most frequent form of abuse.

“Emotional harm is in everything; I have children who experienced various forms of abuse: physical verbal harm and also sexual abuse ... I see all the types in the school, the verbal perhaps more ...” (R3)

Verbal violence includes the use of curses, humiliating expressions towards the child by people close to him, as well as shouting, threats, or ignoring. Violence of this type increases concurrent to the atmosphere in the school. The more stressful the point in time is for teachers,

the tendency to use verbal violence towards the children is greater. Thus, for example, the therapist describes verbal violence towards a student by the teacher:

“The most common form of verbal violence is ‘curses’, insults, demeaning self-worth, words that intend to make the student or the other party feel like they are ‘zero’; this depends on who the teacher is, at what stage of the year, for instance, at the end of the trimester when there is a lot of pressure of tests and pressure of the entire system of teachers, students, and parents...” (R8)

It becomes clear that teachers project violence and neglect towards the students with special needs. The violence can be verbal, using abusive language, as described by R9:

“And there is the side of direct violence of teachers, verbally, in speech, with words that humiliate the child, that denigrate him; yelling in the home is common and usual. Strenuous violence with the teacher’s body language. I hear much about teachers who hit but it is hard to see. Verbally, there are many words such as ‘you disgusting thing’ or sentences such as ‘he does not understand’, ‘he is a dummy’. This is the most common phenomenon.” (R9)

It becomes clear from R10's interview that teachers frequently use verbal threats towards the child. The threats can be manifested when the teacher threatens the child that if s/he doesn't act as expected then s/he will be hit by his parents or by the principal:

*“... Sometimes the violence of the teachers to the child ... they can yell at him, pull him, stare at him threateningly or threaten ‘I will call your parents and you know what your father will do to you.’ ... or verbal violence, shouting, humiliations, such as ‘shut up’, ‘eat s**t’, or throw him out of class, send him to the principal to receive a dose of violence ... and ... ah, more. Of course, the principal will hit him ‘generously’ ...” (R10)*

The statements of R10 indicate that the principal constitutes a significant source of threat the children fear and via the principal it is possible to threaten children to attain the desired behavior. R11 also describes extensive use of verbal violence. In her opinion, this is a method to which the children are already accustomed, as something legitimate and as part of their routine:

*“... When you hear a teacher call a child humiliating words like ‘you dog’, ‘you animal’, ‘get over here, you s**t’, ‘get out of my face’, and the hardest thing is this*

is a regular occurrence, everything is regular from their perspective, nothing undesirable is happening.” (R11)

Therapist R5 adds that there are cases in which the teacher involves the child in her life and her personal difficulties and thus justifies the reason for their being considerate of her. At the same time, she continues to use verbal violence, which is expressed in curses and humiliations of the child:

“... And I had a case with a teacher who emotionally abused a girl ... the girl was in therapy with me, she came and told me that the teacher is humiliating her, cursing her, spewing out words in the class. I addressed the teacher and afterwards I intervened; in this case she is divorced and has a daughter. The verbal abuse became emotional abuse; she began to say things like: ‘Be considerate of me, my daughter is without a father, and I am divorced. To the point that the girl’s emotional situation was tenuous, she accused and humiliated her ...” (R5)

According to the statements of therapist Number 11, the teachers neglect the students, not in the verbal sense of neglect, which is expressed in the lack of taking action in cases that oblige and require adult intervention, like providing help or a response to a child, providing a solution to difficulties and problems of children, and even responding to an action the moment that the child displays signs of difficulty and distress.

“... There is an abundance of neglect. The teachers, I see them neglecting in many facets; they do not help the child, they neglect him; they do not handle child-related problems. I see that they recognize signs of distress in the child; this is neglect for me ...” (R11)

One of the most difficult types of violence, primarily when it is deployed against children in general and helpless children in particular, is sexual violence. While the therapists describe cases of sexual abuse, in their opinion they are less common, and it is harder to identify these episodes of abuse. According to R8, this is the outcome of concealment on the part of the child or the child’s family:

“... Sexual violence is something hidden, not visible, taboo, a great secret, and the child also takes a lot of time to gain trust and share, and he certainly remains a victim all alone over a long period of time before s/he shares ...” (R8)

Alternatively, some address the absence of evidence of sexual abuse as lack of trust or denial on the part of many adults found in the child's environment. In these statements, R5 not only presents the implications of the exposure of sexual abuse but also describes the lack of willingness of the educational staff to report incidents of sexual abuse when they encounter them.

"... Sexual abuse often harbors objections, denial, like 'this is not true', 'the child is making it up or lying', and 'that never happened'. There is always a red light that flashed that it did, in fact happen. There are teachers who will believe but they are very few or they do not like to exacerbate the topic or to bring it to social services. Once I had a child in a group who told me 'My father showers me'. On the one hand, he brought up the topic and I wanted to protect him, while on the other hand I also did not want to discourage him, and later on we discovered that this father was truly is engaging in sexual activities with him ... And there was background in the past; the father had been arrested for abuse of the older brothers, and then a children investigator came and today the father has been arrested and this is a child in the first grade..." (R5)

R4 adds that it seems that the reporting of sexual violence creates discomfort among the staff, and this discomfort is expressed in denial of the exposure to reports of this type. These responses of the staff leave the therapist with a feeling of powerlessness and in a position of lack of support and cooperation.

"... And I think that in terms of the reporting, the type of reporting that is most difficult is related to sexual abuse more than physical and more than emotional. Here everything is obstructed. Even the homeroom teacher, the principal start in with 'we did not know' or 'we did not hear', even 'why did you come to our school? Ah, we don't want to hear.' From the beginning they flee from responsibility as if I placed a burden on them, and then I'm all alone with this ..." (R4)

If sexual abuse is reported to the staff and the staff is aware of this, or even if they are unsure, the staff is afraid to place the child in therapy, since they are afraid that the topic of the sexual abuse will again come up and then it will be necessary to report to the family. Because of the reluctance to engage in the topic and deal with the family's responses, the child is denied therapy. Thus, a child who has experienced violence remains without therapy and thus indirect violence is expressed towards the girl in the form of neglect.

“... in the therapy nothing came up directly about sexual harm but I had a year that there was an argument of the staff who wanted to put into therapy a girl who had experienced sexual harm, and then they decided not to out of the fear to expose the topic and enter into issues with the family. In the end they did not give this girl therapy, in other words, a girl with sexual harm was denied treatment because of the suspicion of sexual harm...” (R11)

7.1.2 Violence among Children in the School

Children frequently use violence against one another. Therapists report that teachers and staff members intervene in these cases only in the lower grades. There is less intervention in cases of violence among children in upper grades. The teachers do not at all engage in education or prevention of violence. As the children grow older, the cases of violence steadily increase, both in number and in character. This is seen in the statements of R2:

“... Most of the teachers of the older children put less and less boundaries on it; perhaps only in the first and second grade the teacher works more on boundaries and mutual respect: keep your hands to yourself, do not harm ... teachers do not work on education. From the third grade onwards – there is more harm and less containment and as they grow up, it becomes more challenging for teachers; they see that the children are not all right but they do not see that they contribute to this ...” (R2)

Common forms of violence among children in the school arena include physical, verbal, and emotional violence, as described by R2:

“You can see children pushing one another, they trip one another, they curse, they spew out harmful words. This happens everywhere, every day, all over the school grounds ...” (R2)

R10 describes very harmful verbal violence that occurs among the children, which is aimed at harming children with special needs. Children call children with special needs by derogatory names about the child’s socio-economic background. In addition, children are violent towards a child whose teacher has hit him/her, feeling a sense of legitimacy:

“... among the children there is much violence at the expense of the child with special needs: darkie, dwarf, (because of their height), or if a mother is divorced, or there is some dark story in the family and they came to live in the village and the

children know and to mock the child. They ridicule children for being hit by the teacher, or they say the father will kill- him because of his behavior. And more ... they laugh at children because of the shape of their ears, or call them 'stupid', 'ass', 'you don't understand' ... ” (R10)

The violence that occurs among children in special education classes in the regular schools may assume different forms. Thus, for example, R9 describes cases of ostracizing and bullying of children from special education children, as the special education children do not have anybody to support them:

“... I encounter the entire issue of ostracizing and bullying against children. And there is also the whole issue of the child who has a group that assaults him, a common phenomenon from second grade onwards and this entails much emotional and physical violence for the child from other children, whether this is inside the classroom or outside of it, and there is nobody who will help him ... ” (R9)

7.1.3 Domestic Violence

Another more common form of violence that arises from the findings is neglect of the child's nutrition. In these cases, a child arrives to school in inadequate clothing in terms of size and season, often torn or dirty. The child arrives with insufficient food or nourishment for minimal healthy physical development, which may indicate neglect. Therapist R7 explains that these children come from a low socio-economic background, or in other words, all the family members are in a similar situation:

“... For example, children from a low socio-economic background experience much physical neglect. Even the type of food... there is nobody to care for them, they come to school without food. I find this very distressing, and I really worked on this issue. Especially in the school for behavior modification. The children are for the most part from a low socio-economic background, although they are of normal intelligence. What is interesting is that the majority or the majority who come to special education are neglected children and from a low socio-economic background, even something like 90 % are in a compromising economic and social situation. For instance, the mother is not from the village originally, or they are refugees in the village, they are from another village, they move from home to home, they do not have a stable foundation, not a home to live in and not land and not and not ... ” (R7)

R1 and R5 report that there is considerable use of means of punishment in general - punishment by means of incarceration and humiliation. As for sexual abuse, it appears that there is less direct evidence. Interviewee R1 yet attempts to rank the types of violence and says that first and foremost physical violence is the most frequent in comparison to emotional violence, neglect, and sexual abuse.

“... I did not conduct a statistic, but there is physical violence and emotional violence, in other words, violence, punishment and humiliation are all forms of abuse. Shutting a child up in a closed room in the dark or things like that, all sorts of things, insults – which harm the child who is spoken to in a humiliating and entirely unacceptable manner – this is the most I imagine. I have encountered sexual abuse less; I have encountered it, but far less frequently than the other types and neglect, yes, there also are families that neglect. Then I rank them, there is mostly physical and emotional violence, then there is neglect, and then there is sexual abuse ...” (R1)

“I encounter all types of abuse, sexual, emotional, physical, verbal, all these ... the most is physical violence, there is a great deal ... and emotional neglect ...” (R5)

“... I work as a therapist in the Bedouin Arab sector, so there I encounter many types of physical neglect, in terms of physical visibility, clothing, smell, and maintaining hygiene ...” (R6)

7.2 Category II: the Ways in which therapists receive information regarding cases of violence against children in the school and home environment

Aside from the direct evidence of therapists of the violence referred to in the previous section, therapists also receive reports and information from three additional factors: the direct accounts from children or in a projected manner during art therapy. There are reports from school staff or reports from parents and family as well.

R3 reports that her knowledge about cases of violence that children experience often comes from the children themselves. The children relay through their accounts the actual types of physical violence they receive from their parents.

“... In many cases the children told me about the abuse ... methodical abuse of pummeling, a slap and more, in situations of intense parental anger ...” (R3)

R1 similarly reports that the information regarding child abuse comes from the children themselves and adds that sometimes she knows in advance that these kinds of accounts will ensue since she has preliminary information about the prevalent and uncompromising use of violence by the family.

“... there are situations in which the children recount: ‘Daddy or Mommy hit me’, there are cases, not out of prejudice or stereotype, when you hear the name of the family and you know in advance that there is violence and a compromising situation ...” (R1)

According to the statements of R8, there are three methods to obtain information: direct accounts from children who describe various forms of violence, children who report about other children, and her direct testimony of violence in the school or from the parents. Later, she witnesses violence among children in a group context and concludes that these children are exposed to violence and experience violence themselves resulting their frequent use of violence towards one another:

“... First of all, I hear from the children, they say ‘the teacher told me this, my parents did this to me’ ... I also see in groups how the children treat one another, much verbal violence, mockery, physical violence ... there are children who say ‘the teacher hits me’, they also say a lot ‘they hit me at home, they beat me’, and in the school I sometimes hear from other children or I see this by myself when I am walking in the corridor ...” (R8)

The exposure to direct violence in the presence of the therapist may occur in a home visit or during therapy.

“... Aside from this, I saw with my own eyes during home visits or dyadic therapy that the parent hit the child right in front of my eyes ...” (R1)

Another way that therapists are exposed to episodes of violent behavior is when the information on the violence towards one child comes from a report on another child. Children

are aware of other children who have parents who beat them and use this in order to frighten and threaten the child.

“... Sometimes I hear from children, ‘the teacher hit this child’ or ‘his mother came to the school, hit him, and punished him’, or they simply mock him by saying that he caused a problem and threaten that the parents will come and hit him, or punish him ...” (R2)

Reports coming from parents are often accompanied by a narrative of having no other alternative, i.e., the parent does not see any other option other than the use of violence for the purpose of education. In addition, parents describe the act of violence as such that is beyond their control, meaning it is not voluntary, but rather an involuntary violent reaction.

“... Sometimes mothers themselves tell me ‘I did not know what to do and I hit him’, or in the middle of the conversation when asking the mother ‘what is wrong with the child?’ then she answers ‘I will not hide it from you, I hit him. He deserves it, he did not do what I wanted’ or sentences like ‘my hand escaped from me and I hit him ...” (R2)

When mothers find it difficult to control the child’s behavior, they use the father as an authority who has the power to exert violence. Thus, they attempt to prevent the child’s undesired behaviors. Violence on the part of the father includes the use of objects such as a belt, a shoe, locking the child in a room, and so on.

“... There are mothers who complain that the child is a nuisance, is not disciplined at all; the mother needs to use the father as an authority. And for many fathers, their way is the belt, hands, hitting. Or the shoe, to deny him things and close him in his room ...” (R1)

To conclude this theme, it is possible to express that the findings indicate that a most of the children experience violence of different types, which is directed towards them and comes from different figures in their environment, who are supposed to have the child's well-being in their interest. The therapists report of norms of denial and silencing of violence when the desire is to address these cases within the school walls, stemming from a reluctance to confront the family or more frequently because the teachers themselves are violent. This violence derives, according to the therapists, from cultural and social norms that are

entrenched over generations in society alongside feelings of weakness and powerlessness of the parents and the desire to enforce parental authority. However, the therapists optimistically express that change must occur and that it will occur, whether as a result of the social processes that Arab society is experiencing or from the simple understanding that it is not possible to go on in this manner.

7.3 Category III: Uniqueness of the Use of Violence towards Children in Arab Society from the Therapists' Perspective

This section examines the use of violence reflected in Arab culture from the therapists' perspective.

“There are no emotions, there is violence, there are weapons, there are curses, everything is permissible.” In Arab society there is not necessarily reference to acts of violence as violence, but at times as a type of game or joke. Even if a child expresses his displeasure about a casual violent act by the father or another family member, the reaction can be lessening the importance of the event and perhaps even a statement that relates to the event as a joke. R9 says:

“... For instance, I see many families, where the father just passes by the child who is playing outside ... and slaps him. Even if he sees that the child is hurt, he will smile and laugh and tell him ‘I was only fooling around with you’. Even if the child says ‘you are bothering me, you hurt me’, this has no merit; he will not move away ...” (R9)

In Arab society, the extended family frequently lives together in the same living space in an apartment complex belonging to the ‘clan’. This family building establishes a semblance of legitimacy for the second or third-degree family members to be involved in the education and discipline of the children, including the use of violence.

“... Generally, what I encounter is a relative, sometimes someone inside the home, let’s say a brother, but often this can be an uncle or a cousin, as if a second-degree family member ...” (R1)

It is clear from the testimony of R10 that the mothers in Arab society have the duty to see to all the needs of the home, as well as to raise the children and to earn a living. This heavy burden leaves the mothers too exhausted to see to their children's needs, and this situation is expressed eventually in the neglect of the child's emotional needs.

"... The lack of caring from the mother, who is often outside of the home, returns tired, cooks, does laundry, and so on, but does not see to the child's emotions, as if there are no emotional needs ... like a robot that comes in to be 'charged' and goes out ... she does not know what is happening with her child. During the day, s/he is at school, so it is not her issue what happens there. In the two hours that she is at home she is sleeping or is on another shift. Children play in the street; what will they do with the older children, what happens to them there? What does s/he do? ... the child is there, at risk ..." (R10)

The therapists' testimony indicates that the children sometimes are surprised by the manner in which the therapists address them, patiently, attentive to their emotions, and sensitive to their needs, as opposed to how they are addressed in their home environment. The children are even confused and express discomfiture and laugh out of awkwardness and feeling that this form of discourse is alien or unexpected. Thus, the statements of R11 indicate:

"... Even if the child is dressed well, the emotional neglect that occurs at home is felt; often when the boys and the girls were in the room, they were startled by the language or manner of speech that I use with them. They would tell me, 'How good you are and speak to us nicely' 'How nicely you speak', they would stare when I speak. A child says, 'my mother does not care how my week at school was; she never asked me'. When I ask, they would laugh and say 'who cares when I am sad or what's bothering me' and laugh!! This means that there is nobody who asks the child about his feelings, his thoughts ..." (R11)

As R5 notes, the use of violence by teachers sometimes occurs because of the transference of the child's welfare to the teachers. Thus, a parent grants the teacher permission to use his or her judgment regarding the need to use violence towards the child, out of the belief that the teacher will do what is necessary for the "good of the child", including the use of violence.

"... In Muslim Arab society and also among the Druse there is often verbal emotional and physical abuse ... as if it is permissible to hit or humiliate the child to the point that when the child comes to school, if s/he has not done homework, for

example, or there is a setback in his learning, then the father says 'the child is all yours and do what you want just straighten him/her out' and it is as if the parents are sanctioning the teacher's violence towards the child, as part of education and for the child's own good ..." (R5)

It appears that the prevailing perception is that violence is the only means with which to cope with children who are disobedient and who themselves express violence. According to R2, the social perception still lags behind "more advanced" societies in the context of education and well-being of children. It appears that it is difficult for educators (parents and teachers) to change the dominating notions and concur that violence is prohibited or an illegal act, since this is a behavioral norm to which they have been accustomed. This arises in the statements of R2:

"... I can say what I feel, that what is so unique; the type and means of abuse is societal and is passed down from generation to generation. Perhaps the period and time, or a part of the history of Arab society, but this is its pace of development. This reminds me of other societies that were in a similar stage, perhaps 70 years ago or 200 years ago; this is not unlike stages that every society goes through ..." (R2)

Therapist Number 9 related how the society she comes from is extremely violent. Violence constitutes a component of the way this society operates, a negative mode of communication, and even the use of violence under the guise of play. It is possible, perhaps, to make use of the word 'teasing' to describe an action that can bring the object of such behavior to the point where s/he experiences emotional or physical distress. This type of teasing has a word in Arabic: 'maqara' (مقاره). This is violence in the form of play. This pattern can be seen in an encounter between mother and daughter, when a pinch, slap, or bite is used as an expression of affection, or adults who poke fun at a child and upset him emotionally and turn it around as if it were a game. The interviewee adds to the examples that she encounters in Arab society another example from the therapy room of a parent who dismantles the structure the child is building and scoffs at the child's tears and anger.

"... We have in society the concept of مقاره. There is something violent in the laughter and it surfaces unconsciously. I have often witnessed a mother who wants to play with her child; she pulls him, pinches his cheek, bites him. From the mother's perspective she is expressing her love for the child, as if she wants to eat

him up, a slap on the butt as affection. Or a group of adults sitting around and laughing at a child, hurting him emotionally. He cries and they laugh, "We were only joking with you" ... one time I was doing dyadic therapy and I saw the child building a tower and the father continually destroyed the tower and ignored the child's tears and frustration and laughs at this ... sometimes I think that this is trauma ... that passes from generation to generation, and I speak about a phenomenon, not a one-time case of a father or a specific parent. This is seen a lot ..." (R9)

R9 presents different scenarios she has witnessed as a woman who grew up in this society. She presents another example in which the rituals of the Muslim holidays and the nursery rhymes (in her opinion) depict considerable violence. Thus, a child might raise an animal and later on, after he has created an emotional bond with the animal, witnesses the slaughter of the animal right in front of him. She thinks this situation is traumatic for the child, and at the same time contributes to the normalization of violence. In addition, there are songs based on the words "tomorrow the holiday comes and if a cow is not found then he will slaughter his dear daughter". These are children's songs that convey the value of violence from generation to generation, as well as the conceptualization of slaughter in the context of an action that parents can deploy towards their children.

"... Sentences like 'if you do not do what I say, I will slaughter you'. And if I go deeper, the entire religious-social structure comes in here very strongly like ... I look at, for example, that today I can raise and train a chicken and then after a period of time I slaughter it? Or a sheep that I raised, it is slaughtered for the holiday right in front of my home, and the little boy sees our sheep being slaughtered in front of his eyes. And it is necessary to slaughter it in front of the home since we believe that this is a blessing and good. This slaughter in front of the child's eyes, it contains many traumatic elements, which I have seen from childhood ... and there are structures that traumatically have been internalized by us as something ordinary, possible, a norm. Or the songs that we raise our children with like "yala tanem yala tanem" ... the meaning is 'sleep, sleep my little child, I will slaughter a dove for you ...' What does this convey?! Or the song of sacrifice, 'the holiday has come and we will celebrate, and we will slaughter Sayid's cow, and if Sayid doesn't have a cow, then we will slaughter his pretty girl', Shakra Samara. True, we sing this automatically, I feel that there is trauma conveyed from era to era, without any awareness..." (R9)

R2's statements indicate the understanding and pain in the context of the continuation of the behavior according to social norms that she perceives as unsuitable for the period and

time in which she lives. These are norms and values that derive from many years of tradition that are still accepted as normative, although in her eyes they are no longer legitimate, as in her opinion, the harm caused the children. R2 expresses her opinion and claims that these norms should be amended in order to create a new social reality.

“... Sometimes it is harder today for me to see these things since society is supposed to be developing into new ways, and the teachers of today are aware and know of this - that there are alternative methods to the stick and the carrot approach, but this still exists. Still, the patterns of behavior that people grew up with, like my generation in the school that abuses and neglects, and does not see the student as a person who needs to be respected...somehow these teachers still use these methods, I know this stems from an acquired pattern of behavior: powerlessness, frustration, entirely unaware, unenlightened, and this is the most painful for me ...”
(R2)

Further evidence that violence is acquired as a part of social norms arises from the statements of R3, according to which a large number of the teachers who use violence category elves have suffered violence from their teachers.

“... I think that there are many reasons for this and one of them is that this teacher was himself educated in this way and thus he does not know anything else ...” (R3)

The same holds true for the parents, who were exposed to violence from their parents and teachers, and therefore internalized this behavior as a means of education have accepted it also in the present. They speak of this during therapy or during of the parental guidance sessions:

“... I heard from the parents that as children they were beaten terribly by their parents and by their teacher., In other words, parents of children who are in therapy told me about their past; there was an accepted norm, and today also, it depends on which village ...” (R1)

This intergenerational transference constitutes plain-spoken legitimization of the violence against children, which is manifested in how adults, parents or teachers, use the legitimization of violence due to their hierarchical status. This legitimization is also gained by diminishing the impact of this behavior claiming it is insignificant and harmless. Thus, this perception that a ‘slap’ is trivial, is learned by the child.

“... In our society we teach towards obedience, to heed your mother’s words, your father’s words, not to resist. Authority, hierarchy, and the legitimization of violence like the parents say ‘we too, the parents, were hit, nothing happened to us.’ Or the mother says ‘nothing happened, this is only a few slaps that Daddy gave the child, nothing will come of it’ ...” (R7)

However, therapists also describe the transition that Arab society is going through, a change that would seem to be positive, since it assimilates modern values in traditional Arab society. However, according to the therapists, it leads to neglect of the children. When therapists ask the parents to describe positive traits, they recognize in their children it is hard for them to respond. A common response is that he 'has a good heart' or that he is 'obedient'. There is a conflictual situation: on the one hand, the parents who are not present, deploy humiliation and frequent criticism of the child and even aggressiveness, while on the other hand when the child responds in the end, the parent does not permit this and responds violently in order to restrain the child.

“... today the parents are absentee parents; they are either at work or on their smartphones, or with problems, and the children are alone. Following such situations, there are parents who will not talk with the children for a few days, or the parent begins to tell to the child about what happened in school using harsh words, mocking, to humiliating, comparing with another sibling, until the child blows up ... although many of the parents are improving, many are still aggressive, and find it difficult to know and to describe their children, or they describe them superficially, or for the most part the good trait is that the child is obedient and good-hearted ...” (R10)

According to the statements of R1, in Arab society the exposure to social media content, similar to exposure to modern Jewish secular society, changes according to the geo-social conditions. Children's exposure to social media and the absence of legitimization of violence under the influence of modern norms create a challenge among Arab parents. Children become less obedient and attempt to bring into the family discourse, new rules of behavior. In contrast, parents remain powerless and lack alternative tools for the education of their children. This powerlessness in the end can lead to outbursts of violence on the part of the parents towards their children, in order to get them to behave as they deem appropriate.

“... I feel that this is a society in a process of transition, from a very closed conservative society with very clear borders and very clear norms, what is permissible and what is prohibited, what is accepted and what is not accepted, and the status of each one in the family – to the modern world; this influence is also because of Jewish society. And then there is a difference from place to place. There are communities that are really exposed to Jewish society and there are groups that serve in the military, as opposed to communities that are very secluded and cut off, less influenced and more conservative. And there is the influence that I have been observing for over 22 years: the influence of digital media of the computer and the Internet that create role reversal. The children have mastered this media but are not protected on this media, and the parents are completely powerless; they do not know what to do, cannot protect their children and do not understand this world at all ... what happens in the rapid transition to modernization is that the parents have lost the ‘how’. The way in which they were raised is no longer relevant and they cannot use what they knew from the home and then they are powerless; they do not know how to get respect from the child. How will the child heed them? And the way of the past that was through violence or intimidation as a legitimate means of education is no longer legitimate. And this positions them in a place of powerlessness and often they respond with violence as a result of the powerlessness and not because they are violent or bad at heart, they simply do not know anything else ...” (R1)

For the most part, violence occurs in the private arena, i.e., in the children’s homes, and in the public arena, i.e., the school and the streets near the children’s homes. Thus, for example, the streets serve as an arena in which children exploited for the purpose of wars between clans based on political issues or personal vendettas between families.

“... There is a lot of violence, emotional, verbal, physical, or ostracizing, the attitude towards children is very cruel and brutal ... every type of violence you can imagine is here, the most difficult year is the election year, there was violence day and night, the level of violence was high and there was exploitation of children...” (R10)

R10 describes another type of emotional neglect that is expressed in situations of violence that endangers lives, in the vendettas between clans that include use of firearms or arson. Children who are exposed to this not only do not receive the treatment required so that the exposure will not hurt them physically or emotionally but also are enlisted to aid families in the effort to distract policemen or collect bullets. The mothers are busy documenting the activity happening in the street or discussing matters with other family members while the children remain frightened.

“For example, when there was an argument between two families or clans and there are shootings, the children’s role is to go out and collect the bullets and the shrapnel from the street. They have a job – when a tire is burning, the children pour fuel on the fire so it burns more. When there are policemen – they go out to convey information where the police is, or to distract the police’s attention or stand in front of the policeman ‘ who are you and why are you ... ’, as if to distract his attention so that whoever needs to run away can do so ... it hurts me to hear that during times when there was shooting, there are children who were frightened and hid in the storage shed, and the mother, instead of being busy with being with the child and calming him down, is busy videoing who’s against who and is busy with gossip, and so on ... and the child, who sees him? Who? Who worries about where the bullet fell whose house was shot at, or what happens with the child ...???” (R10)

R7 draws a correlation between the socio-economic status of the child’s family and academic neglect and learning difficulties. From her statements it is possible to conclude that neglect is not intentional but is a result of the lack of awareness on the family’s part. Parents do not come to the school for meetings, and alternatively they enlist the child to take care of the grandfather; it is the parents’ belief that academic achievements cannot be expected from this child and it is best that he lives with and care for the grandfather.

“... I have seen this a lot with children in the classes who invite parents who do not come, and the child with special needs but is still in a regular class, who does not manage to reach academic achievements like the rest of the class, and he is neglected, even physically. For example, I had such a child whose parents required him to care for the grandfather – to wash him, to care for him, and they say ‘even if nothing comes out of him, at least he has done something good’”, a child in the sixth grade ...” (R9)

Neglect can be an expression of indirect violence. It leaves physical, emotional, and cognitive harm. One of the expressions of neglect is disregard of cases of sexual abuse.

One of the main reasons that arose from the interviews for disregarding sexual abuse is the position of mothers who want to protect the family and the child from the implications of this type of exposure, as well as the implications of physical violence towards the child who reported it. Sexual abuse is also perceived as damaging the reputation of the girl, who will be gravely harmed, and her chance of marrying and establishing a family will be seriously impeded. A mother who wants to help the girl offers her consent for the girl to begin therapy,

under the guise of having learning difficulties, so as to refrain from her beings exposed as having been sexually violated.

“Yes, this is a girl, there is a situation that she was abused by a cousin, and the mother tried to cover up the whole issue, out of fear for the girl; the father does not know; the mother was afraid that her brothers would find out, and if they knew they would hurt the girl or the perpetrator, who is the mother’s nephew, and they don’t want complications. The mother continually minimized the issue of the abuse. The mother said that she is afraid of her sons’ reaction, that God will not forgive him, there is great anger at the perpetrator, but she is afraid that the family will fall apart and her daughter will become ‘an embarrassment’; who will marry her?!! The mother wanted her daughter to receive therapy but without the definition of sexual abuse but due to her falling behind in her studies. And the mother remained silent because she did not want to cause a greater problem. The child is suffering; we wanted to send her for specific therapy, but the mother would not allow it since the brothers and the father did not know and she was afraid ...” (R11)

7.4 Category IV: Relationship between the Level of Violence towards Children and Having Special Needs

The attitude of the school, the teachers, and the parents of students in special education: “They very quickly become a scapegoat”. The statements of interviewee Number 7 indicate that there is stigma of the teachers towards the special education children, causing a child in special education to become a “scapegoat”. Even if a child with learning difficulties may be bullied, whether by the teacher or by another child, he will be perceived as the blame for the incident. In addition, they will not bother to listen to him and will not believe him, even when he is innocent or when he is not responsible for the act of violence in which he was involved, as described by R7:

“These children ... that they worked with are the most difficult children in the school and something happens and they slowly become ‘scapegoats’ of the school ... and the teachers create stigmas for these children. If the child is involved in an incident among children or with another teacher, it does not matter what happened and what the reason is, ‘this problematic child’, is at fault. If, for instance, he misbehaves or curses and she see a small part of the event, then he is to blame and he is not believed, and then he is brought to the homeroom teacher or to the principal and punished; the teacher is not interested in what happened before or afterwards ...” (R7).

R10 also mentions the term ‘scapegoat’ towards the students in special education. In her words, the students also look to hurt these disadvantaged students, many of whom come from disadvantaged families, so that this can further weaken the children, and are also attacked by other children, and do not find an adult figure who will protect them.

“They (the special education children) very quickly become ‘scapegoats’, you often see children from the fifth or sixth grade in the regular school are looking for the special needs children in order to hurt them, since it is easier. Often, when they are from disadvantaged families, there is nobody to protect them.” (R10).

R1 describes in the process of the interview, a case in which a special education student was beaten with an object because he was unsuccessful in carrying out a physical task properly because of his disability.

“... In the school where I worked, they would really hit the children with a stick or with a ruler and this was a school of special education - even for things like the child did not succeed in jumping from place to place like he was told, not that he was insolent or behaved inappropriately, he just did not succeed. A child with retardation, yes this is a special education school.” (R1)

Her statements indicate that violence also occurs towards children with special needs, without relating to their abilities and difficulties. R2 adds to her statements and says that the teachers’ lack of understanding towards their children’s difficulties and special needs is expressed in that the teachers believe that the students do not carry out the instructions due to lack of desire and not lack of ability. In addition, she says that teachers describe the children’s behavior judgmentally and think that these are violent children and the only way to communicate and solve this problem is with violence simultaneously.

“... And when they are not aware, they do not identify many cases and they say: “This child does not understand, he does not answer, he does not heed the instructions, he is not willing to accept my authority as a teacher, he yells, he harms other children and is now unwilling in any way other than violence, and this is my way to communicate with him instead of violence and they are placed into a loop of violence ...” (R2).

R5 continues and ascribes the violence towards the students with disabilities to “a violent society in general”, and even more so towards people with limitations and special

needs. She sees difficulty in their ability to demonstrate empathy towards the child and emphasizes that it is possible to see this significantly during therapy with the parent and the child, especially in the younger ages and in the elementary school. She thinks that it is possible that the violent attitude and the neglect are the source of the lateness and developmental difficulty from which the child suffers. Providing the child with the best environment, it would be possible to aspire towards achievement and even to integrate these children in the education system:

“... No, we are a violent society regardless, and a child with special needs has difficulty communicating, and how do you communicate with him? Through physical violence, and this the right way, and there is legitimacy, and it is as if it solves the problem and the child's difficulties, or they express their difficulty in the presence of the child who is being hit. And it is also difficult for them to enter this world of the child, to understand how he thinks. Where is he? To understand his world. And then the violence is used in order to silence. It is possible to observe a parent and child dyad, especially in elementary school and kindergarten, and it is possible to see that because the child suffers from developmental delay ...” (R5)

The statements of interviewee Number 3 indicate that the lack of awareness of the children's special needs and lack of understanding of their situation and their world creates a tremendous difficulty among teachers. Thus, teachers can identify and recognize physical and motoric difficulties and legitimize them when emotional difficulties such as anxiety or depression that are not apparent are more difficult to identify and to legitimize. R3 speaks about the difficulty of the teachers and the principals to differentiate students who suffer from emotional or mental difficulties, that are less observed in comparison to motoric or physical difficulties.

“If the child ... he does not know to write or to hold the pencil, the person standing in front of him will see it. But if the child feels ‘anxiety’, anger, or depression, this is intangible or invisible; it is not operative, not measured, not seen, not heard. Who will notice a child in a school of 800 students? Who will pay attention to him? Unless the situation is unusual and there is behavior that indicates this. And among the 800 children who are running in the yard, it is easier to notice the one who stutters, the one who falls, the one who can't hold the ball, if he is anxious, I certainly will not see it ... the scorn or lack of diagnosis, since this is not seen clearly. This is not supposed to be seen, you would be surprised to see educators, principals, teachers who are from the field of education and are expected to have taken training courses.

I am certain that at some stage in their training they learned introduction to psychology, sociology; this indicates that the emotional aspect and awareness of educators is very low, where is the training, where is learning?!!!” (R3)

R3 in essence attributes the negative attitude or the lack of reference and ignoring of the student’s difficulties to the lack of awareness and lack of sensitivity, as well as the increasing number of students in the school, which makes it difficult to notice the child’s emotional state although they were trained for this. In contrast, R10 notes that the children of special education lack interest of the teachers and the management. It seems that the system has given up on them from the outset. Thus, even in an emergency situation during the Covid-19 pandemic, it is clear that the teachers have given up on identifying and providing a learning and treatment solution for special education children, assuming that this is pointless and it will not aid in their level of achievement.

The interviewee adds that in her view these children are neglected and are exploited by the education system as a means to open a class and to increase study hours (hence an increase in funding) but without providing a solution to their needs. She emphasizes that it is possible to observe academic neglect, manifested in a large gap, often expressed in the lack of basic abilities, such as the inability to write by later ages (age twelve).

“... the status of special education depends on the school. There are schools in which nobody checks what is happening with them – if they come or not, the teacher works or not ... it is of little interest, even when the children are absent often or a lot, they do not do anything. On the contrary, it is more convenient – less load on the teacher. Even during the Covid-19 pandemic when I am trying to call and make an effort to come, I hear the teacher who tells me: ‘Leave it alone, what will we do with them? What will come of them?’ And these are sentences that are repeated ... as if the entire system is giving up on them. There is neglect, there isn’t correct assessment of children, and they toy with the children either way (special education class or regular class) so that there will be a number of classes opening or on the contrary – so that there won’t be a burden. Even the poor inclusion children, nothing is done with them ... sometimes I ask myself – a child who from the first grade is given inclusion and a special class and ... six years he has reached the sixth grade and still has not learned the letters, do you know how many children are like this? It is a tragedy - a tragedy ... it is logical that they will learn and he did not retain anything ... or in general the learning is not tailored, there is no consistency, wow, if I would teach him every month what would happen ... the paperwork is in the computer but in the field, something does not add up ...far from it.” (R10)

The interviews indicated that the awareness towards children with special needs is mostly low. Teachers interpret the child's difficulty, behavior, and symptoms of distress inappropriately and as damaging the teacher's dignity. Therefore, they respond with severity and violence. Every response of the child, which constitutes a request for help and emerges as a result of adult harm is not seen as such by the adult or the teacher, but is perceived as a threat or harm to the teacher's dignity. Thus, since he is an adult or is responsible in that in hierarchical terms, he has a higher rank than the child; there is legitimacy to carry out acts of violence towards the child's "insolence".

"Many teachers interpret the child's behavior as a personal affront. For example, a child who has behavior problems, if the child is angry and curses, the teacher takes this personally, 'how dare you curse me'; it is hard for the teacher to separate or to understand or to be empathetic and then he cannot contain his anger at the child, and then he legitimizes the reaction to the child with harsh curses and even worse physical violence, since he is allowed, he is the authority, he is in a higher place in the hierarchy than the child, and so on. He responds to him sometimes in a more violent way." (R7)

Teachers use violence towards children and moreover, request the therapist to behave with violence towards the child, since the parents encourage the teachers or the therapists to use violence towards their children and explicitly approve and legitimize this. Perhaps the intention is to educate, or perhaps the intention is to exercise emotional pressure on the child to behave as "expected", as indicated in the following words of R11:

"There are cases in which I hear from teachers that this child is a 'severe' case, so please be hard on him, since his father told me that I can step on his head' ... and yes and this way the parent sanctioned the teacher to hit the child." (R11)

Therefore, despite the development and understanding of more parents regarding the issue of violence, many parents still turn to the teachers, approving and even encouraging them to hit the child or use violence as a means to pressure the child to learn or to obey the teacher.

"I think that today there is greater depth of understanding of the entire issue of violence but sometimes you encounter parents who tell the teacher 'Do what you want with him, or why didn't you hit him' ... so the teachers be authorized by the parents or society that it is natural to become annoyed with a child." (R4)

According to the description of interviewee Number 10, the teachers' report on the child to the parents in most cases, leads to further violence of the parents towards the child, for the sake of punishment. Thus, the child becomes the cause for violence both between parents and teachers and among family members. In the end, the child is defined as the cause of the violence and disorder in these relations.

“... And furthermore, the teachers tell the story with anger to the parents, and then the parents hit the child, or violence begins between the parents of the children who are fighting and very unpleasant situations ensue ... the victim is always the child; he is a just victimized by the other children, from the parents, and from the teacher, he is to blame ... anger at the girl, at the school. It doesn't end in school; often this (the anger about the incident in the school) gets to the neighborhood, to the relatives in the extended family where the girl has to deal with feelings of guilt and the humiliation regarding the incident there as well...” (R10)

7.5 Summary

The data show that there are three different sources of violence experienced by children: domestic violence, violence from school staff, and violence between school children. The types of violence are: verbal, physical, emotional, sexual, mental, and social. Sexual violence is perceived as taboo which is why it was difficult to learn about during this research. Most of the violence towards children is verbal and physical both from staff and family. staff members' lack of interference seems to be the source of social violence. The principals' support of teachers that were violent toward children is seen to be a further source of abuse due to its hierarchical position both culturally and in the organization. Neglect was also found as a result of staff's dismissals of children's signs of distress. It was also found that the level of violent acts raises in relation to the level of pressure upon staff and children in the school, such as in the case of exam periods.

Violence increases in relation to children's age. It was found that all types of violence take place between children (verbal, emotional, physical, and social). It was also found that teachers' empathy towards children's violence against each other decreases as they grow up. Special education children suffer more violence in comparison to regular children, particularly in relation to their difficulties.

At home, children experience violence from their parents' siblings, and extended family. Physical and emotional neglect was found to be common in the family. types of neglect include Poor hygiene, poor nutrition, and lack of appropriate clothes. With regard to cases of sexual abuse, the mother's efforts were to hide it, particularly for daughters for fear that the community will reject them and they will become outcasts. Mothers often use mentioning fathers to threaten their children to make them more obedient. Violence is used as the main way to discipline children due to a cultural consensus that it is the most effective way to discipline children and teach norms of behavior.

There are three ways that therapists learn about violence against children: Direct witnessing in the classroom, in the school, and during parent meetings in school. indirectly through therapy and via other propels reports (children report on children's violence, staff members report on a parent's violence, Parent report on staff member's violence). During therapy, the experience of violence is projected through songs, stories, art, and typical behaviors.

The therapist reports that direct emotional behavior and emotional language are culturally illegitimate in Arab society. It is embarrassing for adults and children to engage in emotional conversations and it is seen as one of the reasons for the use of violence. In that respect, violence replaces the use of emotional language to solve conflicts or change behavior as well as support personal difficulties. Therapists describe children's lack of personal security due to the lack of protection from the state and from the community. A common use of violence at home and in the streets (an everyday use of live weapons in the streets) is also one of the reasons for feeling unsafe. There is little understanding and acceptance of art therapy in Arab society because it relies on emotional language. Violence is legitimate in Arab society and therefore it is a normative way of disciplining a child. Violence is also common as a legitimate form of play with children and between children. Violence is explained as an act that is beneficiary for the child because it teaches that child to be part of society. In that respect, it is a cross-generational phenomenon behavior.

The social hierarchy supports the upper hand of adults on children and their right to use violence as a means of discipline. A further reason is women's heavy load in terms of responsibilities and social pressure. A process of modernization takes place due to exposure to Jewish society and globalization. That process can change cultural values yet can further increase the gap between children and the older generation that experience difficulty to control children's behavior and that increases the use of violence.

Violence in relation to special needs children in schools is given special attention by therapists. Special education children suffer more violence (physical, emotional, mental, neglect) from staff members and from children because they come from marginalized families and because the children are less socially capable. In school, physical disability receives more acknowledgment than other types of disabilities. The lack of awareness of other types of disabilities is the source of neglect of those children's needs. Therapists report that some teachers interpret the special needs of children with disabilities as negative behavior and disobedience and use violence to discipline them. School staff does not have the required training to cater to special needs children's academic and emotional needs and the Parents give teachers permission to use violence toward their children.

Chapter 8: Research findings: Art Therapists' working in the Arab-sector education system in Israel: perception of the report procedures of violence towards children

This section discusses the art therapists' actual responses to the discovery, positions about reporting, before, during, and after, as well as in certain cases of non-reporting, the impact of the art therapist's proximity to the workplace or the population she works with, tools the art therapists receive during training and in the entrance to the education system in order to deal with the problem of violence towards children. This section will present the following five Categories:

1. **Category I** - This category will address the description of the responses of the art therapists upon the discovery of violence towards children in the elementary school and describe the response in three stages: the therapist's response during the discovery / reporting time / post reporting, which include feelings, emotions, and perceptions. Feeling of suffocation, powerlessness, what happens in real time.
2. **Category II** - This category will present descriptions of the art therapists' perception of her duty to report.
3. **Category III** - This category will describe the art therapists' dilemma in the education system and in the context of cultural sensitivity (professional deliberations versus personal and cultural deliberations).
4. **Category IV** - This category will present physical family proximity as a factor that increases / reduces anxiety for the therapist in her work with children who have experienced violence in the Arab education system in Israel.
5. **Category V** - This category will emphasize the professional training for the Arab art therapists for dealing with the phenomenon of violence in the Arab education system (therapy, system, instruments, in-service training courses).

8.1 Category I: Art Therapists' Responses upon the Discovery of Violence towards Children

The interviews indicate that the internal emotional and physical experience of the art therapists when discovering abuse towards the child is an experience of powerlessness and fear of exposure in general, and of the family in particular, out of the fear that the child will again be abused as a result. It is possible to distinguish between the art therapists' emotional reactions to the discovery itself and between the emotional reactions accompanying the understanding that they must act and the procedures involved.

R3 describes that part of the initial experience accompanying the discovery is a sense of "suffocation" – a restriction in the throat - that is a result of identification with the child and with the distress that the child experiences; in general, a sense of helplessness and difficulty finding constructive solutions. R3 describes a feeling of a shared fate in that she and the child are in the same state of vulnerability and are searching for a solution and a way out.

“I am generally suffocating, in other words, ahh it comes and goes and hits me and there I feel like it is difficult for the child and how difficult it is for me, too, and we attempt together to find solutions, I attempt to ask to understand, what he is going through, how he feels, through talking or through drawing or taking action. And I attempt to adjust myself while paying close attention to his body language.”

In her interview, R8 describes that the discovery of the child's secret, in particular if it is domestic sexual assault, it stirs her fear for herself and for the child. In many cases of sexual assault, even if the person perpetrating the abuse is not a member of the family, the blame will be placed on the child and on the person who is disclosing the incident of the assault. The child may receive severe physical punishment for the “leak”, namely the tainting of the family's honor, and the fact that he 'abused' his own honor.

“Yes, certainly for myself, since I am afraid that this will reach the parents, especially if the abuse is from the hand of the parents. If it is not the parents, they are not the ones causing the abuse, the very fact that the issue was raised with me will hurt me. And I am afraid for the child under my care, that he will be hurt, since he opened his heart and his mouth, they may hurt him even more. Even for instance, if it is sexual assault, not from the parents but from a stranger, the parents may

blame the child and hit him for causing them a scandal, so yes, I always have the fear for myself and the child.” (R8)

Some therapists describe the feelings that accompany them also after they return to their family and home environment: thoughts of trepidation and fear, pain and anger, powerlessness and concern for the children that they are aware of, who are experiencing violence. This range of emotions is expressed in individual concern, but also in daily apprehension about the implications regarding Arab society and its future.

Next, feelings of deep concern are illustrated about the reporting in the school framework as well. The concern primarily is from the responses of violence towards the child and towards the person reporting. Thus, reporting can serve as a source of fear as opposed to confidence that there is a framework that can provide protection. This reaches a point in which the reporter might be afraid to return to the school and face the responses of the parents or staff members. In addition, this concern is accompanied by the internal conflictual thoughts regarding the question “Was reporting the correct step?”. Thus, for example, R8 says the following.

“Often, after an account of abuse, reported or unreported, I coming back agitated, angry, powerless. I say thank God for the environment in which I live, I return hurt and feeling pain and asking myself, what kind of society are we raising children in?! I had two attempts at reporting and the experience was first of all great fear, a very bad experience, fear for myself, for my home, fear of what I will experience when I return to the school, fear of the teachers’ responses, fear of the parents’ responses. Fear for the children who are under my care; it is very, very difficult. And the most difficult is that I ask myself whether my reporting is harming or helping; this is very confusing. And even the feeling haunts me until day, a long while after.”

“I cannot report, it is frightening, I am frozen.” R10 describes the feeling of paralysis or state of frozenness as a result of the tremendous fear that she experienced vis-à-vis the reporting. She says, *“I do not report.”* She describes the silencing she experiences when reporting, from the school principal or from the teacher who is afraid and asks not to know and not to hear about it. Even in situations of severe violence in the family, the mothers themselves conceal or deny the matter to the therapist (There are sounds of unexplained continuous laughter during the interview with the therapist.)

“I cannot report, it is frightening, I am frozen ... If I share with the principal he says, ‘you heard from this ear, let it out from the other ear!’ Or ‘Here you heard and here you are silent.’ Or the parents deny, the mother says not true, although at least in the same month she fixed the window panes three times! Why! ... ha ha I do not know, I laugh, ha ha ... the homeroom teacher says, ‘Please, do not involve me; it is enough for me the previous times that they bothered me in the courts, and so on. And if I witness it with my eyes, then I want to close my eyes and move on. It is possible that teachers have arrived at a situation of giving up. These are villages in which most people do not want to work. For outsiders, it is hard to control or understand; they do not know who will push him, only the local villagers understand.” (R10)

R15 emphasizes that the threat, fear, and loneliness that she experienced when she discovered violence against the child emerges from the multiplicity of cases of violence in Israel Arab society, and at the same time, also due to the perception that it is not possible to depend on the police or the state. She describes a feeling of abandonment when dealing with violence in Arab society. She would like to be able to protect the child, but she is also a private individual and a mother and she often finds herself in the same social circle as the child. She herself has experienced emotional violence by figures of authority such as principals, who are a threatening factor instead of a protecting one. Hence, her identification with children who experience violence from individuals whose job is to protect them. She finds herself dealing with the lack of basic conditions as a therapist in the school: threat towards her, violence towards the children. Under these conditions and the obligation to report, it is difficult for her to cope when there is evidence of sexual violence, which is so difficult to treat and report.

“There is no police protection, there is no defense of the principals since everything is according to politics and others’ good will. Who will protect me? Only me? Since the child and I are in the same place ... like a mother attacked by her husband and by her parents and by the family ... and she does not have anywhere to run away to ... she is murdered and is also blamed for whatever happened to her. I am a woman, I am a mother, and I am a therapist who works in a system in which the principal often speaks to me and as if we were children, raising his voice and threatening. I am dying of fear if I am late to school, or late to submit a report ... since the principal will not be happy with me, I will not be good enough in his opinion although I am a professional, he will still throw me out. I see how other therapists stand in front of the castigating principal, who can decrease her hours or fire her if she ‘is not obedient’. It hurts me ... I studied for years for a master's degree so that in the end I will enter a system in which I am fighting for a place, a room, equipment, privacy, transitions between frameworks, and also threats. If I make a mistake, get

confused, and more so if I address topics of violence that are sensitive and other topics of sexual abuse. In general, there is a 'doubled taboo' for these ...” (R15)

R1 describes the feeling of powerlessness that derives from the absence of the possibility to act to prevent violence against the child, despite the knowledge of the abuse, out of the fear that reporting the family will cause further violence.

“Sometimes it is very difficult to deal with this powerlessness when I cannot do anything, or I am afraid of what will happen to him today at home ... ahhh but there are terribly, terribly difficult moments.” (R1)

R7 describes a similar experience, including the need to muster the strength for to report the violence, to the point of requiring physical strength to be able to breathe. Reporting, she says, entails planning and resoluteness, since the very act of reporting can evoke responses that will exacerbate the child’s situation. A cycle is described that begins at the time of the discovery and continues with the dilemma of whether or not to report and the responses of the parents and the school staff members that are not always anticipated. Feelings of conjecture and deep consideration are what drive this cycle. In ongoing cases of violence towards the child, R7 presents reporting as a difficult experience that necessitates considerable caution and much thought. To report and thus perhaps to cause unintended harm to the child, which will be expressed in his removal from the home by the authorities and thus put him/her at further risk in an environment that is more compromising (such as boarding schools), or to invite the parents in and to attempt to warn them, give them guidance, and the possibility of arousing empathy towards the child from the person inflicting the abuse.

“Since unfortunately in Arab society even if the child is removed, where will he be taken? Boarding schools are ill-managed and open, in particular sexually, and are worse than the home, therefore this not only is frustrating and exasperating, it places me in a position of 'damned if you do and damned if you don't'. From where to where am I going, there is nowhere to move! If the child is removed from the home to the boarding school, which is worse than the home, and then his relationship with his parents will be more problematic because of the reporting, then there will be a breakdown in the family, I need to consider whether there is support of the extended family and social services from the place that I am sending him to before reporting. I do not want to remove him from a bad place to a worse place. But for me, also, a difficult dilemma begins; what do I do? I try, there are many cases in which we

immediately summon the parents, explain to them the danger and the implications on the child. There are even cases or parents that we threaten. Of course, not me, the school counselor. And we tell them 'We will not be silent about this violence, and we will not ignore it.' Aside from this, we explain what the child is going through, although many times the party inflicting the abuse does not care what the child is feeling."

The findings indicate that the art therapists attribute great importance to the initial response following the child's reporting of the abuse. This is due to the therapists' awareness of the psychological consequences that the child may experience, as well as the fact that if they report, the therapy can be curtailed. Therapists report that it is important to them before everything to maintain and demonstrate empathetic attentiveness and only afterwards to address the questions of formal reporting. Therapists also emphasize the importance in providing an explanation to the child about the steps regarding the duty to report and about the authorities who are there to protect the child. This explanation is intended to prevent impairment of the child's trust of the therapist, or to avoid his/her feeling of betrayal by the therapist "who reveals his secret".

"Before the law, it is most important to me, the therapist, that the moment the child reports to me about verbal, physical, sexual assault, of course first and foremost, I know I obligated to report, but first, and before his testimony, I focus on my response towards the child: first of all that he will feel secure, that he will express what he needs to say, that he will be calm, that he will leave our session with a feeling of calm and comfort. After he spoke and let everything out and before the child leaves the room, it is important for me to clarify the next steps, that I am reporting, that he will not be surprised or any information will get back to him and he will be alarmed. I explain to him what I am doing and why I am doing it. I like things to be clear, I tell him thank you for sharing, and I pay attention that there will not be too much empathy and I convey to him that what he shared I am passing on since there is a law, and it does not end here that you shared. And this is it is not a good enough solution." (R3)

R4 also tells that first and foremost she considers how it is possible to provide an immediate emotional response at the time of the discovery. This is in order to obtain the information in a way that will be safe and not detrimental for him. Then, she considers tools or various means that can be offered to the child so that he can protect himself and gain

assertiveness towards the adults who are hurting him or who will attempt to hurt him in the future.

“I attempt in these stages to make the child feel secure, to contain him, so he will share or to teach him how to respond, to say no; I try to empower him. It is preferable to say no rather than to remain silent, so he can verbalize, 'I do not want this, it doesn't seem right, or something like that, since children do not talk back - particularly to adults.’” (R4)

In the continuation, R6 describes the first moments in which that the child shares the incident of abuse in the therapy room, during which she struggles to maintain her inner peace, to listen to the child, and to thank him for sharing. This is despite the difficulty she experiences internally. Then she begins to prepare the child for reporting the information. She emphasizes that reporting the incident was written in their contract from the onset, and now it is implemented in order to protect him/her against the recurrence of the violence against.

“First of all, I try to maintain silence, to digest what was said. After the sharing, I thank the child under my care for sharing and for seeing in me an important figure who you can trust. If what the child reports is abuse, then they have the duty to report in conjunction with the Director General’s Circular. I then share ‘you are very important to me but in order to protect you I must relay this information further’. This part is very difficult for many children but is important to do. In addition, the first sessions after the intake and the getting to know them I present that everything remains confidential except in cases that may harm them in their life or their quality of life, and there are things that I need to report, so that he will remember that everything is out in the open, and they will not feel that I am betraying them. And also, to show them how important they are to me and I do this in order to keep them safe.” (R6)

“I did know what to do. In this case I felt a sense of calling despite the fear.” When reporting, R2 describes her sense of duty in cases of the discovery of violence of any type towards the child. It was clear to her what the procedures were, what to do, and how to act. However, she reports that she felt a sense of fear and threat. Her frustration is from the understanding of the importance of the teacher’s role in the child’s life and soul on the one hand, and in reality, the same person who is supposed to protect him, is causing harm on the other hand. She perceives influencing these important figures as a goal and an integral part of her role as a therapist.

R13 adds to the findings that in cases where she is witness to a teacher's violence towards a child, when she shared with the child that there was, indeed, violence, she felt pain and sorrow. She offers the child help and checks with him with what to do. She describes her astonishment to the fact that many children refuse to have the therapist intervene in the matter. This refusal constitutes a dilemma whether she should intervene, regardless of the child's will, or should the child be given tools so that he himself can deal with the reality?

"There are children I sat with after witnessing to violence from the teacher. And then I sit with the child and I tell him: you experienced violence in the school, and this pained me and I want to help you; how would you like me to help you? And do you want me to confront the teacher, for example? Or we will attempt to find a way to handle the topic. You will be surprised that there are children who ask that you not talk or intervene ... and this is another dilemma, and then I ask whether it is healthy for me I use my authority and intervene or should I continue in the role of therapist and provide him with support so that he will cope with the situation alone. And the question is if I leave him then what will he do? It should not be the child receiving tools for coping with abuse?" (R13)

"I did know what to do. In this case, I felt a sense of a calling despite the fear. The feelings that I have are more related to my frustration, towards the educators in the school. I was taught a meaningful relationship like a relationship of the teacher and the child is so meaningful that it can save a soul, even more than the relationship with the therapist. I was taught to create these relationships with the student and the teacher, and how to create this place among teachers so that they will see how meaningful and important they are to the children and how if they can create these relationships they can save these children - not their parents and not the children themselves." (R2)

"I do not want to say not to fulfil the duty to report but rather to act wisely." R3 describes that when reporting, she is afraid for the child's life, since if the information about the abuse reaches the school staff members and is not properly handled, then the information will leak outside of the school. In these cases, there is the danger of a violent response from the family that can endanger the child, sometimes even fatal.

"The prospect is very bad - not good at all; I ask what will happen to the girl, is she protected? Will she return home, perhaps she felt comfortable sharing the sensitive information, since it is possible that the principal or the counselor would in an inappropriately pass on this information to the father or to the parents and then greater harm will be caused to her and she will be subjected to even more violence

and a second incident of abuse. And this can cost her life; on the one hand I want to abide by the law and protect the child, but did I truly help, or did I hurt her. There are many cases in which you really have to think about it. I do not want to say not to fulfil the duty to report but to act wisely.” (R3)

R5 emphasizes the importance of documenting, and the reporting of cases of violence in the school, since the very reporting eliminates her from being the exclusive responsibility to handle the matter. However, she emphasizes that not every case of violence can be reported. For example, in cases of verbal or physical violence there is no possibility of reporting since there will be no solution, besides sometimes the summoning the parents for a talk.

“I always report, do not leave it in the room, document and report, aside from the conversation I report to the counselor and to the teacher. I never leave the information in the room. And then this moves from my responsibility to the school’s responsibility. The truth is that for verbal and physical violence there is not much to do or at the most, the parents are called in.” (R5)

R7 also describes that there is not a report for every case. Before reaching the stage of formal reporting to the police, other possibilities are examined, such seeking alternative figures or family members who are willing to cooperate, like a mother in cases in which the father is violent or an uncle or aunt who agree to intervene to protect the child or end the abuse to the child. Only if these individuals do not succeed in effecting a change and the violence or abuse continues, do they report.

“We always follow up, check what is happening with the child, at least to do something preventative before we reach the police, and if this continues, I go to the police. The duty to report in my opinion is dependent on each individual case. If the father is violent and the mother is less violent, then there is something to work with. If there is an uncle or aunt who can cooperate with me, can slightly alleviate the situation and help, I do not disrespect this; I try to enlist them. But always when I see that the violence continues regardless, and there is no change, I must then report.” (R7)

R10 emphasizes the excessive caution required during the reporting about sexual assault, which comes with a high level of risk and fear - both for her life and for the child - in particular in an Arab village where the social conventions are unequivocally clear.

“Sexual assault is quite prevalent, but when I encounter it, I am very, very cautious, especially when I work with a very difficult population, not because I do not know and cannot ... but ah... because ... I will be harmed, not only me, the patient. I myself may put him into life-threatening danger because I reported. In the community where I work, the percentage of violence in the village is also high and frightening; there is a clear policy.” (R10)

There are cases where the emotional response to the discovery and the therapist's understanding that she is obligated to act, "mix" together because the therapist understands that her actions will have a consequence.

R5 describes that the sense of fear and powerlessness over the years and experience decreased in comparison to the feeling of fear at the beginning of her career as a therapist. Over time, she became more confident to report and to stand up for herself, despite the lack of cooperation in a large number of cases from the authority figures in framework where she works.

“In the first year or two, I was indeed afraid to speak up, I was afraid to report, I was afraid for the child and all sorts of things; today I am less so, and do all that I can to make a change. Sometimes there is cooperation in some of the frameworks, not 100%, perhaps 60%. And this is better than nothing, as they say.”

R8 continues and describes the difficult feelings and physical sensations that accompanied her for three years after the reporting. R8 describes a situation in which two sisters reported sexual assault by their father, four months after they joined the group therapy. The girls described precisely how the father abused them sexually. The therapist's immediate response was the desire to report to the school principal and social-service authorities. A month passed from the moment of the reporting to the arrival of a child investigator to investigate the issue. During this month of waiting, she experienced great fear, due to the lack of certainty about the family's response, as the information reached the family indirectly. The moment the information reached their mother, the girls were beaten and were threatened so that they would not again talk about this issue. At the end of the investigation, the girls were taken from the school and began the process of being removed from the home. The therapist discovered this when she brought a cake for their birthday and was told this by the third child

in the group. R8 describes the lack of cooperation of the school as a taxing experience that adds to the sense of loneliness, powerlessness, fear, and lack of trust in the system.

“For example, I had a case where I worked with a group of girls and there were two sisters in the same group. After working for four months, I had built their trust. One day they came to the group and said that they wanted to share something with me. And they began to tell me about the sexual assault they undergo with their father, and one of them began to describe to me how the father lays her down on the mattress, how he touches her body and so on ... and these are things that are not supposed to happen ... And then I reported to the principal, the principal directly wrote a letter and we brought it to the welfare official in the village, and then there was an investigation. A whole month went by without knowing what was happening with the report; what do we do?? The most difficult feeling after the investigation with the girls is that they were taken to a boarding school or something like that ... they were removed from the home. And this happened more than a month after the reporting, and when they were taken, neither the principal nor the teacher informed me, and then I came to the school with a cake since I knew that the girl had a birthday and we had met a week before, and then I came and hear about this from the third member in the group, and this is difficult for me even today. First of all, the feelings and emotions – very difficult, the fear was very great, my morality all the time asks me: ‘Did I do the right thing? Did I hurt them?’ I think about them even today and ask what happened with them. I do not know. Since in this case there was contamination of the investigation by the teacher who informed the mother and then the mother threatened the girls and beat them.” (R8)

“There are things greater than me”. Interviewee Number 7 describes her experience with the discovery of the abuse and the reporting. She describes a feeling of fear and the threat to her life, her family, and her children. This reached the point that when reporting through a letter to the social services she refuses to be a signatory on the report and instead asks that the signatory be the education and therapy staff of the school. She emphasizes that if she had support then she would be willing to testify in court for the child, but there are cases that do not depend on her.

“I am very afraid, very, unfortunately I had cases in which I turned to the Department of Social Services and the probation officer and I left the issue with them, for them to handle it, since I couldn't pass in on, because I was afraid. I was even asked to write a summative report that I would sign, but I wouldn't. There is a whole educational staff here with me; I am not alone, and I do not want my name on any document. The counselors, both, homeroom teachers, the principal, we all talked and spoke about the situation and we handed it over to welfare ... I was afraid, I am

hesitant. I also have a life, I have children, I have a home and a life. Perhaps if I were alone, I would be willing to go and testify in court and so on but there are things greater than me.” (R7)

R9 describes a situation in which when reporting about a case of sexual abuse of a girl and after the intervention of the Ministry of Welfare, the therapy for the girl was curtailed. This is in spite of the girl's display of symptoms of distress and disassociation. The topic of sexual abuse and the mother's exploitation of the minor created a stigma for other parents, who prevented their daughters from continuing friendships with the abused girl. This response left the girl socially isolated and exposed to the exploitation of others. Eventually, the girl's reaction aroused the school principal's discontent, who suspended her from the school and ended her therapy, which for her was a safe and meaningful place.

“I dealt with a case of sexual abuse of a girl and there was the fear that the mother was sexually exploiting the girl with men. After I wrote the letter, that was the end of the therapy. When with the girl there began a process of investigation and a welfare official, whoa, I left the picture ... I left, because I was requested to, as if the file was transferred to somebody else. And I separated myself from the girl, a girl in the sixth grade, something like that. I remember I was given a few sessions to say goodbye to her. The child appeared to be floating, preoccupied with her body. There were signs that the girl was in distress; her friends at school were distancing themselves from her; the girl was stigmatized and parents of girls did not want their daughters to be close to her and she was alone ... in the beginning this was transferred to the psychologist and counselor and when we saw that the situation was becoming more serious, to the point that the principal wanted to kick the girl out of the school since she is the source of rumors and problems in the school ... by the way the school should have contained this. Since from the girl's perspective, the safest place is the therapy room, suddenly they decided, that's it ... she stopped, they decided for me, and I let her go. This means that the girl was in distress, there was no therapy, the therapy was also ended, and even the education staff, the system, her friends did not want her ... yes, exactly ... and she was left with nothing.” (R9)

“‘Light’ violence is not reported. Something more serious is needed in order to justify a report.” R9 describes that reporting does not exist in cases of ‘light’ violence towards the child. Reporting can elicit harsh responses from the family, such as threats to their property, family, or lives. She perceives reporting as a life-threatening experience, so that sometimes it is preferable to ignore it. And she adds that fear is one of the factors that prevent her from working as a therapist in the community where she lives.

“Light’ violence is not reported. Something severe has to happen to report. I heard about situations among my colleagues about the duty to report that are very frightening. I heard about parents, for example, who threatened the therapist. Yes, during a training session, by chance. The parents sent somebody to threaten her, damaged her car, saying that if the information that came up in therapy would get out, they would harm the therapist. Most of the difficult cases that arise in therapy ... many of the families are not easy and God knows in our society there is more than a little crime, underworld weapon dealers; most of their children because of the situation are our patients. I think that it is dangerous for the therapist to report since our entire culture is to conceal and to close the matter and to make it disappear, that’s far better ... and then this is one of the reasons why I do not want to work in the community where I live since it is frightening.” (R9)

8.2 Category II: Art Therapists’ Perception of the Duty to Report

This chapter presents descriptions of the art therapists’ perception of the duty to report. The findings indicate that the law pertaining to the duty to report is of great importance for the therapists. However, it is very important to them to consider the feasibility of reporting before it is done. In other words, it is necessary to consider the implications of the reporting according to the principle that the child and his welfare are at the center. Sometimes the prevalent assumption among therapists is that when harm to the child is anticipated, it is necessary to seek tailored alternatives that will cause minimum harm to the child. This is because the objective from the onset is to help the child and keep him safe. Therapists are aware of the law regarding the duty to report and of the mental and cognitive implication of violence towards children, but also of the negative implications for the child that sometimes ensue following reporting and for themselves. Therefore, they see it to be considerably important to act with caution and fortitude; not to report immediately and in every situation but to resort to discretion, particularly within the context of Arab society.

“I look at the duty to report not as a plan that I must fulfill, I look at the principle that stands behind it, why did they make this law? The law in the State of Israel is a very generous and broad law in comparison to other countries. And how I see this is that the welfare of the child is what needs to be in the center. In essence, the goal of reporting is for the child to be free of danger or will not be abused anymore and for the abuser to be separated from him or if the abuser is from the family to initiate a process with the abusing parties so they will abuse less. I am not referring to sexual assault. I look out all the time; what will my reporting contribute,

and what might my reporting destroy? In my opinion, the official report is the last resort. I know about cases that were reported and I know what happened to them.” (R1)

The prevalent perception regarding the reporting is that it is obligated by law but is not always positive. In other words, in actuality, the duty to report is not always implemented, and instead there is the concealment of cases since these are perceived as taboo in Arab society and therefore it is not accepted to expose them and certainly not to report them. Topics perceived as taboo are accompanied by fear and a sense of threat (for example, cases of sexual abuse). Hence, there is an ethical dilemma regarding a child who is perceived as helpless and in need of the protection of the law. Thus, lawfully reporting to the relevant professional authorities can save a child – or alternately can cause additional trauma.

“It has its good points and its bad points; in general, I am not satisfied with this. I do not have satisfaction. We know that we do it only because we want confidentiality in legal terms, but I know that many things are swept under the rug, and there are things that stop here, or we are told not to share, or leave the topic we will handle it, ahh, and we are a society that is often fearful. Okay, so we'll be afraid, and we should be afraid, and taking into account that I won't be threatened, but what about the child?! I can find some kind of a formula to protect me and the child since I don't want to cause the child harm or trauma if I report something.” (R3)

Other findings are that the reporting depends on the child's age and the level of severity of the violence. For younger ages (five to seven), reporting is immediate. This is according to the perception that during these ages, children are helpless and need immediate protection.

“I must realize that this is so difficult and charged; I must tell you this: when children are small and it depends on the age, when they are very small, from the outset I do the mandatory report - I do not think twice, like age 5, 6, 7, 8 who are very small and weak, who are weak and cannot raise their hands and even say no.” (R7)

It appears that the art therapists do not believe in the effectiveness of reporting and its acting for the welfare of the child. There is an overall fear that reporting will cause grave harm to the child and the therapist. R1 describes that in Arab society reporting often does not achieve the goal for which it exists, and in most cases, there is a phenomenon called the “contamination of the process”. Thus, information reaches the family prematurely through

social service factions, even though leaking information is detrimental to the investigation process. Many families are defined by welfare as 'families in distress'. These families are characterized by violent behavior that threatens the workers of the local authorities and the school staff as well. There is a risk of the use of weapons against them and therefore these families are not reported.

“On the other hand, I know that in places I am familiar with, there is no possibility in Arab society that the report will be utilized positively for the goal it was intended. What happens is that the information reaches the abusing parties directly and if this abuse is in the family, then in essence, there is immediate contamination of the possibility of investigation and there is no means by which to conduct the process fully. Welfare directly calls the parents and in essence, impedes the duty to report. There are families that are frightening and they frighten the social workers and welfare will not engage with them at all, and they are a violent family and dangerous and can come and hit you or shoot you or something like that, with live weapons, and in general, they do not report such a family.” (R1)

Further described is the lack of a feeling of trust in the welfare department, the school principal, and responsible individuals who cooperate with or legitimize the use of violence against children. In addition, these functionaries are also connected to social network and might be relatives of this child who is undergoing abuse there, and this impedes the professional process of the child's protection.

“This is the problem, not us. The one who works in the position of a welfare official that I know is not professional, will not do anything, so I stop. I just have no faith, no faith in the system, or you know that this principal is a relative of the child who was sexually assaulted. And the principal knows the child and witnessed more than once what the child experienced, so why not report when the principal himself experiences and sees the case and does nothing, and sometimes will even legitimize the behavior?” (R13)

Some explain that the duty to report is not effective since the law itself or the representatives of the law, such as police officers, for instance, do not enforce the law in Arab society. Thus, the feeling is that there is no one to turn to for help and we must cope alone with incidents of violence. She identifies with children who experience violence and women and children in Arab society who are attacked by the male figure in the home. This is similar

to a closed circle of powerlessness, a woman can be the one who is attacked and murdered and at the same time, is deemed responsible for it.

“There is no police protection in the state; there is no protection of the principals since everything is according to politics and the good of others. Who will protect me ... only me ... since the child and I are in the same place ... like a mother who is attacked by her husband and also her parents and also the family And she does not have anywhere to run away to ... she is murdered and wears a mark of disgrace.” (R15)

“The duty to report yes, but to whom?” R13 emphasizes that the reporting in Arab society in general is not effective. She explains that the parties with authority in the school themselves use violence towards children. The Department of Social Services knows about this and nevertheless does not force the school principals to address this or avoid the use of violence towards children in the school.

“Let’s start with this ... the duty to report but to whom? The obligation to report to a person who is responsible for the place and he himself legitimizes violence and uses violence as a part of the authority. To whom will I report, to whom, to the Welfare, who themselves know that there is a case of abuse ... if I come and say to them, I have a case of sexual abuse, for example, and must tell Welfare and they come and say Welfare has had this information for a while, the principal does not want to create problems in the school.” (R13)

“The reporting is a double-edged sword” R2 describes a situation according to which the reporting is compared to a double-edged sword. On the one hand, reporting is an obligation and necessity, while on the other hand it can increase the intensity of the violence and abuse. The only possibility after filing a report, is action for the removal of the child from the home. She is afraid that there the child will not be in a protected place and still will be exposed to violence.

“In my opinion, reporting is an obligation. When I think about this looking back, I would not change and sometimes I say ok, I reported but why?? What good came out of this??? At the moment, I am afraid for her; I am sure that the girl that I reported about certainly got beaten. I have not seen her for a year and she still is being beaten. The question is if they remove her from the home, where will they take her?? And if the place is worse and she will be subject to more abuse, then why? If it will be worse for her ... ” (R2)

8.3 Category III: Dilemmas of the Art Therapists in the Education System

This category presents the dilemmas of art therapists in the education system in the context of cultural sensitivity (professional dilemmas versus personal and cultural dilemmas).

The findings indicate that despite the therapist's awareness of the importance of reporting she is also aware of the harm that the child can experience as a result of the reporting in particular in Arab society and she encounters a complicated and complex dilemma that leads to feelings of frustration and powerlessness.

On the one hand, she wants to file a report in order to keep the child safe, while on the other hand she is aware of the result of reporting, which is the removal of the child from the home to a boarding school, which in her opinion is not safe environment and could possibly be dangerous. However, when a report is filed, the child for the most part, loses his status in the family as well as his family tie.

Therefore, before the formal filing of the report, she attempts to seek ways to remove the child from the harmful environment, through support from a family member, or from welfare. There are cases in which the parents are invited for a talk with the counselor where they explain to the parents how the abuse is affecting the child or threatened them, so that they stop the violence, although the abuser often does not care about what happens to the child.

“Although reporting is not simple and I need to learn it, to plan it, and to think. Since unfortunately in Arab society, even if the child is removed, then where is he brought to? The boarding schools are neglected and exposed, in particular sexually, and are worse than the home. Therefore, this not only is frustrating and infuriating it makes me feel like I am on a treadmill. I'm walking around in circles; there is nowhere to go. If the child is removed from the home to the boarding school, which is worse than the home, and then his relationship with his parents will be more problematic because of the reporting, and then the family will be torn apart. I need to evaluate the situation, whether there is the support of the extended family and welfare, or from the place that I am sending him to before filing a report. I do not want to remove the child from a harmful place to a more harmful place. A difficult dilemma begins for me as well; what do I do? I try, there are many cases in which we immediately summon the parents, explain to them the danger and the implications on the child. There are even cases or parents that we threaten. Of course, not me, the school

counselor. And we tell them 'We will not be silent about this violence, and we will not ignore it.' Aside from this, we explain what the child is going through, although often the party inflicting the abuse does not care what the child is feeling." (R7)

Therapist Number 2 adds that according to her training, it is important on one hand, not to silence the discovery of the abuse. However, it is necessary to act with sensitivity and great caution, since violence towards children is an explosive situation, namely filing a report might cause additional abuse towards the child. She provides an example of violence of a teacher towards the child. According to the therapist's testimony, if the therapist expresses resistance towards the teacher's behavior, this may cause additional harm to the child.

"The guidelines from my point of view, according to the initial training at the beginning of my work, express first of all, not to be silent, but to handle the situation with great sensitivity and caution and aiming towards a specific goal. Since a child who undergoes neglect or abuse, let's say every situation that harms the child emotionally, is an explosive situation. For example, if I come and say to the teacher 'Why do you hit?? It is forbidden to do such a thing!!' I will not achieve anything for this child; it will not help; on the contrary." (R2)

Consistent with R6's description, it can be interpreted that it is difficult for her to address the topic of the duty of report, when at the same time she emphasizes this is an important law, whose role is to protect and maintain the confines of behavior. On the other hand, she describes that in the schools in particular in Arab society, there are many relationships formed with authority figures, as in the case of the principal who becomes an obstacle to reporting and silencing from personal interests. She further describes that authority figures can be detrimental emotionally. This has implications on the children's emotional world. She asks that there be some sort of agreement between the law and norms in Arab society, which is culturally diverse (with Druse, Christians, and Muslims).

"A very hard question.

I think that this law is definitely important, as if clarifying that there are red lines that can be crossed for adults and children; we do not live in a forest. As for implementing the law of reporting in education institutions and our work, for example, the principal is usually from the same village and he knows all the people in the village. There are many relationships that are formed with the school

principal. And the principal or most of the principals have not been trained in therapy, and do not think like us that it is necessary to separate, so they do not have these skills and then the law is cut off in some place there. I think that it is necessary to adjust and focus the law of reporting for Arab society, for Bedouin society, for Druse society, for Christian society, for Muslim society and take into consideration the belief of each community, this is very, very influential.” (R6)

Interviewee 8 sees the importance of the duty to report in that it provides protection for children. However, she emphasizes that this law in Arab society is not realized because the individuals responsible for implementing it do not uphold it, including teachers, principals, and the social services.

“An important, excellent law and I would hope there would be a means to keep the children safe faster ... since in our Arab society they attempt to shut down all the subjects (related to violence), to shut them down ... teachers, principals, they shut down the topic and this does not go to the welfare official or to anybody. Even there it can reach the welfare and they close the file and close the matter.” (R8)

In addition, the difficulty for therapists to report cases of violence in Arab society emerges from the fear that the therapy process will be curtailed, out of the fear for the child or the fear of formal confrontation. Therefore, the goal is to find alternative means in providing a solution. According to the statements of R2, in cases of the discovery of violence towards the child within the family in the education system, she avoids reporting. She exercises restraint and thinks about the possibilities of therapeutic intervention that can help the parent or the teacher to take responsibility and to manage himself or his anger in a way that is not violent or harmful towards the child.

“Since the child who experiences neglect or abuse, let’s say any situation that endangers the child emotionally ... I need to shut my eyes, to swallow my saliva, to count to 10, and to find an intervention program that will remove the child from the situation in which he is in. This means to sit with the teacher, to understand together with her what causes her to be set off or incited by this child, what in the child sparks the violence, what causes her to lose herself and control, to hit the child, and to lose herself. Here I can help her not reach this. Here I can help her. And this can also relate to a situation in which the father or uncle or mother hit at home, in my opinion, this is more severe, in my eyes, since this does not end, and in the home the implications are not far-reaching. And here I can instruct the parents how to manage the anger, the child’s lack of cooperation, to bring them to this point where they will

recognize their place in inciting the violence. How to bring the child to cooperate.”
(R2)

R7 continues by stating that in many cases the alternative is professional intervention with the violent individual in the family. The framework of the intervention is aimed at cautioning the parent and explaining to him the implications of violence on the child's emotional world.

“I try, there are many cases that we immediately summon the parents, explain to them the danger and implications on the child; there are even cases or parents that we threaten. Of course, I am not the school counselor. And we tell them that we will not be silent about this violence, and will not ignore it. Aside from this, we explain what the child goes through although many times the abuser does not care what the child feels.” (R7)

R1 describes that in her opinion the aim of the duty to report is to protect the child but in actuality in many cases it becomes a bureaucratic issue. Often, the law is not enforced. If the law is enforced, this can exacerbate the abuse towards the child. Therefore, it is important to exchange reporting and threat with a professional process that is aimed at treating the child and his family in order to generate a change instead of aggravating the child's situation.

“I perceive the duty to report not as a technical obligation that I need to fulfill, to look at the principle behind this ... in essence the goal of the reporting is that the child will be out of danger or will not be harmed anymore and that the abuser will be removed from him or if the abuser is from the family to go through a process with the abuser(s) so that they will cause less harm ... in my view, the official reporting is the last stop ... now I look on the positive side when the family is sent for therapy. This means that the welfare authorities are attempting to seek therapy for the child and the family and to castigate less, except in very extreme cases. Then if I succeed in bringing the child and family to therapy then from my perspective, the family does not need to go through the official paper work and reporting is the last thing, so that the family is being taken care of and the reporting becomes a bureaucratic matter.”
(R1)

Arab therapists come from the Arab culture, and therefore they find themselves gradually building a relationship built on trust with the educational staff. When the therapist reports a teacher's assault on a child (according to the child's account), she faces a difficulty in reporting because of the close relationships with the teacher. Here there is a dilemma

between the values, social and cultural conventions and between the execution of professional processes obligating the therapist. The dilemma is between her obligation to cultural codes and conventions according to which she must maintain close relationships and loyalty with teachers in the school and her obligation to act professionally and to report cases of violence to the relevant factors by law.

“If I need to report, for example, a teacher, then it is hard, since this undermines the trust, more than fear, this is like reporting about somebody in my family, since in his opinion, it's as if you are a colleague and suddenly you are reporting him. And we in an Arab society, it is hard for us to report; this is like a betrayal.” (R7)

Following this common dilemma, R7 describes a sense of betrayal when reporting a teacher or parent. This feeling arises among children when they report to the therapist and to tell her about a teacher who hit them or that they witnessed another child being hit by a staff member.

“There are cases that I see or hear, cases that other children report, in which a teacher hit a girl. It is hard for children to talk about a teacher or a mother; this is perceived as a great betrayal, like it is hard for me to report them since it is as if I am like part of the staff and it is hard.” (R10)

It further arises that in Arab society the topic of reporting or the sharing information related to the family to the police, welfare, or any other factor outside the family is a source of shame. It is perceived as detrimental and tainting to the image of the family in society. Reporting violent behavior in the family is perceived as defiling the family honor. Family honor carries tremendous significance in Arab society.

“We revert to the social issue; we do not want that them to be registered at the Welfare Department or with the police, or that a "black mark" will be placed on the family, it is most important how people will look at this.” (R4)

R14 tells that she grew up in the shadow of physical and emotional violence, which was perceived as legitimate in Arab society. When she faces the need to report, she is very cautious. When she decides to report, she finds that the process does not exist according to law. Instead, the school management and welfare centers prevent transparency and thus the

possibility of the therapist to follow up after the process for the child is discontinued. There are cases of violence in general and sexual assault in particular that are not addressed at all, despite being reported. Evidence of the fact that the family is a risk factor for the child is that sometimes professional factors separate the child from the family out of fear of violent responses from the family. R14 is witness to the emotional and social implications of lack of therapy on the children who have been abused and neglected. In these cases, she is witness to the continuation of the cycle of violence. In other words, the child adopts violent behavior and then will perpetuate it.

“We are from the generation that is always in the wrong. The teacher is right and we are wrong: smacks, rulers, stand in the corner on one foot ... I do not always make a big deal of reporting; I need to wait, to wait, to listen, what happened, to be sure ... from the cases that were reported we heard nothing happened, worst case scenario, it remained in the school framework, they don't let you, it's closed, everything is closed, don't touch, everything is taken care of in the welfare department. Really, that's what they told me. I wanted to know what happened with a child who was sexually assaulted. And then the answer was that this is being handled by the school principal and welfare and everything is closed. They separated the children. Here in the village, they are afraid of these topics. They simply removed the children who were hurt, sent one to another school, but the child did not receive therapy and now have a look at him in high school, what happened to him. You want to contain it and to keep this box closed. Everything needs to change. I do not know ... the problem is not in the law, the problem is in society, it is incumbent to change society. There is a lack of coordination between the law that comes to protect and society threatens this law.” (R14)

R9 says that when violence towards children becomes the norm or habit, the child internalizes it and addresses it as common and normative behavior. Thus, the child does not report violent behavior that he perceives as normal. A child does not report violence towards him or towards others since it is perceived by him as a legitimate and accepted method of education, as a way of expressing love by the father, mother, or teacher, even though the child suffers greatly. In these cases, music therapy benefits children since it does not require talking or reporting but rather enables expression through music. Conversely, R9 describes the great confusion between what happens in the child's mind as a result of violence and fear of expressing anger towards the parents or adults who hit. This is because it is clear to him that if he does so, he will be punished or will feel changed or that he loses his sense of belonging.

She adds that it is possible he might feel physical abandonment or ‘divine’ abandonment out of the belief that originates in Muslim culture and religion that connects between the parent’s anger and God’s anger at the child. In other words, if the parent is angry, then God is also angry. She further describes that when she is in the classes, she sees the children’s excessive obedience to the teacher when they are in class, compared to behavioral chaos among the children the moment the teacher is absent.

“They will let it out with musical instruments, but there is no situation in which they will say father does not love me because he hits. No, they love me because they hit me for my wellbeing ... even if they do not love them, the child will not come out and say this. Because of this there is a dysfunction; the child experiences violence as habit and normal ... sometimes this is complicated. I am suffering; my parents beat me, and I do not understand what’s happening, confusion, and out of the need for belonging and fear of abandonment that you are placed in a certain situation when the child says or sees that his parent does not love him or there is something a mistake, but the truth is, is that yes, you were abandoned. Yes, it is difficult! If you say to your mother that you do not love me, that’s it! Many parents use religion and authority. ‘God and my heart will be angry at you if you do not do this and this’ and they perceive the parent’s anger as worldly loss., God will also abandon me, I will not succeed in life and so on ... and this is something anxiety-inducing and causes children to give up on academic obligations secretly, since they are afraid, and this is what causes the children to behave this way in the schools, if the teacher is there, I am obedient, hold the pen and work as necessary, when the teacher turns his back, it is another story; I hit, I turn over the chair. And when he walks in the door I go back to being behaved as I am. There is no internalization of proper behavior.” (R9)

8.4 Category IV: Being a member of the community in which one works as an anxiety-increasing/reducing factor for the therapist

This category discusses being a member of the community in which one works as an anxiety-increasing/reducing factor for the therapist.

R7 says that the degree of family and geographic proximity dictates the degree of possibility of making professional and pertinent decisions. *“The degree of proximity is oppressive, very much, for sure. When I do not think mmm there is shame or avoidance, I do not have it. When I am further away it is easier to make a decision, to learn what to do with it more professionally.” (R7)*

R1 says that because her residence is in a community far from that of the school, she feels more protected in comparison to therapists from the community where the school is situated. This is apparent particularly when talking about the need to report an authority figure. There was a case in which the school principal used information he knew about the teachers from his community against them in order to protect himself and his status against the report. She adds that the very familiarity and information that the principal has about the staff members who work in the community weaken them as professionals and sometimes prevents them from reporting because of the feeling of threat.

“We were from another community far from the school; we did not think they would do anything to us. The other teachers from the community, he would threaten them and even abuse them ... yes, this is very significant. First everyone who works in her village or in her community and testified they know things about her, the principal knows this or an authority figure and he can use this against her.” (R1)

“There is caution and wariness; it is like walking on eggshells.”

R2 chose to work outside of her community, because of the cultural sensitivity described previously. She describes that this is like walking on eggshells, in other words, an attempt not to forego professionalism but also to protect herself both safety-wise and socially.

“From my perspective, it was not an issue, since I do not work in the place where I live; This is an intentional decision; I do not work where I live. There is caution and there is wariness, and it is like walking on eggshells but the professionalism with the staff members in the school ... therefore the report is done with professional evidence, but with caution and concern, but not at the expense of professionalism.” (R2)

R4 adds that she prefers to work outside of own community and describes that working in close proximity to one's residence in Arab society, especially in therapy professions where she meets parents in sensitive life situations, is problematic. This distance enables the parents seek the guidance of a therapist to feel more comfortable and be more open. Parents who are forced to converse with a therapist who lives in their village sometimes shut down and avoid sharing personal information. There are parents whose reaction to the therapist's geographic

proximity is curiosity and obtaining information about the therapist's personal life and her family affiliation.

“I, for example, by chance work in my village and outside of my village and I feel that outside of the village is more comfortable ... you feel discomfort in who are you, the daughter of who, the sister-in-law of who? Many questions that are cause me to be on edge. However, everything is alright for me – the usual. But yes, the difficulty with parents is whether to open up with me because I am from the village and there are parents who are the opposite. And it is easier to know information about the child and the family, since I am from the village, even if I need to ask and collect information. Teachers sometimes have high expectations from me since I am from the village” (R4)

R6 emphasizes the importance of placing the therapy and the child at the center and maintaining professional ethics and hence her choice not to work in places where the parents are known figures or relatives.

“I do not work in places where I know people beforehand and I refuse to work in my village so that I am "clean" and when I encounter a situation that I need, like, discretion, it will not be influenced by family, physical proximity, or familiarity with the clan. The patient is the center and my ultimate objective.” (R6)

R8 emphasizes that as the degree of proximity to the population in therapy increases, she is more exposed to them in terms of her personal life, thus increasing the level of fear and threat. *“Yes, certainly this is more frightening, so I will be identified, they will know where my house is, my family, and so on ... yes, frightening.” (R8)*

R9 tells about the difficulty working in the community in which she lives. Proximity increases her exposure to the residents and makes her more vulnerable. This is especially when referring to the education system in which this might increase the lack of trust between her and the educational staff in sharing and exposure of important information and cases.

“It is very difficult to work in the village I am from; they identify me more easily; I am more vulnerable, and it is also important to pay attention that when the therapist writes a report for submission, it is necessary to write it in the name of the entire staff. The entire education system and the topic of the reporting – it is not engrained; there is a lack of trust, there were cases with the staff, where I come and something's

not right, the homeroom teacher conceals, she does not want to tell me; I do not know, there's a lack of trust, fear.” (R9)

In contrast to many therapists that have emphasized that the level of fear and difficulty increases and the level of professionalism decreases as they work in closer proximity with the population they come from, R5 adds that when she was at the beginning of her career, it was difficult for her, but over time she had greater confidence to separate between personal and professional levels situations where she needed to execute procedures and file reports regardless of the closeness to the population.

“It could be that at the onset of my path to become a therapist it was difficult, today I am less sensitive. The procedures are procedures, and therapy is therapy, and these are things we consider, the poor children. Therefore, I do not feel limited when facing people, I know or who know me; in general, this does not bother me.” (R5)

R3 claims that she works with people from the community and even neighbors and relatives. Although she is aware of the level of threat and conflicts as there is greater proximity, it is important for her to put the child at the center and she succeeds in overlooking the familiarity when she prioritizes reporting.

“I personally don't, even if I work with people who are relatives or are from my neighborhood, from my viewpoint it does not matter, though the degree of threat is higher but it does not matter; what is important to me is that at the center there is the child. I ignore the proximity; I think that the child is at the center before I make considerations for the principal or the relative and so on ... and I do not look at this criterion but agree that the conflict is more complex and the feelings and emotions are harder the closer I am.” (R3)

8.5 Category V: Professional Training for Arab Art Therapists: Lack of a Solutions and Providing Tools and in-Service Courses

This category will emphasize professional training for Arab art therapists to address violence in the Arab education system (therapy, system, instruments, in-service training courses).

The findings indicate that the therapists note a deficiency in receiving professional tools for working with children who have been subjected to violence. Most of the interviewee's state that they do not have training in therapy intended for cases of violence. They claim that they did not receive adequate training, primarily training that demonstrates how to deal with cultural gaps especially in cases of sexual abuse. The same holds for the need for tool for systemic work in guidance and work with the staff and the parents in order to address cases of violence.

R1 says that training therapists in this field is crucial, particularly when there is a need for emphasis on the intercultural compatibility, as well, for example, in the case of a course that addresses therapy for victims of sexual assault in Arab society. She describes that therapists and staff members who participated in such a course felt more at liberty to report. She emphasizes the lack in knowledge and training in the field of violence towards children in Western society and emphasizes that the topic for therapists who grew up in Arab society is a topic that entails silencing and serious taboos and therefore it is imperative that the therapists undergo a process or therapy that will help them tackle this issue.

“Generally, I have seen that the most influential element is how much the therapist has learned this field. In other words, therapists who took a course on sexual abuse, there are special courses for this, like sexual assault in Arab society that are offered in hospitals or multidisciplinary centers. Everyone who participated in such a course, this is when she can feel freer to report and free of the fear of reporting; this is the most meaningful component. The more the therapists are trained the better. A one-time lecture, let's say, is not enough. It needs to be in real time, when she is working. It needs to be an annual course – that guides her throughout the year. Since in essence there is tremendous ignorance in Arab society about abuse or disregarding problems; I do not know how to call this. Even when I bring one-time in-service training courses, let's say an in-service training course to every community support center, not only for therapists but after the in-service training course about sexual abuse, there are some who file reports, some who burst into tears in the middle of the session and leave. In other words, you see that this is a silenced and suppressed topic. So, the only way that they can see this or report on this is for them to address the assault they experienced.” (R1)

R7 speaks about her training on the topic of violence towards children as suppressed and was not taught enough in her training as a therapist at university and particularly not

sufficient for her to be a therapist in the education system. The sole emphasis she remembers was on the topic of the duty to report. Her work in the field and exposure to the topic caused her to search for instruction in the field so that she can seek for feasible, efficient solutions.

“I think no, there are courses but not enough. Aside from “if there is danger to the child’s life and the child experiences abuse then it is necessary to report”, only this I knew. I did not receive tools, not from the college nor from the education system, I only searched from my experience; every case, instruction, and experience. At first, not during me studies, the emphasis was on identifying the physical sexual assault, but slowly we learned to sense things and recognize situations. I do think that it is necessary to take more than a course on sexual assault, therapy for children who experienced abuse. Sexual exploitation, for example, is very different than a child who lives in a crime family. The reference is different regarding sexual exploitation perpetrated by relatives. The neglect is a type of abuse; for each one and its different level of depth, there is different therapy, to furnish the child with alternative strengths.” (R7)

R2 agrees that the training program for therapists in the academia does not prepare the therapists for the challenges they face. However, in a meeting with a child who experienced violence or assault of any kind, his father and his mother are those who threaten and who are complicit in the silencing. Thus, instruction and supervision become more paramount. Frequently, therapists from the field of art therapy come from other parts of society. They were not exposed to or did not recognize violence as it occurs in different places. She emphasizes the cultural difference in Arab society, which includes Druse, Christians, Muslims, and Bedouin. The cultural understanding is a critical component of therapy in cases of violence towards children. She further emphasizes the value of learning tools for systemic work since help for the child is dependent on a broader understanding of the child’s environment.

“Look, the training program for therapists does not prepare them enough, but I do not think that it is possible to prepare them sufficiently; this is the type of thing where theoretical studies is one thing, and when you encounter it in the field it is another, since you meet the child who is the victim of abuse; you also meet the mother, the father, and the siblings and the entire family tapestry that enabled this to occur or was a partner in this thing, or shut their eyes, or did not report. So, it is impossible to learn this, you need to experience it, and then they bring this to an training session and we are open to it.. I do not know whether it is possible to prepare for this beforehand; I think it is possible to learn better the intercultural therapy or the topic

of diverse cultures and how to work with a culture other than yours. Many therapists come from very high echelons in their society and are less exposed to things that happen in other parts. And also there is the opinion that Arab society is just one entity and in essence these are diverse Arab societies; perhaps they have a shared Arab culture but they are very different from each other and this is not addressed, since there are instances in which a Christian therapist works in a Muslim or Bedouin or Druse village, or whatever. The fact that she knows the language does not mean anything. I think that there is much to do in the system and to work with the staff and not the children. Unfortunately, the mandate that we receive is the children and not with the staff. Also, in terms of the school, they prefer we work with the children, the view of the staff as the source of the problem is not so apparent to the school or the system.” (R2)

R4 maintains that she was never trained in-depth in the field of the therapy of children who experience violence or trauma in the education system. She would want to internalize tools in these areas before working with children. She emphasizes the duty to report of the State and the Jews, which is not coincide with Arab society and other minorities in Israel. The attitude towards violence changes according to the culture and its character. Druse, Circassians, Bedouin, and others are a part of Arab society, and there is room to adapt the laws to culture and society.

“If we are referring to the Jewish sector, for the specific law to work with Arab society – it's not enough. Since they enacted the law and it is as if it goes without saying that this suits all the societies, but, it does not conform to them all. There is a difference if you go to Jewish society and speak about these topics and if you speak about these topics in Druse, Bedouin, or Circassian societies. It is necessary to mediate these differences, not only to enact a law and pass it. How to implement the law in Arab society. I think that my studies did not train me enough, only once I had a "taste" of an in-service training course on sexual abuse, they did not train me for the trauma or the abuse or even go in-depth into the educational system. I often needed to internalize the information myself before I applied the tools with children.” (R4)

R5 indicates another issue related to the lack of appropriate tools for the culture and work with children who experienced violence. She emphasizes that in her field, the instructors are mostly not Arabs and are unfamiliar with Arab culture. She therefore finds it necessary to explain cultural issues to the instructors, that are related to fears and concerns, which the instructor is not always aware of.

“No, in general, the in-service training courses, aside from the last in-service training course on sexual assault, have never given me tools that pertain to our society, even my supervisor – never. I did not feel that he understands what I mean; it takes a lot of energy and time to explain what is accepted and not accepted, what our fears and concerns are, and I feel that there isn’t something that is suited to our culture and society.” (R5)

Many therapists agree with the need for information, tools, and training they had not received in the training institution or professional development program of the Ministry of Education. They were forced to independently seek training that would assist them, as the statements of R6 and R8 indicate.

“In the system definitely not with my credentials, it was clear that I took myself in my hands and training and in-service training courses that I chose to participate in help me provide a solution to the issues you describe. I do not think that that in the Ministry of Education in the in-service training of 30 hours a year they will award me tools to cope with such difficult issues, I believe. And also, all the trainings that I participated in are courses in CBT and Mindfulness.” (R6)

“No, not at all, I have tools but it is not enough. I need more tools; this is a complex subject.” (R8)

R13 emphasizes that she did not have preparation or training and not even professional guidance. She was forced independently to search for private instruction she paid for. She did this so that she would have professional instruction primarily because of coping with multi-systemic areas such as psychotherapy, counseling, and social work in an educational space.

“Definitely not! I reduce my livelihood and hours to receive external training at my own expense, and I am now starting to instruct but I have never had any training at all in this area. I acquire instruction externally, and I pay for it, and private places will give me instruction from an educational clinical psychologist but this is still not from my field. It's enough that our field is chaotic; there is the psychotherapeutic side, counseling, social work, and then you will come to the Ministry of Education you get a bonus ...” (R12)

R13 re-emphasizes the lack of knowledge and tools for work, systemic therapies in the fields of abuse and suicide.

“It never was enough, my file is full, but there is not enough, especially with suicides, abuse or all the other problems; we search for tools everywhere, how to take care of the child, how to lift up the environment for the child's sake.” (R13)

8.6 Summary

This chapter focused on the therapist’s experience in the work environment and the report procedure regarding violence in school. It was found that at the point of revealing violence towards children, and during reporting and afterward, the therapist experiences fear and helplessness. The lack of support from official sources increases the level of anxiety. Therapists felt that they identify with children in that aspect. The decision to report or to avoid reporting depends on the circumstances (levels of security for the child and for themselves). Seniority is also an important parameter in the decision of whether to report violence towards children. The more senior the therapist is the more secure she feels to report. Therapists report that they find it challenging to be empathetic and professional while hiding their anxiety in the face of the danger to report. Therapists decide to report according to the following parameters: the severity of violence, the type of violence, who is violent (age, status, social relation to the therapist), and the cultural aspects such as the level of threat to the honor of the family. In case their decision is not to report, therapists try to find solutions such as approaching the family or assisting the child in dealing with everyday experiences.

The therapist’s preference is to report every case of violence but they understand that reporting can end up hurting the child more than helping and at times can be very risky. There are three types of risks in the case of a therapist report: 1. Damaging the connections of the child with the family and the community 2. The violence towards the child will get worse. 3. The termination of therapy by the family. The therapist’s process of training and education does not prepare them for this complex reality and therefore they have to find out a way to solve complex issues in their everyday work. Therapists report that they lack professional training in dealing with trauma, working in a system that is culturally different, and giving guidance to parents.

Chapter 9: Research findings: Art Therapists' perception of working in the education system with children who are victims of violence

This chapter will address working conditions within the Israeli education system, the advantages and disadvantages of applying therapeutic methods, dilemmas and attitudes of educators towards children with special needs, and strengths and resources to cope.

1. **Category I** – The category addresses and presents the accessibility of therapy for children and its possible continuation, the absence of stigma regarding "being in therapy" when classes are offered at school, the therapists' professionalism and professional training and the therapist's ability to implicate the system in the children's environment.
2. **Category II** – The category describes the disadvantages of working with children in the education system (poor basic working conditions, i.e., space, supplies, privacy, cooperation from the administration, a stable setting, the gap between the educational therapeutic language and lack of cooperation from parents).
3. **Category III** – The category presents theories that exhibit dilemmas related to the attitude of educators towards children with special needs, neglect of these children, the special education staff in the system (the attitude of these staff members towards special education).
4. **Category IV** – The category addresses the educators' worldview towards violence against children from the perspective of the art therapists working in the education system.
5. **Category V** – The category addresses resource and means of support of art therapists within the education system when working with children who have experienced various forms of violence.

9.1 Category I: Advantages of therapeutic work at school

9.1.1 Accessibility of therapy for children and its possible continuation

Findings present that one of the most seminal advantages of being the recipient of art therapy in the education system is the accessibility for the children that need it. Without this possibility, these children would never receive the treatment they are so in need of. This is described by R9:

"An advantage is that I can treat children who in any other circumstances would be left untreated." (R9)

R9 emphasizes that the accessibility of therapy in the school makes it available for the children, especially those who have been diagnosed as being neglected, or whose emotional needs take a back seat in their home environment. Thus, therapy offered in the school is the only chance they have.

"Most of the children who come to me for therapy would not be taken by their parents, even if it were paid for by someone else. They just wouldn't take them. In the home environment, these children are not the first priority, nor the second or the third. Maybe seventh or more, as far as that is concerned." (R2)

Findings show according to R14, that the children enjoy their therapy and feel a sense of belonging to the therapist and art therapy. They look forward to it.

"I enjoy good work conditions; the work is pleasant there is positive feedback from the school, a sense of belonging for the children - they enjoy therapy and they look forward to seeing us." (R14)

R1 adds that her work in therapy in the education system in the Arab sector enables a therapeutic continuum over the course of a number of years, thus the art therapy can accompany the children in special education in his/her development from age 3 until age 21.

"Another advantage of my Regional Local Support Center is that I can work with the same children for 3-4 years. This is amazing – I can even work with them in different frameworks, and pass on information from one to the other. Children can get therapy from age 3 up until 21." (R1)

9.1.2 No stigma of "being in therapy" when classes are offered at school

It seems that one of the advantages of art therapy in the education system is that it takes place as part of the school routine. Among the private lessons offered, therapy is a prevalent choice for many of the children, and therefore carries no stigma. Thus, therapy is accessible and available, without its being dependent on parental cooperation.

"Because the children have access to therapy in school, no one is aware that the child is receiving emotional therapy. The children go off to various private sessions throughout the day, and this is no different. It carries no stigma among the children. There is access to therapy for almost every child. Parents do not need to be responsible." (R1)

Over time, the possibility of receiving psychotherapy in schools enables more and more parents to trust this therapy. The stigma related to therapy decreases, especially if the teachers themselves cooperate and share their experiences with therapists, or their children's experience.

"Inviting the parents to school is relatively easy. They wouldn't come if they had to come to a private clinic. So, the stigma is removed once therapy takes place in the school. Though some parents were afraid that their children would be branded as having something wrong with them, or being problematic, but with time, the parents were able to cooperate, and they understood that it's a positive resource. Then, if teachers see there is a problem with a child, they can inform the parents, who might say, 'What are you talking about? I sent my kid for therapy and it's helping him.'" (R2)

9.1.3 Therapists professionalism and professional training

Evidence presents that the Ministry of Education's professional criteria are high and valued, as it takes care of providing further excellent in-service training programs in comparison with other frameworks.

"Another advantage is that the therapists are advanced and the Ministry's prerequisite is high. Therapists are obligated to continue professional training throughout their entire career. You cannot compare it to other institutions that hire therapists. There is also guidance and supervision, carried out by committed supervisors throughout the years. This does not take place anywhere else in the municipality or in the social-service department". (R1)

9.1.4 Therapists' ability to implicate the system in the children's environment

R1 reports that her presence in the school enables her to observe the child in his/her natural environment, as well as additional systemic intervention for the child from the teachers' perspective in order to support the therapeutic process.

"Another advantage...I see him during recess, his behavior; he doesn't receive complete privacy like someone who comes privately, but on the other hand, I can help him in his natural environment with his relationship with his teacher, and help him find various means with which to reach the child and how to help him in his natural environment." (R1)

Therapists realize the advantage of art therapy in schools in that it is possible to work within the child's natural environment in real time, while he is interacting socially with children, teachers and parents. Furthermore, it is possible to strike up an impromptu conversation with the child within the school setting.

"In my opinion, one of the greatest advantages of working within the school is working in the child's natural environment. This means that the child is surrounded by teachers and children during the day, and later in the afternoon s/he is with siblings and parents. I am in the closest environment: I have the children and the teachers at my fingertips – I see and hear everything and I get daily feedback. I don't have to call anyone or rely on anyone to contact me." (R2)

9.2 Category II: Disadvantages of therapeutic work at school

9.2.1 Poor working conditions

Evidence from the findings show that working in the education system requires dealing with a lack of basic working conditions in order to conduct a proper therapy session, e.g., a clean and permanent room, basic suitable supplies, privacy, a locked closet to store the children's work. R10 describes an ongoing struggle with colleagues during the year over the use of a classroom. This struggle does not only focus on physical conditions, but also an understanding of the significance and importance of therapy. The therapists have to fight for professional processes such as routine time and place of the participation of children in therapy, as opposed to sudden changes in schedule.

"Like in the school I was in this year...I had a problem...I entered the room, which was also called 'the tranquility room' through the national program. The supplies arrived, but I didn't receive any of them. I asked permission to use some of them, and then one day I see the inclusion specialist instead of me. They transferred me to a room with dilapidated furniture, papers all over the floor, no closet for storing personal work. I had to argue a number of times with the specialist, I don't know what they think I do here, pass the time? Here – take the kid – you want another one (laughter)"? (R10)

It seems that the art therapists' work conditions are poor. For example, lack of an appropriate place to work, privacy, quiet, supplies, etc. Various interruptions upset the therapy process according to the theory of "therapeutic setting"; without which the therapy is impeded.

"We are discussing work conditions, regardless of anyone else. But it's rough. Therapists struggle for the most basic conditions. They need a room, quiet, supplies, a place where no one will barge in at any given moment, without a Xerox machine or phone that might ring, or...or...or...There is no such thing. The schools in general are not set up for this sort of thing. We don't have a room; we start looking for a room and on and on..." (R3)

R12 describes unsuitable conditions for therapy, such as having to work under a staircase, lack of space to move around freely, and lack of privacy. According to her statements, the reason for this is that the education system prioritizes scholastic quantifiable achievements and does not account for educational programs or emotional aspects, that are not quantifiable.

"For years I've been trying to get the school to find me a suitable place to work. How can I work with the children under the staircase? I need a spacious room, so I can move about freely. I need an intimate setting. But this is a learning institution – that's it. Not an education institution. I'm sorry to say it, but the only thing that's important is scholastic achievement. Like, you come with the emotional therapeutic stuff...hmmm. Where shall we put you? How can the child express himself, accept himself? If it's not concrete, it doesn't count." (R12)

Evidence presents that throughout the years working in the education system, therapists are forced to work according to the schedule that is based on the type of population, age group, number of schools, kindergartens and middle school. This reality requires transitional work between the various frameworks. Each transition requires dealing again with

searching for a room, supplies, establishing a relationship with the principal and an unfamiliar staff. R8 describes a sense of exhaustion and confusion as a result of the multiple frameworks, populations, lack of hours needed as opposed to the level of necessity discovered in each class, population density, and time needed to move from one framework to another.

"...the issue of not enough work hours, but they want me to take on all of the children in the class...There aren't enough hours, and too many transitions between frameworks, which means that I have to run from place to place, take a group... you feel like you're pouring your heart and soul into this, but you also have to shoulder more and more, go from room to room, from one school to another, elementary to middle school or kindergarten in one day. These transitions are disconcerting." (R8)

9.2.2 Conditions that impede the therapeutic setting

It seems that there is a lack of continuity and consistency in the therapy sessions in school, lack of privacy for the therapists in the therapy venue, and other deficiencies that are detrimental to the therapeutic setting.

"The disadvantages, like I stated previously, are that the number of sessions is inconsistent and insufficient throughout the year; school activities, such as trips and events often interfere with the continuity of the sessions, especially at the end of the year, and we forfeit a lot of meeting with the children. The setting isn't entirely secured, there is no privacy, meaning that the teachers can see who is going for therapy and who isn't. Sometimes there is a discussion of whether or not I can lock the door, or if people should be allowed to enter the room mid-session." (R1)

Parental absence from the therapy process and lack of cooperation with the therapist are a significant factor for promoting the child's therapy. Lack of privacy from the staff, if they are not professional, can also appear as vengeful behavior towards the therapist.

"There are a number of disadvantages: no setting, absenteeism, lack of continuity, lack of cooperation from parents, parental neglect, and parents' difficulty in bringing the children to school. The staff constantly asks about my whereabouts, why I am only in my therapy room; there is a lack of awareness of the importance of privacy, and it's tough. There's a huge advantage when the staff members are professional and extremely detrimental when the staff members are vengeful and unprofessional." (R9)

It is difficult to coordinate the therapy sessions that demand removing the child from his/her regular classes. Teachers mostly ask that the child is taken out of physical education, and not out of his core studies, thus the therapists deal with extremely limited opportunities to conduct therapy sessions. They also cope with changes in schedule such as holidays, school trips, etc.

"But the real challenge is more so the challenge of the school conditions. Again, I have no freedom to remove a child from a regular class, and am confined to the schedule that they have allowed for me, like physical education, which is not academic. Sometimes the child does not want to miss sports. So, I am challenged as to when I can take him out of class, as well as adhering to schedule changes. During test season, I need to see if there are any free classrooms, and check with the teachers. I have to be flexible and comply with the school schedule." (R2)

9.2.3 Disadvantages due to disparities in lack of understanding of the profession – choice and unprofessional referral or suitability of a child

An additional challenge in therapeutic work is a situation in which children are arbitrarily and unsuitably referred for therapy. Teachers often refer problem children for therapy who are considered "disturbed" or "trouble makers" in order to rid themselves of problematic children in the classroom. This often occurs at the expense of children who are deserving of therapy and are in desperate need of it, though they might be quiet and "obedient".

"They refer me the children who are disruptive in class, like 'here, take him/her off my hands for an hour and leave me alone.' Docile children deserve therapy as well." (R8)

"Take a group so you won't be left without, in case someone is missing, like it's a fruit stand in a market." It seems though despite the process of choosing who should be referred for therapy, the staff finds it difficult to grasp what the therapeutic setting entails and the importance of scheduled sessions, as well as difficulty in understanding that one child cannot be exchanged for another in therapy. For example, if a child is absent from school, we can't exchange his/her scheduled session with another child's session in order to fill the space. Meaning, children are not interchangeable like "a fruit stand in the market", R 10 claims. This is where the reason behind the conflict between the therapist and the education staff members

comes to light. Thus, when a child is absent, R10, for instance, attempts to disappear from the public eye in order to relieve herself of an undesirable conflict, or utilize the time to do paperwork in order to cope with the work overload that results from constraints of the system.

"There is a contract and a system of names of children, and if one of them doesn't show up, 'take another kid'. Once or twice, she felt like switching, or 'take a group so you're not left without kids in case someone doesn't show up'. If a kid is absent, I try to catch up on paperwork, or organize the children's work...There's a million things to do that I don't have time for. And a lot of the time I don't have the time for it because they keep filling my free hours with more children. And on top of that, they barge into the room and don't respect my privacy." (R10)

Many of the therapists claim that teachers find it difficult to comprehend the meaning of emotional therapy in general, and art therapy in particular, which requires the therapists to be able to repeatedly explain precisely what they do and the boundaries she must set between the child and the therapist and the education staff.

"Teachers seem to lack the understanding of what an 'art therapist' is. There are teachers to whom I have to repeatedly explain what I do, but they don't seem to internalize it, even though I sometimes demonstrate it by doing creative activities with them in order to make it more concrete. In the Child Development Center, I feel like a real professional, but in school not so much. I'm an 'educational therapist' there." (R14)

R14 compares her work in the Child Development Center, as opposed to her work in the public school system. She claims that in the schools she doesn't feel like a true therapist. This is due to the education staff's lack of understanding and appreciation for what she does, and for the therapeutic language. In addition, she states that many children come for therapy in the schools, not by choice, but just randomly as they happen to be in class. Having to deal with this as a therapist is exhausting and deteriorating, and at times leaves her drained during actual therapy sessions.

"In the Child Development Center, I feel like a real therapist, but in the schools I don't. More like an 'educational therapist.' Even if you explain yourself over and over again, they don't understand. At the Center, there is an understanding staff, people who are there by choice...In the schools, they sometimes squeeze a kid into a class in order to justify the quota, and not a true therapeutic process, and all these things require emotional strength that is taken up from the therapy. Your real job

isn't clear. Sometimes they seem to understand...it takes time...it gets better over time. They ask fewer questions, like 'who's that?' and 'what are you doing here?' It's especially difficult because we're only there once a week. After a year I got through it. " (R14)

The gap in the education staff's understanding what art therapy is, exists despite repeated explanations and discussions. R9 describes the importance of the information the staff has regarding a child and sharing this information with the therapist from the onset of the therapy. She discerns that there are teachers who perceive this information as trivial, especially information relating to previous incidents of sexual abuse.

"They don't get what therapy is, or why it's important. There was a child in a class that I worked with...and even though I emphasized how important it was for them to tell me anything I should know about the child, only later, during therapy, did I find out what the child had experienced. There was neglect, and only towards the end of the year did I find out that the child had been sexually abused. And when I confronted one of the teachers, she said, 'Yes, I knew, but I didn't want to talk about it.' So yes, there are things they could tell me in order to shorten the distance, so to speak, and they depreciate the importance of this type of information." (R9)

Another issue that arises is that there is a disparity in professional considerations between the therapists and the teachers. R8 gives an example by claiming that she is forced into a 4-hour framework for therapy in one school in order to provide a solution for children from three special- education classes. The number of hours is not enough for the number of pupils that she treats. As such, she feels pressured by the teachers to provide a service to more children, despite the number of hours. In addition, when a child is absent, the teachers try to impose another child on the therapist, even if there is no consent from the parent. A teacher might get angry with a therapist who does not cooperate with this modus operandi, which is completely opposed to the principles of therapy, e.g., when a teacher interrupts during an intake session, or in the middle of a process with a group.

"I have three classes and only four hours...I have large number of children...almost an entire class. And each time she asks me 'which children do you take?' The first week I wrote down the names of the children for her, their schedule, etc. The next week she came back and asked me the same question...'maybe you want to take this child?' Then I have to explain to her that I do not have the authority and s/he is not on the list. And then she is angry with me for not having him/her on the list...and

then I wrote to her again, and we coordinated our expectations again two weeks later. I'm sitting with a group in a therapy session, and in the middle of the session she calls me and says, 'no big deal...I want to bring you a few more kids to join your session...' either because she's bored and wants to take him out of class, or to pass the time. So, I told her she can't – it's therapy, there's a group process, and I don't have the family's permission and I haven't done the proper intake, and that's not the way it works. And then she gets upset...and does the same thing all over again. It's really awkward, as though I'm the boss. There are things she doesn't get – how can I delve into the depth of these abstract concepts with her?" (R8)

It is apparent that it is difficult for the education staff to comprehend the professional principles of art therapy. The minimal number of hours and the multiple frameworks portray the therapist as a guest in the school. They are also perceived as though they do not represent an educational/academic field, and therefore they are ranked low in the organizational hierarchy. In addition, the principal expects the therapists to serve as a substitute for other teachers without understanding that this impedes her role and the type of therapeutic relationship she develops with the children.

"I think due to the few hours we are in the schools; the teachers see us as guests, popping in for a moment to see what's doing. So, then they think we have some nerve coming in for a few hours a week and making demands! We are not teaching a subject, like Arabic or English, and not homeroom teachers – we are not on the parents' or the principal's radar. They look at us like that because we are not part of the staff. They figure if we come for so few hours, we should maximize our time and take as many students as we can. So, 'if you're here already, let's take full advantage of you'. That's the feeling I get. Or the principal wants to exploit you and use you to fill in for an absent teacher. 'Why not? You're part of the Ministry of Education system.' They don't see that they are intruding on your therapeutic space." (R3)

R11 presents another example of a disadvantage or difficulty in her description of the difference in perception of their professional roles where the teachers' room becomes an arena for "gossiping " about the "good" kids and comparing them to the "problematic" kids. As the therapist sees it, they are infringing on the child and the child's family's privacy when discussion extremely personal issues in public. This situation alerts the therapist not to share her findings with these teachers, fearing the possibility of it becoming part of public discourse.

"...or in the teachers' room...where they talk about the sweet child who everyone loves and about the notorious problematic child. So, whether or not they teach this child, they all know who he is, and what his story is. Just ask any of the teachers about any kid and she'll know everything, no matter how private. All the family issues and personal issues are exposed in their gossip. That's why I am very cautious about what I share with them. And then a story pops up like in the neighborhoods." (R11)

An additional pertinent topic arouses tremendous fear and apprehension. This is regarding the quality of professional considerations in choosing and hiring educators and therapists in the system, as well as staying abreast of their professional development. For example, in the Arab sector, it is not customary to conduct interviews or check references when hiring professionals. R12 for example, went through this sort of process and was accepted to work as a therapist. Even after the professionals are hired, there is no follow-up on the quality of their provision towards the children, especially if there is knowledge about the teacher who is also the victim of violence or uses violence towards the children.

"There are many differences between the schools and our society is extremely complex; our society has become frightening, terrifying. The truth is, is that in school, the education and therapeutic interventions are not professional enough. I say this out loud – that people come to school to pass the time, or people enter the system without other options, or without an interview or checking their credentials or their suitability for the job...sure...a lot of the time women are hired who are the victims of extreme violence at home, and she continues her job as a teacher without anyone checking up on her. I remember 10 years ago when I approached the Ministry. I went in and was immediately hired for a full-time position, which I did for about two years, and then I cut down." (R12)

9.3 Category III: Dilemmas regarding the education staff's attitude towards children in special education

R1 claims that the attitude towards special-education students is individual, and is influenced by the special-education teachers; hence, her role is of utmost importance, especially in a regular school. If the attitude is warm and loving, the children will feel embrace. On the other hand, if a teacher turns the child into a scapegoat due to her own difficulties in dealing with him/her, this will have a negative effect on the child.

"It depends on the teacher – there are good-hearted teachers and principals who remarkably display compassion and love and containment towards these children, and thus these children are also contained and accepted in their classes. On the flip side, there are teachers who find it difficult to be compassionate towards and understanding of these children and turn them into scapegoats in class. They pounce on them and offend them. So, it's very individual." (R1)

It is apparent from the description of the therapists' physical surroundings and where the special- education classes are situated in regular elementary schools, that it is indicative of what the Ministry of Education's attitude towards them is. R1 describes that she has encountered special-education classrooms that were situated in the attic at the end of the corridor in the school. Alternatively, she has seen schools where the special-education classes are behind the school building proper and in a separate area. R1 describes poor building quality, lack of accessibility for children with special physical needs. These classes are also far from the teachers' room. In addition, she claims that these conditions are prevalent in many schools and that the change must come from the administration that prescribes these conditions to the teaching staff. This holds especially true in light of the law pertaining to special education that states that children with special needs must be integrated and included in regular schools.

"I experienced the harshest reality when I saw that the special-education classes were situated in the attic far away from the rest of the classrooms. You enter the school, and it looks like a university: huge paintings on the walls, plants, like Haifa University. But then you walk inside, and the décor begins to decline. You go up to the third floor, the classrooms furthest to the back – that's where you'll find the special-education classes. There were no walls separating the classrooms – just a flimsy 4mm piece of wood – if a kid banged into it, his/her hand would come out on the other side. We could hear all three classes simultaneously – the teachers had to walk to the other end of the school to go to the teachers' room – it took a long time. So, the teachers also felt marginalized. It was just awful. And the classrooms weren't even accessible. There was a girl who had physical disabilities and she couldn't get to the classroom or to the bathroom, which was on an altogether different area of the school. She left and went to a city school. I was there on a tour of the school and I was horrified. In order for a school to include children with special needs, it has to undergo an in-depth cognitive, physical and philosophical change. And there are many schools that are completely unprepared, like this one, for instance." (R1)

R3 emphasizes the importance of the principal's outlook and perceives him/her as a role model for the educators in the school. She also distinguishes a connection between encouraging and supportive language and the teachers' positive attitude towards special education compared to aggressive language, that encourages violence.

"The most important factor in this whole issue is the principal – he is the captain of the ship. If I see that the principal believes in emotional therapy, cares about the children with special needs, you will see that everyone on board ship will play to his tune – no problem. Because he steers the ship – he is the role model. If the principal is distant, busy, or has no idea what it means to be a child with special needs, or doesn't think therapy is necessary, I would not be surprised if his staff speaks in that tone. When the principal is good and cares for the children, and invests in special education, the teachers will follow suit, and vice versa." (R3)

Furthermore, R15 adds that the principal's viewpoint can influence the parents' attitude towards their children. Parents might adopt an aggressive attitude towards their own children if that is the way the school principal relates to them.

"Educators' attitude towards children with special needs depends on the principal, the special- education teacher and the parents. Children who are seen and have parental support or support from the principal or teacher, will be respected and this will improve their well-being. A child whose special-education teacher neglects and deprives him/her as well, will most likely behave this way because the family neglects him and does not protect him. The family will authorize her to beat him in order to 'train' him." (R15)

It is also described that a negative attitude from teachers towards special-education children creates an approach in which they abandon hope from the get go, regarding his/her emotional and academic status.

"Wow – an attitude of zero respect, disdain, scorn...of the children, their parents, their capabilities, their personality, etc. 'Nothing will become of him'...they spend hours like this." (R8)

Findings show that the education staff in the schools live, for the most part, in the same community or village as the children. Thus, teachers have pre-conceived notions or adhere to stigmas related to the children and their families, through personal interaction with them.

Sentences such as "He comes from a violent home", or "Nothing will become of that one," or "It's a bad family", are very common.

"Another thing is that many teachers are from the same village as the children so they know each other – the stigmas, so from the get-go the child is branded; they know the family, violent families, notorious families and the like. Unfortunately, to my dismay, that's the attitude: 'Nothing good will become of this one'; 'he's from a bad family – bad stock anyway'; 'the whole clan is rotten – you think he's any different?' 'Let it go – he's the son of so-and-so. Just ask the teachers; they'll tell you,' or 'ask about his mother – they'll tell you she's not right in the head,' or 'you're working with THAT kid? Wow...you poor thing. God help you.' These are the kinds of things I hear. I also argue with the teachers about talking about the children in the halls. I told them I preferred to talk in the classroom. (R11)

"They talk about the children as if they were animals."

R12 presents an example of the disparity between her perception as a therapist and that of the teachers. A girl is caught in the school bathroom, speaking on her phone to a boy. This type of behavior is a violation of the norms of conduct in traditional Arab society. As such, her telephone is confiscated, the teachers check her phone activity and she is punished. The teachers were involved while reprimanding the girl and bad-mouthing her among themselves and they even circulated the photos that were on her phone to each other in order to show how "bad" she is. The therapist witnessed this emotionally intrusive behavior that the girl experienced in light of the incident and the teachers' reactions of her behavior, and described her witnessing of the incident as one that aroused in her a sense of comparison between the attitude treatment of children and that of animals, i.e., not humane and disrespectful of her feelings.

"I had a case of a girl in my class who was speaking on the phone to a boy while she was hiding in the girls' bathroom. She was under my care. It turns out that they took her phone away, looked through it. I was shocked. All the teachers were bad-mouthing her as they flipped through her photos. Later, in therapy, the girl discussed how difficult this experience was - they grabbed the phone out of her hand and violated her privacy. They treat these children like animals – with disdain. You'll see – when you go into the schools you will see the differences in the levels and the classes." (R12)

R11 describes the attitude of the education staff towards, and their perception of children in general and children with special needs in particular. According to her report, teachers have been heard calling children "thick", or saying things like "here – take him – he's all yours". This perception serves as a basis for ranking the children according to class or level, and segregating them from other children. These children are defined as "weak" and according to this definition, the administration hires teachers with the same credentials: teachers with inadequate teaching skills. At the same time, both the administration and the teachers express disapproval of these children due to their low level of achievement, and expect the therapists to "fix" them. Hence, the therapists feel it is important to instruct the teachers and raise their awareness regarding the special-education population, and eradicate their erroneous predisposition, as well as providing a suitable resolve.

"Or a teacher who tells you to take the kid and keep him with you for the rest of the day. I tell them: 'You created this: the good kids get the good teachers, and the weaker ones with special needs get the less good ones. All the classifications of these children as 'weak' or 'dumb' as the teachers define them. They classify the child, so it's natural that there is no rapport in the classroom – only teaching. There is a sense of helplessness among the teachers; on the one hand, they don't know what to do, and on the other hand, you don't get the feeling that they want to generate a change. If you ask a teacher who is angry with a child, 'what buttons does he push', she answers, 'talk to the child, not me'. They don't have the awareness that her reaction affects the child's behavior. 'Take him – fix him.' What about the teacher who is in dire need of guidance? The parents? And even the principal himself – so that the child can move forward. They don't see that they are hurting the children." (R11)

R13 describes the teachers' helplessness and lack of professional tools, especially when teaching children who are not progressing at the same rate as other children of their age. These children are rarely granted respect or a response to their needs. She claims that sometimes entering these children into the system stems from the school's need for a quota in order to open another class, thus receiving more funds. These children often serve as a scapegoat, as teachers project their frustration on them, calling them names and addressing them disdainfully.

"We are saying that the learning difficulties place a burden on the teachers – 'how will I teach him? How will I move forward with the material? How far can I get him to go?' Sometimes in these classes there are teachers who have a supportive

approach – not everyone, but a few. There are places where the kids come just to fill a quota, and it doesn't matter what happens to them or if they learn anything. There are educators who see these kids and show them love, respect and appropriate learning styles, and there are others who unfortunately, pay little attention to them, and project their frustration on the children: 'He's ignorant', he's stupid'...they find it difficult to accept him in general." (R13)

9.4 Category IV: The educators' worldview towards violence against children, from the perspective of art therapists

"Physical violence is normal – we also got beaten, and we're fine".

Reports regarding educators' perception of physical violence towards children is not uniform. Physical violence is defined by many as a legitimate and normative means to control, educate and discipline. A common statement that justifies the use of violence is: "We were also beaten, and we're just fine." R5 adds that regarding sexual abuse, there is a greater difficulty in believing the child, compared to other forms of violence. There is denial, and silencing in order not to create upheaval.

"What do you think – it's normal – we were beaten and see? Nothing happened to us.' Sexual abuse is another story. There is denial and resistance like, 'That's not true,' 'The child is lying or making it up,' 'It never happened,' There's always a warning sign. There are teachers who do believe the children, but they are few and far between, or they don't want to create a scene, or report it to the social services." (R5)

It seems that some teachers themselves were raised with violence from a young age, therefore they perceive violence as a legitimate means to discipline children. This is also how school principals justify using violence towards children of special education. Regarding sexual abuse or extreme violence, it seems that there is a more critical attitude from the teachers and principals. R3 describes her intense anger towards educators that allow themselves to use violence towards children and blame the child or his behavior for "forcing them" to resort to violence.

"This teacher was raised this way, and he doesn't know of any other way, or the parent

There are art therapists who were also victims of violence, as they were raised within the Arab culture. Some of them fight against this violence, and some of the believe it is legitimate.

"Hmmm...it depends what transpired during their childhood. I've been in contact with therapists who have been through quite a bit throughout their lives. It's very individual; there are those that fight against it, report it so it doesn't continue, and there are those who just see themselves as an educational and academic target." (R1)

R9, who noticed signs of distress in a child, attempted to ask her teacher about her and was met with this response: "The child is known to come from a troubled family". In other words, whatever the child is going through is taken for granted – it's what would be expected. Following this response, the therapist approached the principal, thereby angering the teacher, who claimed the therapist was making a big deal out of nothing.

"After the incident I witnessed, I asked the child's teacher. I didn't say anything – I just asked about the girl's background and she said that her father was a sheikh and the family is troubled. Just like that – no interest in what I wanted to tell her. At the end of the day, I approached the principal because I wanted to tell him what had transpired in the bathroom; I was concerned for the girl. There were warning signs. The principal called for the teacher, who in turn became upset with me. 'Why are you telling stories to the principal? You don't have to make a big deal out of it – nothing happened.' Unfortunately, there are a lot of double messages. It's exhausting." (R9)

It is presented that violence is a means for solving disagreements when parents hear that their child reported that they act violently towards him/her; the parents punish the child. Alternatively, parents might attack the teacher.

"There are two situations: Either the parents come to the school and lay into the child, who falls under a rigid, aggressive authority, or the parents come to defend the child and say that their child told them that this teacher or that one hit him, and the mother is on the warpath, with intention to strike the teacher. In other words, in both instances, violence is the modus operandi, the response is aggression." (R12)

"Everyone knows them in the village; that's the situation, and there's nothing we can do about it."

It seems that teachers express a lack of faith in the possibility of helping a child who is raised in a violent family. Thus, they excuse the violence as circumstantial and being helpless as a result of the prescribed, rigid reality.

"As far as the teachers are concerned, I often hear them saying things like, 'We know where that kid comes from, everyone knows them in the village. There's nothing we can do'."

From these findings it seems that educators and adults are not aware that they are abusing the children and hence the aggressive response towards the children who complain about the violence against them. This is the result of an incident when a teacher speaks aggressively and humiliates him/her. If the child retaliates s/he will be punished and repudiated despite the fact that the aggression originated from the teacher.

"Educators do not realize that they are being abusive. Adults do not realize where the child's behavior comes from – they take it personally. I had one incident in which a teacher humiliated a child and yelled at him in front of me. The child got up, started screaming, and threw a chair at her. Of course, she got back at him. She doesn't understand that she hurt him. Or another incident is when the teacher asked the principal to come in, and in my presence said, 'Just you wait.' He waited until I left the room and I heard the child being beaten. Because I am an 'outsider' they don't want me to know. When I leave, a lot happens that I don't see. It's like parents who behave so nicely in front of guests. If the child misbehaves, they let it go, but they make a sign to him indicating, 'You just wait until everybody leaves' and when the guests leave, they let him have it. If I ask a teacher why she did what she did, she says the child is at fault. He annoyed her and made her lose control; he doesn't learn, he doesn't understand and he has to apologize...she also humiliated and beat. She expects the child to behave differently from her." (R10)

In Arab society, children are expected to behave respectfully towards adults and with reverence, even if they are treated with violence. This is a traditional approach. At the same time, there are parents who attack teachers who are aggressive towards their children, in order to restore the honor to their children and themselves in the school. On the other hand, they themselves use force on the child at home.

"First of all, there's the issue of family honor. There is a huge gap today between parents and children – the parents expect the children to behave the way they were raised in the previous generation, in which you had to respect the teacher. I saw this

in the specific place I was working. There are some villages that have begun to change with the times, but then the parents are violent towards the teachers. In schools in which the population is more conservative, more traditional, they still demand respect towards the parents and the teachers, meaning that they are allowed to hit the children, but they have to respect them anyway – 'who do you think you are?' I believe there are other villages where there is more awareness and parents know they should not raise a hand to a child, but the father is still allowed to, even if he won't allow the teacher to." (R11)

Therapists note that the lack of the parents' ability to recognize violence is that they, themselves were victims of violence, and live daily in this type of environment. Hence, there is a similar relationship between teachers and principals. An authority figure is perceived as a violent figure. Therapists report that they experience violence in educational frameworks mainly due to the fact that they are perceived as representing an unfamiliar profession, which can be interpreted as being 'spiritual'.

"I see that for the most part these parents and teachers have been victims of violence and their dynamics are violent...you see power struggles in school between teachers and principals, in general in Arab society there is a sense of authority - which is complicated, because authority should be an outcome of the role, or the function, not as a privilege, so you see that whoever has a high profile is privileged and is violent, and everyone stays silent in order to protect themselves. Or they ingratiate themselves to the principal in order to maintain their jobs - that happens a lot! Or there are politics within the staff – one group against another – those closer to the principal and those who are not. I know this because I have worked a lot with educational staffs and principals. This stuff comes up. The issue of gender power as well – women feel inferior to men, as well as women against women. The head of the Regional Local Support Center is the only person I have any positive feelings towards in the entire system. So, I tell him if the school doesn't provide A, B, or C, or if I have problems with the principal – that's the hardest. They look at me like I'm some sort of Buddhist – 'she's the one who meditates, the one who breathes and talks about the brain and its functioning...' (R12)

R15 discusses a teacher who used continual verbal and physical violence towards a child in special education. When the mother included this in a report, the teacher became very upset with her and accused her of fabrication. In this state of anger and denial, she asks the therapist if she is, indeed, violent toward the child. The therapist says she knew what she should reply, and that there was violence that she had witnessed. However, when the teacher asked her straight out, she froze and remained silent. She explains that this is because she was

also fearful of the teacher's response, which could be angry or aggressive, if, in fact, the therapist did admit that the teacher had behaved violently.

"Educators do not perceive violence as abusive, but as an educational means, love or a solution to a problem. The child deserves it because he was violent. Or some teachers don't see anything wrong in swearing or hitting. I witnessed an incident in which a teacher of special education kept yelling and screaming and humiliating a child, constantly reminding him how stupid and incapable he was. In those words. On the other hand, she was angry and surprised that the mother mentioned this. She was shocked. She stood in front of me and said she was angry with the mother. 'How could she say this, after all I've done for her child? She's angry with me instead of supporting me.' Then she turned to me: 'Is there something wrong with how I am treating this child?' I tried somehow to explain, but I froze. I couldn't say anything. I asked myself what happened to me – I am cooperating with her instead of telling her like it is. The truth is that I was afraid of losing her trust – she has a nasty mouth and can also swear at me. I didn't have the wherewithal to stand up to her, even though I was glad that there was a mother who had the nerve to write it in the report. I'm sure no one on the committee will do anything about it, but they will say that she has some nerve to defend her violent son. Poor kid – he is violent, but he didn't become violent from nowhere." (R15)

R2 perceives the education staff as ambivalent towards the children. On the one hand, they express love, and on the other hand, anger and violence. They behave violently towards the children but do not own up to it, and do not take responsibility for it. It might be that this is a result of their culture and their lack of training in coping with alternative education methods.

"The education staff is starving for solutions and answers; they are frustrated and helpless. They are ambivalent towards the children; they are both angry and caring. Sometimes they project anger towards the parents on the child; he is the 'vent'. They are aware that the child is the victim of violence at home – they tell me. They understand the abuse, but not when it's about them; they have no idea how to process their feelings. I think it's a golden opportunity to work with these teachers and try to recondition their approach and leave the outdated methods that they were witness to behind." (R2)

R12 indicates that even if the violence reaches the point of murder, this behavior is perceived as "usual". The Arab population denies the violent status quo it has become accustomed to. There are many who still abide by the traditional perspective as positive. Whoever says anything against Arab culture is perceived as disloyal. R12 attributes this

behavior to the fact that the Palestinian Arab nation is an occupied nation, that was exiled from their homes without any sense of belonging or cultural context. There are conflicts and violence regarding religion between Muslims and Christians, between one clan and another, and from there, violence towards women and children.

"First of all, it's a norm. In this area, someone can go through a barricade and get shot, people start beeping, saying 'Come on, let's go!' as if nothing happened. The ability to ignore what is happening around us and our feelings...living a pipe dream that we have brought the cure to the world and the Muslim culture has bestowed a lot upon the world, as if they are completely blind under the influence of this dream. And its nonsense...between you and me, humanity has disappeared, because there is a constant search for denial (inkar in Arabic) – it's ingrained in us – something we have inherited. Even now if a therapist talks about the situation in our society, there are many who would attack her by saying that she is tainting the Arab name. I correlate this to being a generation of trauma; we were raised under a shadow of trauma. I grew up in 1984. Our parents were expelled from their homes, have been through war. When I would go to bed at night, I wasn't sure I'd wake up in the morning. The whole environment was like that. This generation did not address their trauma but just continued to survive. They were raised without a sense of belonging, because they moved from place to place, so in our core, we are violent and hard towards each other, in relation to each to clan." (R12)

9.5 Category V: Resources and means of support of art therapists within the education system when working with children who are victims of various types of violence

Therapists describe their professional training as a the most crucial source of strength. Supervision sessions are a safe, warm environment, that foster support, a sense of belonging, understanding, and professional development.

"The discourse with the supervisor is very helpful. She supports me and her presence is encouraging – I feel like she has my back. I can tell her everything and share my feelings with a clear head and a sense of trust. I can unload some of the trash that I have witnessed, my exhaustion...it gives me a bit of a push to go on." (R8)

"My strength is the music I get from the support of my counselor, therapy and my colleagues." (R9)

There are some therapists who define the source of their support in their work with the children. The use of games, drama, guided imagery, the mandala and other tools from the world of art therapy with children serve as a source of emotional and professional recharging, as well as a source of strength.

"I recharge my batteries while working with the child. Coloring in a mandala...the child probably doesn't realize this, but just participating in his therapy strengthens me. Guided imagery, music...I do the activities with him and am recharged, fulfilled. I was in a framework other than the Regional Local Support Center in which I put on a play with a child, and I was backstage. The child presented his difficulties. Everyone watched, and there is no way that they were not affected by this powerful tool." (R3)

There are frameworks in which there is a common dialogue with the therapeutic or education staff. A common professional language serves as a crucial resource.

"Sometimes there are some teachers who I share things with. I feel like there is a positive dialogue with them – a counselor, or a psychologist. Of course, it depends where. There are schools in which I have no idea who the guidance counselor is; there are no meetings or anything." (R8)

Some therapists describe the therapy session as a place to garner strength and satisfaction. This is in light of the reality in which children experience violence, so the alternative that the therapeutic space offers, awards the child to establish a positive relationship with an adult, which is very meaningful for the child.

"The fact that the child can enter the room and I can close the door symbolizes a meaningful relationship. I can reach him through mathematics, art...the child is not stupid; he knows how to differentiate. He has feelings and can discern who is going to contain him, love him unconditionally. He will open up his 'book', his pages, and begin to let things out. Sometimes these children who are frustrated, abused...at least for one hour a week he experiences security, containment and the warmth he is seeking. He leaves the room, hearing kind words, expressing words of thanks...while he is unaccustomed to hearing this or expressing it. This is significant for me and very satisfying." (R13)

From the findings, R4 claims that the group supervision and her colleagues are a source of strength for her, but also the use of art-therapy tools with the child, such as meditation, drama, projection, etc., especially when these tools prove to be beneficial for the child.

"The most important source of support are my colleagues. There are two women who work with me as well as my counselor from the Regional Local Support Center; we share, sometimes meditate, listen to music and draw. This enables me to focus. I use cards, color in mandalas, doodle, and it sustains me, with my work with the children as well. I recognize how therapeutic art is and how it relaxes the children. I use puppets, masks or silhouettes; I use my body less because I think that the children withdraw from the direct person. I think that if there was a puppet stage in the room, that would be very beneficial." (R4)

9.6 Summary

The opportunity for children to get therapy in their school is in most cases the only possibility for them. It also exposes the child's family to therapy that otherwise would remain alien. The physical conditions in school are poor and the lack of awareness of the importance of appropriate therapy settings for school staff is very challenging. School staff's lack of understanding of special education children's needs is the cause for difficulties. There are no regulations regarding the process of excepting teachers to work as well as regulated supervision over their work. Usually, the principal view of special education children determined the staff members' professional approach to those children. If the principal is aware of those children's needs, he will demand the staff to take it into consideration in their work otherwise teachers will not do that and the children will remain in an inadequate school environment.

The reason that the role of the principal is so important is that the teachers often do not have the professional knowledge to provide special need children their educational needs. Those teachers often lack the understanding of why the use of violence is harmful to children. Their cultural perception is that the use of violence is their way to show they care and their way to invest in the child's education and social skills. In terms of resources, therapists' relationships with their professional guides are of vital importance for their sense of resilience. Therapist report that support from their professional organizations is also very important.

Further resources for therapists are the actual practice of art therapy in school and being a source of support for the children. Further resources for therapists are good relationships with staff members, particularly with the school principal.

Chapter 10: Research findings: Art Therapists' perception of the possibilities of using art therapy methods in working with children experiencing violence

This chapter will address methods in working with children who suffered violence in the system; educators' perception of the therapeutic field and related methods, dilemmas and challenges implementing these methods in the Arab society.

1. **Category I:** Methods in art therapy with children who are victims of violence:
 - Methods for one-on-one therapy or group therapy (such as strengthening the children's resilience through art, expanding the repertoire of emotional expression, and group therapy to acquire tools for managing interactions with peers and authority, and ways to solve a problem).
 - Methods focused on parents (raising awareness of children's emotional world, dyadic therapies and parental guidance).
 - Methods for educators (teacher training, raising awareness of children's emotional world, class as a group model as modeling for educators, systemic work and tools for teachers to reduce stress and enable coping).
2. **Category II:** Response of this perception from children / parents / education staff of implementation of art therapy - concerns of parents about the meaning of mental therapy, need for information and translation of the language of therapy in the arts for parents and teachers, comparison with other therapeutic professions such as psychologists and counsellors and more.
3. **Category III:** Perception of art therapy in Arab society from the point of view of art therapists - emphasis on the fact that Arab society is full of metaphors and symbols, while art therapy brings these tools as expressive and therapeutic. Along with this, there are difficulties in the division of the fields and their adjustment, such as bibliotherapy and visual art, movement and symbols, music and drama that use the body and voice, etc.

10.1 First category: Methods of art therapy working with children who are victims of abuse

10.1.1 The use of art as a tool with which to build up emotional strength in a child in the art room / outside the art room

From the findings, R1 describes her work with art as a therapeutic tool that empowers children and therapists. The child experiences the ability to be seen in the art-therapy room as well as the possibility of constructing a new narrative in order to absolve guilt feelings, if s/he has experienced violence.

*"The fact that the child creates...I believe that artistic creativity is extremely empowering...the children do self-therapy through their art work, whether it's writing, playing an instrument...it doesn't matter what form...they minister to their pain. Hmmm...just the fact that someone listens to them, contains them with warmth, and they feel that someone sees them. It is empowering. An alternative matter is the constructing of a 'narrative' that explains what happened. Why did it happen. The manner in which the child does not feel guilty about having been abused like Prof. *****." (R1)*

There is a large variety of channels with which to apply art therapy that enable a child who has been subjected to violence build up his/her emotional strength, as well as teaching assertiveness and placing personal boundaries in order to protect him/herself.

"...it is a very specific objective, teaching children about setting boundaries...I use movement, writing poems or songs that talk about themselves, I think that is a very helpful method for empowerment and emotional strength. There are so many tools to use; at times I am at a loss which ones to choose from." (R9)

R10 describes a situation in which there is no control over what occurs on the outside, i.e., in the child's environment. Her solution is to provide tools for the child while s/he is in the therapy room, for him/her to decrease the danger or specific harm when adults do not serve as protection, but the source of the threat.

"In some situations, I would say that there is no control over what occurs on the outside, so I work with the child in the therapy room...mostly I work with self-understanding, or how to apply self-protection, because there were incidents in

which the child sought protection from an adult and then were abused by them...it's very difficult." (R10)

The findings present the possibility of using projection as a tool for young children. Art techniques enable the children to express feelings and aggression, and process previous experiences of violence while they are in the therapy room. These are experiences that cannot be expressed outside the room; hence the children internalize them and this becomes routine.

"Children who come for private therapy can express themselves through art and play and those in middle school are more able to use words, conceptualizing things, so a discussion is more effective for them. If it is necessary to get the negative feelings out, then we move onto expressive art, like gouache or clay, which are materials that enable the outlet of anger, letting off steam. It's amazing to see this in groups how they let things out and talk. Private sessions are more difficult, especially during the transitional stage from childhood to adolescence. They have internalized this pattern of violence as a part of life, so I have to maneuver the session according to my understanding of what they are trying to express. This can be about a classmate, a teacher, a parent or cousin. Everyone goes through it; everyone knows about it. I work in very difficult communities in which violence has long-since been established as a norm." (R2)

R7 describes her sessions with the children as allowing them to express their feelings, especially those of fear and anger. Understanding his/her emotional world allows the child to come to terms with his feelings and accept him/herself. The distance provided in therapy using art enables a non-verbal expression for children and thus raises the level of resilience and coping strategies, especially towards violence that might continue from a father or the environment.

"I try to get the child to bring forth his true feelings, and get him to do with these feelings. S/he can take advantage of the therapy in order to 'let himself off the hook'. It is difficult for them to express fear or weakness verbally, i.e., vulnerability; feelings in general, intimidate them. They are not used to talking about feelings; here is where art therapy comes in. It enables the child to project his feelings through non-verbal communication. The more we work with getting the child to express his/her feelings, to improve his/her coping capabilities, the more his/her emotional resilience will be enhanced. In the beginning s/he will resist; kids have been conditioned to be evasive and avoidant; what can s/he do if the father comes home angry? The only option is to distance him/herself." (R7)

R4 describes in the findings that her method of working with children who are victims of violence is to strengthen their emotional resilience, their coping skills and even their ability to resist the violence. The latter is contrary to the social norms of Arab society that proscribes that it is forbidden for a child to stand his/her ground with an adult. Therapists report that this was a long and ongoing process for them as well, to stand up to authority when they felt threatened.

"It is more a matter of building and strengthening emotional resilience, strengthening their self-image, allow them to resist violence, even if the wife is banished from her husband, from her father or siblings, or any other person. I try to teach them how to behave, but with caution due to concern of exacerbating the violence towards the child....'who do you think you are, resisting my authority?' It is not acceptable for a child to resist adult authority, even if the adult is in the wrong, and we were not raised to know how to say 'no'; it took me, even though I am a therapist, years until I matured and learned and went through processes, until I was able to say 'no' unequivocally.

We, the therapists, also have stand our ground regarding the therapy room, facing authority figures. During my first year as a therapist, it was hard for me and I would give in, and later I understood that if I don't put an end to it and say 'no', every year will be like that and I began to make changes. In one incident, I involved my counselor; I was in the school for two weeks without doing any therapy. The counselor told me that the Center for Regional Support was willing to rescind the hours allotted if I didn't get the conditions I needed. In the end, I didn't get a room, and they removed me from the school." (R4)

There are therapists who describe the therapy space that enables the child to receive care and support, and express his/her feeling in a safe place.

"There is a saying in which a doctor writes a prescription for abuse: 'Love, and if that doesn't work, increase the dosage, and if that doesn't work, keep increasing the dosage...' I think that love and containment and accepting the child, even if he expresses resistance, hatred, loathing, s/he must get love in its stead." (R13)

10.1.2 Methods of therapeutic work with groups of children

There are therapists who place an importance on representational games with children in a group setting. This can be the source of emotional expression and healing, in which role

playing and group dynamics serves as a source of belonging, sharing and acquiring healthy coping skills.

"I didn't develop my own strategy. I do allow the children to express themselves however they want. Elementary school children express themselves through art. There are children who present the abuse they experienced through representational games, or they create situations within the group portraying victims or sexual violence, and there I can open up the topic for discussion and help them recognize their feelings and those of others." (R2)

In group-therapy processes with children who were victims of violence, music is a tool to share feelings without having to expose themselves. Thus, distancing themselves from the topic itself through music preserves the atmosphere in the group, especially within the context of exposing violence in collective Arab society.

"I was working with a group of girls who had been abused; one of the girls had been listening to depressing songs and it took a while to get her out of this, even though songs can be a useful tool to open things up. It wasn't like she would write a song, but she would find something on YouTube, and would play the song from a distance – distance is helpful." (R9)

Findings show that use of movement is an effective tool for children with which it is possible to express feelings and heal the damaged body, and recall the damage indirectly.

"The primal language of children and Man is movement. Babies move and cry when they are hungry. It is the primary layer that influences emotional development for children, and for me, this is the first language a child can learn. In addition, we often place our body in second or third place of importance. So, for me it is easy to pay attention – to identify girls or teens who are victims of violence." (R1)

10.1.3 Methods that focus on parents

In dyadic sessions using movement with a mother and child, an intimacy and transformation of the mother towards herself and towards the emotional world of the child is formed, through developing expressive abilities in the multiple forms of art and movement.

"For example, once in a dyadic session, a mother said, 'This is the first time I have had the opportunity to understand my child through movement...through dancing.' I began to pay more attention to movement...it is more intimate because there is

contact, eye contact, so it's easier. It's easier for me than visual art; I felt that it was bringing the mother and child closer. When I used drawing, most of the time the mother would draw a house and tell the child to draw a sun, and that would be the end of it. Movement brought about more cooperation – the mother accommodated her movements to the child, because he is little.

I bring the music and choose what to play according to the children's need, to the point where the children would choose music and bring it themselves; I always allowed them to play whatever they wanted; I have to enter their world; I have never rejected any of their musical choices." (R5)

There are those who perceive working with parents in schools as a positive practice, despite the minimal number of sessions and lack of continuity, especially when there are dyadic sessions that include parents in the therapy room.

"Amongst all the methods, if it's possible to work with parents through dyadic therapy, that is the best, despite the intensity and difficulty, it's the most effective. Even the 5th, 6th or 12th session is effective." (R1)

10.1.4 Methods of working with educators

R1 describes two methods that are applicable when working with educators. One is a new method that has entered the art-therapy genre called "The Class as a Group" model, which includes the possibility to offer the teacher or aid during a group process of art therapy, so that the therapist is the leader ("modeling") in the discourse and solution to the problem with the child, which allows the teacher to learn the emotional language and an alternative discourse with the child.

The second model that R1 raises here is an in-service training course for teachers, focusing on the emotional needs of the children and understanding their emotional world.

"It's working in classes to promote the 'Class as a Group' model in which the therapist enters the class together with the teacher, like working simultaneously, and then the class works as a whole. So, what happens ultimately, is after a teacher has been working for a number of years like this, she learns to recognize the emotional needs of the children, see them as individuals, how they respond, or how the therapist responds when something has been revealed, e.g., violence, neglect, emotional abuse, sexual abuse. Sometimes the children open up a subject in class, but not in individual therapy. So, this is a type of training the teachers receive. Our model

includes this in between every therapy session with the class. The teacher and the therapist have a meeting and they discuss it. I think this is the central aspect that enhances the abilities of the special-education teachers in this field. In the beginning, when I began to work in the village, another therapist and I did a course on 'emotional needs of children in special education' for teachers, kindergarten teachers. We initiated this course in "Pisga" (Teacher Development Training). More than 20 teachers participated...it was amazing." (R1)

R14 claims that after she participated in an in-service training program about sexual abuse, she understood even more the importance of working systemically, especially in schools, and particularly when abuse is disclosed, or if there is a report and information coming in from the relevant sources, as well as to generate a conceptual change among teachers towards the field of emotional-focused therapy and the world of feelings specifically.

"Following the course that enhanced awareness regarding the topic of abuse, I began to see how the systemic work relates to the schools or others. When there is violence, it is important to have a flow of information, or if there is sexual abuse, so that the teachers and counselors are aware of this. It would be helpful to have workshops for the teachers, so they can get a 'taste' of what we do.

There is hierarchy among the teachers, i.e., the math teacher who doesn't pay two cents to the therapists, but after this kind of workshop, there was a substantial difference; all of a sudden, I have a name, existence, respect...wow...it changed a lot. I really recommend this. Therapists have to get out of their closed room and get to the teachers and the principal. They should be respected and have a sense of belonging and feel relevant." (R14)

R2 describes in the findings in which many teachers display curiosity regarding the therapeutic tools used in art therapy; therefore, she initiates workshops for the teachers and tries to give them space to experience a deeper understanding of the therapy field, and the emotional world of the child.

"Most of the teachers that I meet are aware that there are methods of expression and even request to learn these methods. I explain that you can't ask a child to draw, and then 'read it' – it doesn't work like that, but they are aware that this is a method – a tool. I have done workshops for teachers, but I haven't had the chance to do one for parents. I do it so they understand what it means to express oneself non-verbally. It's very interesting for them to become acquainted with the tool and express themselves in a way they had never thought of before. So, yes, it is important that they know and experience it, at least once." (R2)

R15 presents drama therapy or play therapy as a tool having a great impact on the school staff. She uses the stage as a working tool with both the school staff and the parents – a tool with which to explain and familiarize them with the field. She also tries to raise awareness in the field in her work with children, while referring to acquiring skills and expressing taboo topics such as violence.

"Lately I have been using drama as well to get on stage and act – it gives me strength, a sense of self-worth, and influences my place in the staff; actors and artists have a kind of magic; workshops for parents and teachers are excellent and they give rise to discourse, familiarity and intimacy. In-service training programs are also a must and there should be more of them, because what's important is our relationship with our educators, and then educators and the children. We need to give them tools to cope. Our teachers do not have coping tools, and therefore they do what they are familiar with: they yell, beat, tell the children to stand on one foot in the corner, or they send them to the principal's office where they will receive a round of violence...and thus continue to legitimize or generate a cycle of violence in school: the principal towards the teacher, the teacher towards the children, the children towards each other. And we ask each other why there is such a high percentage of violence and homicide in our society...it's a direct outcome of this." (R15)

R6 describes the mindfulness approach as a useful and effective tool in order to reduce pressure and to cope with stress. It is a tool that aids in fostering the ability for self-giving, empathy and emotional resilience in children and staff members, particularly those who were victims of violence.

"I based data on how to administer treatment to children who have suffered from violence. I believe that today mindfulness can be applied with both children and adults. The same mindfulness exercises can be used. Another collaboration we do is recordings - we try to make literary Arabic and spoken Arabic more accessible. There is a mindfulness program in English that discusses coping with stressful situations, an invitation to foster self-giving – there the emphasis is on how to give to others, and develop resilience among children in order to protect themselves in violent situations." (R6)

It appears from the findings that there is a need to provide an emotional response to teachers and other educators for coping within the education system by becoming familiar with the emotional world, guidance, in-service sessions that are more therapeutic and less

professional and didactic. This solution will be expressed in relation to and in coping with the children.

"If we think how, it is possible to improve teachers in general, including the principal, they actually have to go through an emotional therapeutic process; otherwise, they will not have any idea what emotional-focused therapy is.

There should be in-service courses or therapy sessions or therapeutic supervision for the teachers, because they are the ones who are in need of this therapy the most. The teachers are confronted with problems and pressure, the principal, the parents and children attack them – whatever they do. That's why they should also have therapy – for emotional regulation, understanding their emotional world. When a teacher is emotionally aware, then s/he will pass this on to the children automatically. This way, the principal can convey a great deal to the staff. Sometimes I feel sorry for the teachers. They have 40 children in a class, an oppressive principal, pressure from the system. Teachers are also people. I think teachers need to pay attention to themselves; the principal, and the educational branch have to promote this." (R3)

"Where I work, in some of the places they don't always do an intake. We also have summative evaluations twice a year. It provides an opportunity to present cases to the staff. It is possible if I work with a child in collaboration with a certain subject and I present it. I describe the process, what troubles the child, in order to develop empathy towards him/her and translate this into the child's external world." (R7)

From the findings it seems that R4 perceives that one of the methods for working with teachers is through art-therapy workshops. The therapists conduct an in-service training program setting in the teachers' room; thus, they can explain psychological information about the children, their development, and tools with which to cope and change patterns that are detrimental to children.

"I think there should be in-service programs about emotional therapy or something suitable for teachers, once a month so that they can go through a process; it is difficult for them to understand the language of therapy. Sometimes they respond harshly – I am astounded at times and am concerned that the children have heard and understand what the teacher has said. For example, humiliating a child in front of the whole class, and all the kids are laughing. And I ask, 'What are you doing?' In two seconds, she destroys the child. She encourages all the other kids to laugh at the child. Everything the child and I have done during our session goes down the drain. Poof! I have done workshops with teachers – I always do; I am trying to get them to develop empathy so they can feel the other. Most of the time, it's according

to the school's request, because if I initiate it, I don't always get a positive response...like 'What – we have to stay after school hours?' They don't look at it as a gift." (R4)

Category II: Response of children/parents/education staff regarding methods used in art therapy

10.2.1 Parents' response to art therapy methods

Findings attest to the fact that the in Arab society, emotional therapy is perceived as intended for "crazy people". Ignorant people do not discern between various therapeutic professions, i.e., psychology vs. psychiatry. On the other hand, when discussing art therapy, it can be explained at times that it is not therapy, but an art-based activity. This is done in order to cultivate cooperation among those who attribute negative stigmas to emotional therapy.

"Yes, it's so much easier for people...I see this in Arab society, and also in some of the Jewish ones as well – they do not differentiate between psychology and psychiatry, so there's this stigma: 'What – am I crazy? You think my child is nuts?' If the child is doing art, the parent tricks him/herself and society, 'My kid is just drawing, or playing an instrument, or playing with a ball', or whatever. This way, they fool themselves into thinking that the child 'isn't in therapy', although they know s/he is for sure, but this way, there is no stigma attached." (R1)

There are some aspects of art therapy that actually intimidate some parents and deter them from cooperating. In R9's case, she tells of parents who when they find out she is a singer, they prevent the child from being treated by her because of religious constraints. This is due to the fact that according to their religious practice, singing is an immoral practice, especially for women. On the other hand, there are some parents who are in awe of this talent, and encourage their children to work with her.

"Within the system it really empowers me – wow – when I work (with him) and am appreciated for what I do as an artist, and they expect a lot from me also as a therapist...there are children or parents that will not accept me because of religious reasons, even if they don't say it to my face, I feel it. And then there are those who are the opposite and say 'wow!'" (R9)

10.2.2 The Response of the Education Staff towards the Field of Art Therapy

It seems that teachers and other education personnel find it difficult to understand the significance of emotional therapy, which necessitates the therapist to explain the magnitude of the profession through workshops. The goal of these workshops for the staff is to bridge the gaps and enable a positive approach towards the therapist and her approaches as a resource in the school.

"How they (the teachers) perceive the therapy depends on whether the program is new or not, and then they have no idea what it is. Who is it for? What is therapy, anyway? There, I need to go into the school and explain to the staff and show them and conduct workshops and such. When I work, I often have an on-going rapport with the teachers and then they come and ask me for advice – I think this has a lot to do with the therapy – what kind of presence it has in the school, how accessible it is to the staff, at what level it represents the therapeutic voice in school. It also depends a great deal on the therapist." (R2)

It seems that the therapeutic staff within the school system is characterized by competition. They are dealing with being compared to psychologists, i.e., a profession that is held in higher esteem.

"Art therapy is undermined by the staff members - I hope we can overcome that. There's a hierarchy and a comparison to psychologists. Once a psychologist even said to me, 'What can you possibly do with them. At the end of the day, they'll end up in my office and I will have to take care of them.' The psychologist feels threatened, especially because most of the art therapists are women, just one single therapeutic figure – most of the psychologists are men – so the hierarchy already exists. The perception is, of course, that he's more competent and it's very obvious." (R9)

R12 notes that educators sometimes call her 'the drum teacher', which garners disrespect and a cynical attitude towards the therapists' status. There are teachers who do not value the therapists, but this perception might change during the staff meetings when an art therapist presents her objectives and information regarding her work with a child. After these meetings, teachers learn to appreciate the therapists' professionalism.

"Drum Teacher" – mualima altatbil (معلمة التطبيل) – This moniker is demeaning towards the profession, or towards what we do, or 'take us so that we can talk too.'

When do they take us seriously? During meetings with the teacher when I lay out all of the child's needs – she's in shock – how do I know all of this about the child? And then you have to flex your muscles, and make believe you don't know what they mean, so that they take us into account, especially since we are perceived as a threat and taking their place. Most of the time, teachers are afraid of the therapists and see us as trying to take their jobs – the same with the counselors or the psychologists – they hate us. I once told a teacher, 'I'm not here to show that you are not doing your job, I'm here to do mine. If you're not doing your job, that's your problem, not mine.'" (R12)

It seems that there is a rise in awareness of what art therapy is, despite the comparisons between art therapy and art class. This change can occur when the therapist explains professionally to the education staff about the anxieties and difficulties the children experience. By thoroughly explaining this to the teachers, they can grasp the difference between art class and art therapy.

"I can't make a generalization. It seems lately that there is a rise in awareness. Who is it for? How does it help? There are places where the teachers do not understand the difference between an art class or art therapy, and how can I possibly 'teach' art when I don't even know how to draw. But slowly, when they see me working with a child on a certain plan, or when I speak to a teacher and tell her what the child is experiencing, then s/he will begin to understand that this is therapy and not an art class.

I also think depending on how the therapist relates to her work in the first meeting plays a huge role on how the teachers perceive it. When I raise the issue of anxiety, sleeplessness, etc., they begin to understand that that's what I am working on and not the boy's drawing...it doesn't take long." (R13)

It seems that a change is generating in the perception of the level of importance of art therapists in the school and their contribution to the children. Hence, more educators seek help from these therapists, even when addressing personal issues. More educators are seeking advice and collaboration with a therapist. It seems that principals are also seeking to bring therapists into the schools.

"Today there are those who appreciate the therapists, and those who would like to...it seems that the moment they seek advice or cooperation from the therapist, or some clarification, you can feel how important it is and how much they value the profession. Even the teachers' own kids...they ask about them and it feels good that

they are beginning to appreciate the profession and its significance. It's a new language they are learning. Today there are principals who are fighting to get art therapists in their school, and there are also those who have never had one at all." (R7)

"There's a lot of enthusiasm from parents and teachers because it's not something they are used to; art and art techniques they are unfamiliar with - there are also schools that do not have any art classes at all, and I constantly have to differentiate between what I do and what art teachers do." (R4)

It seems that a large percentage of school principals do not appreciate the importance of emotional therapy. It is less highly regarded than regular core academic subjects. It is important for these principals to run their schools properly; therefore, they hire therapists in order to ease the burden of the teachers. Because therapy is not a quantitative field, it is difficult to assess its success and to present these results to the principals. R3 describes her disappointment regarding the lack of appreciation she receives from the school psychologist and counselor.

"The principal is the one who decides how many hours of therapy a child receives, and wants to control how much time s/he spends in therapy. I think that even when art therapy isn't 100% clear to them, it should be enough that the psychologist gives me the report from the committee...but unfortunately, it isn't. They don't care about the emotional aspect; they care whether the lessons are conducted smoothly, that there are sports lessons, that the lessons are orderly...or okay, great. The teacher can have a short respite from her work. As long as emotional therapy is not tangible or concrete, it will not be appreciated properly. If we are talking about educators, who I perceive in concentric circles – the first circle is the therapist, the second is the main teacher. The counselors or psychologists are people who I expect will understand what I am talking about, that they will appreciate the work I do." (R3)

In addition, it seems that educators in Arab society find it difficult to identify, value and assess emotional matters among children. This is due to the fact that the comparison between academic studies or possible difficulties are concrete, such as stuttering, or lack of dexterity. Crowdedness and work overload make it difficult to identify emotional challenges among children in school. This is due to minimizing the importance and the lack of legitimization in expressing feelings or expressing emotional discourse, especially among

children, despite the fact that educators attend education institutions authorized by the Ministry of Education and learn about children's emotional needs.

"If a child stutters, it's a 'disgrace' – an embarrassment for the mother. If s/he doesn't know how to hold a pencil, or write, the person next to him sees this. But if a child is anxious, angry or depressed, it's intangible, invisible, and not quantifiable - inaudible. Whoever is in a school of 800 pupils, who will notice him, pay attention to him – unless his situation is extreme, or his physical behavior shows it. And with 800 children in the yard, it's easier to spot the one who can't catch a ball, the one who keeps falling, the one who stutters. But if they feel anxious, I'm not so sure it's easy to discern. I think this is the point from which Arab society belittles therapy and its assessment, because it is not clearly discernable. It is not meant to be seen. You would be surprised by the responses of educators or principals who have all studied in qualified education institutions and colleges. Where is their knowledge? Where is their awareness?" (R4)

It seems that there is a severe lack in children's exposure to music in schools in the Arab sector. The pupils are not exposed to interaction with musical instruments and when they are, it seems that it generates enthusiasm.

"Music is a beautiful thing that should be implemented in our schools and society. It is important to expose the children to music in the basic curriculum, because most of the children have no access to musical instruments...our schools are devoid of this, other than 'Karev'³ once a week, and they are excited to touch these instruments." (R12)

As a result of an art-therapy workshop R9 gave to the education staff, she concluded that the school staff does not value her field. R9 claims that in certain areas there is a resistance to the therapeutic language, which is expressed in the form of ridicule and snickering. R9 describes that this is very disparaging when working in the Arab sector; she feels much freer when working in the Jewish sector, which is detached from her own society. She feels that the therapists live in a bubble and within their social milieu they are not understood.

"There was disdain and denial and when she spoke about her experience in the forum of therapists, whoever identified with the therapist, or defended her was rebuffed and treated as an outcast in the staff. In the end, she told of her difficult experience and what she felt: disdain, rejection. There is resistance and therefore perhaps I do

³ "Keren Karev" is an educational organization that enhances cultural enrichment in schools.

not initiate workshops for my staff. In general, when working with groups in the Arab sector there is a great deal of reproach. When I work with Jewish groups, I feel good – I can be who I am. When I'm with a group of Arab colleagues I have to hide who I am and be disingenuous. I hope it changes; I feel like we, the therapists live in a bubble.⁴ We are not understood".

10.2.3 Response / perception of children to the implementation of art therapy

It seems that children from Arab society find it difficult to adapt to the art-therapy practice because they have not been exposed to art classes in school. Hence, the concept of art in general is alien to them from the onset.

"It is accepted on the one hand, and not on the other; there are a lot of children who abandon art when they are very young, and then they encounter it again in their adolescence. The problem is that access to art is limited for them. There is little art in our school – it's acceptable, sure, but non-existent. Children turn away from it because they think it's childish. It depends on the level of the rapport I have created with them." (R2)

With reference to music, reluctance to participate might stem from religious grounds. Another reason might be also gender-defined music. Thus, music might be perceived as a female/feminine practice.

"There are children who don't have anything to do with music because of religious restrictions, or because it's perceived as feminine, so there are girls who write, if they have an aptitude for it, but many of them have a very limited vocabulary. So, we listen to the words and try to connect and find more songs." (R9)

10.3 Category III: Perception of art therapy in Arab society from the point of view of art therapists

R1 claims that art therapy is accommodated to Arab society because of the ramifications it holds. Poetry and literature are full of metaphor, and it is very suitable. In

⁴ "قوقعه" Arabic is kokwa = shell – the metaphor is

addition, folk dancing, ritual ceremonies and *el hakuwati* theater⁵ create a more popular attitude towards art, as opposed to psychology.

"I think the method suits Arab society like a glove. The whole metaphor issue within the language is very, very suitable to Arab culture and society – all of the literature and poetry is metaphorical. The idiom, proverbs and expressions are spot on. It becomes problematic when we want to combine movement...there's the cultural question: Are we allowed to dance or not in front of others? But specifically in the field of bibliotherapy, music, drama and metaphor and 'el-hakuwati theater', it's very powerful and extremely relevant. Texts are the most suitable form of therapy – much more than psychology – no offense intended. The whole issue of stigma is erased, because we are not psychologists." (R1)

Drama therapy is perceived by the art therapists as a field that requires courage and is very powerful due to the wide variety of tools and methods that are included. Drama therapy is suitable in many aspects to the Arab culture, but must address the issue of movement very sensitively, especially in front of an audience, and even more specifically when relating to girls, because of the sensitivity regarding gender issues in society.

"Our field is very bold. Drama therapy requires courage; you expose both body and voice. I think in our society, in our school, the combination, hiding behind a mask, or a doll...there's courage and it has an impact on Arab society. I am not defending my field, but yes, drama combines many aspects, and it is very effective, as opposed to plastic art only; there's a drawing, but there is no audience. Drama is not always accepted. We have to be super-sensitive, especially when using the body; it requires a great deal of strength and courage from me. And it's not easy for the people who are in therapy either. For example, if an adolescent girl wants to present in front of the school, it's a very sensitive issue." (R3)

From the findings we can see that art therapy in the Arab sector in the past few years has developed significantly, both in response to the increasing number of Arab women who are studying this subject, or the strong desire for educators to enter retraining programs in the field.

"There's been a huge leap in the past few years regarding the art-therapy field. It's like this mushroom that exploded in our society. I don't know if they understand where it comes from. It could be that the therapy brings relief. Or something new

⁵ El hakuwati is a story teller – one who tells stories through gestures, theatrics, etc.

that they want to try out, like a new dress; I think it has to do with a trend...okay – cool – let's try it. Often teachers all of a sudden change their paths and take a course in therapy because they're tired of being a teacher. Are we becoming more self-aware? Do we want to become therapists? There are a lot of questions and it's hard to find the answers. Unfortunately, there is a lack of awareness of what therapy is – what is it and why am I doing it? I just do it because there are a lot of people who have graduated, or because there's a high demand for therapists?" (R13)

It has been shown that activities using the body are met with opposition and difficulty in getting cooperation from the children due to their lack of legitimacy and exposure to these kinds of practices, such as dance and movement. This is even more apparent when referring to girls. For them, using the body openly is unacceptable because of its sexual connotation. In order to work with the children using movement, we must gain their trust. In very traditional villages, the therapists exchange movement with art in order have the children cooperate. This is prevalent in the conservative, religious Bedouin and Muslim communities.

"I combine techniques according to the needs and limitations of the child. Our society is often put off by dance and movement. They might enter the room and integrate slowly...my training is through movement, and this is not through verbal discourse – it is a movement-oriented discourse. I also do training in the Regional Support Center where the discourse is verbal. Movement is much easier; it's simple and convenient. In the beginning it was hard for me because of the men – movement and men – we do create a discourse in the end. Even my therapy was through movement - that's my language. I go to all kinds of movement workshops in nature; it's really great. We learn movement and breathing techniques. There are not a lot of Arabs, so I can open up and feel free. It is hard to use movement in front of someone from the Arab sector or someone who knows you. I get blocked, criticized. I conducted research on movement in Arab society, and I saw the responses - they were completely different coming from the North, or from the 'Triangle'⁶. For instance, therapists from The Triangle do not use movement, even though that is their expertise, as it is not acceptable in their social milieu. In the north, there is also a gap between those who live in the city, and those from the villages, and Bedouins. There are gaps even though we are considered the same society. These gaps are very disconcerting." (R5)

⁶ "The Triangle is a demographic area in the Eastern-Center of Israel, east of the Sharon area and stretching along the Samaritan border, where there is a large number of Muslim-Arab villages bordering the "Green Line" – many of them very traditional

10.4 Summary

Therapist in school practices in the therapy room with one child or a group of children. They see their work as contributing to children's resilience, coping strategies, and emotional strength. Their work develops the children's emotional language and emotional regulation. Furthermore, the construction of a new narrative for children is an important contribution. The therapy room is a safe space where the child experience control in the presence of a grownup whom the child can trust. The use of the body and metaphor in therapy is also very important to create an experience of change. The work with parents is with art therapy, dyadic therapy, and parents' guidance. Particularly to expand parents' understanding of children's emotions. Therapists use the module "the classroom as a group" as a guideline for the staff in order to teach how to behave toward children in a constructive and positive way. Therapists guide staff about the importance of working together and corporation, and about the psychological impact violence has on the child. Therapists say that courses or workshops for teachers can be very beneficial. Therapists realize the significant and powerful influence of art (Drama, theatre, etc.) on some of the staff members and their curiosity about experiencing art therapy and learning more about it.

Chapter 11: The Psychology of Cultural Bridges: Dilemmas of Arab therapists working in the Arab-sector education system in Israel with children who have experienced violence. Discussion of research findings

The objective of this study was to explore the AT perceptions of work in the Arab-sector education system in Israel with abused children. The results of the study indicate that art therapists experience many dilemmas in their work. These dilemmas cause a continuous conflict that compel AT to find mediatory solutions. These solutions will be conceptualized as cultural bridges between Arab culture and Western psychology.

This discussion will analyze nine AT dilemmas: 1. Psychological theory was found to be conflicted with cultural perception of violence as a legitimate means to discipline children and hence create a continual dilemma between those two realms 2. AT professional rules, ethics and obligation to the law are often denied by the school administration and therefore incumber their ability to help children in a professional method 3. AT often must deal with the dilemma whether they can apply therapy in light of cultural norms and stigma, particularly in relation to family honor 4. AT experience a dilemma that stems from being an Arab woman in a patriarchal society and at the same time represent Western professional methods as therapists. These two aspects are often conflicted forcing them to choose when and which cases to report. 5. Lack of proper facilities for therapy for children often places AT in a dilemma as to the way in which they can provide therapy in an unsuited environment. These compromises are often the only way to make art therapy available to children. 6. Principals often do not accept the AT requests to accept professional rules and regulations regarding the therapy settings which are crucial for their success. 7. AT experience a dilemma when they must report violent acts towards children from teachers and principals due to hierarchy as well as collegiality. 8. Close relations both geographic and familial create a two-fold dilemma: Reporting violence against a child may trigger violent reactions from people whose honor was

tainted; AT might feel that they are betraying family members by exposing their “secrets”. 9. AT struggle with their own preconceived norms and values, being of Arab culture themselves.

11.1 Analysis of consequences of various forms of violence towards children in the Arab community in Israel and in Israeli schools in the Arab sector

This study has found that according to the art therapists’ perspective, the use of violence in Israeli schools in the Arab sector is manifested in various ways, prompted by factors including parents, educators and other children. There is also evidence of violence of parents towards teachers based on evidence of violence towards these parents' children in school as a form of resolving disciplinary or academic issues.

On the one hand, the education staff engages in physical, verbal and emotional violence as an educational means. Teachers reproach the children verbally in public in order to encourage general obedience. Alternatively, they resort to verbal or physical violence in order to stop violent behavior among students. In these situations, teachers often stand by the wayside and do not get involved, as often violence among children is perceived as a legitimate part of interactive play. Teachers might regard violence as humorous or entertaining. The child who is the object of the violence is perceived as weak, a failure and raises sentiments of ridicule instead of empathy. This ridicule bears deep psychological ramifications as an abused child learns that there is no place for a sense of vulnerability or defiance, but that s/he is ridiculous, which harms self-esteem. This, in turn can encourage the abusive child and give a green light for the adult or teacher to make further use of violence. Literature defines that disregarding witnessed acts of violence is an act of violence in and of itself. It is necessary to elucidate the psychological damage caused in Arab society by not responding to verbal or physical abuse - which are considered common methods of communication whose goal is to set educational, moral and cultural limits (Gorman-Smith et al., 2004).

Violence in schools (unsafe schools) is discussed in literature within the context of countries in which girls drop out of school in Africa or Thailand, mainly due to sexual abuse

in schools perpetrated either by teachers or students. In nine schools south of the Sahar Desert, a study was conducted that found that in Benin and Togo, female students suffer sexual abuse from teachers and other students. Female students testify that teachers request them to engage in sexual intercourse in return for a more favorable status in class, a higher grade, or payment (Wible, 2004; Plan Togo, 2006). In Botswana a survey was conducted among 560 students. Sixty-seven percent testified that they had been sexually harassed by teachers, among which, 20% stated that they had been propositioned to engage in sexual behavior, while 42% agreed in order to avoid castigation (Leach & Machakanja, 2000). One of the reasons that this behavior is so common in these schools in Africa, is the staff's disregard of harassment towards the girls, hence it is not perceived as negative behavior. Cultural mores perceive sexual harassment as acceptable behavior; therefore, there is no report or activity to prevent it (Human Rights Watch, 2001; Leach et al., 2003; Dunne et al., 2006). These studies present a reality according to which the use of violence in schools by teachers is widespread in countries where culturally, sexual harassment is acceptable and not considered inappropriate, or as behavior that should be reported. This is even despite the law in these countries that states that sexual harassment and violence in general, should be reported.

The present study adds that according to the art therapist's perspective, the use of violence is not just an accepted practice, but one that is recommended in order to achieve effective and desired behavior among children by parents and teachers. Thus, the use of violence is intended for the benefit of the child and as an act of caring. Therefore, reporting would deem in opposition to its ultimate goal, and is not considered at all.

In another study conducted regarding teachers in Israel, it seems that Arab teachers reported the frequent use of violence towards young students. They not only did not attempt to conceal this behavior, but disclosed it proudly. In comparison, the use of any violence was not reported by teachers in the Jewish sector. This might be evidence that in Arab society, the use of violence is perceived as legitimate (Khoury-Kassabri et al., 2014). The percentage of teachers in the Arab sector who did not regard violence as legitimate is noteworthy. This is due to the assumption that among the 50% of the teachers who did not report violence, the use of violence is culturally acceptable and justifiable. If so, it is possible to raise the question of

why there is such a significant contradiction as to whether the use of violence is normative. This issue was not addressed in the present study, but seems essential as it represents a dissonance between the cultural norms and concealing these norms from the establishment.

This study has found that according to the art therapists' perspective, teachers' continual use of violence towards children through verbal humiliation and physical harm imbues a sense of shame for the child, and accordingly, a reaction of violence in response towards the teacher and the other children by the violated child. Thus, for example, if a child repeatedly throws a chair at a teacher, s/he does this as a response to ongoing shaming or physical violence from that teacher, which the child no longer can handle (Debowska & Boduszek, 2017). Studies that rely on ecological theories to explain the influence that violent behavior has on children in school, make a connection between the influence of various systems simultaneously that deem inseparable when discussing influential factors on children's behavior in school (Bowen & Bowen, 1999). It can be stated that findings in the present study support these ecological theories in that children in Arab society in Israel are exposed to violence in various facets of life: family, community and school. This exposure to violence stems from various sources, in that it is not necessarily crime-related but an accepted cultural norm. Thus, it can be stated that learning processes stem more from a process of socialization and internalization of values and societal expectations.

Because the discussion is geared towards societal expectations, a child's violent behavior towards a teacher is perceived as unacceptable and one that justifies punishment. This study's findings show that this violence is expressed in the relationship that nurtures both parties, however, the legitimization to use violence is exclusively in favor of the adult, i.e., it is unacceptable for a child to behave violently towards an adult. A teacher will not justify violence from a child towards an adult, even if the child is violent as a result of violent behavior towards him, or from behavioral modeling of an adult. In other words, a teacher will use violence as a means of punishment towards a child who has acted violently, even though this behavior was learned from his/her parents, or others. The teacher's reaction stems from the cultural perception relating to hierarchy and respect of elders for which there is no correlation between respect and how they relate to children. Research indicates that violence

towards children remains concealed as the use of violence by teachers and/or parents or relatives is a part of the norm and behavior that are based on social standards and culture (Hillis et al., 2017).

In addition, the findings present that cultural norms in Arab society in Israel do not accommodate the legitimization of children's feelings or their emotional situation. These norms are demonstrated by teachers speaking "over the child's head" while the child has no place to express his/her feelings or positions on issues that are related to him/her. Decisions regarding what a child feels, and what his/her emotional situation is, which reflect on his/her behavior, are made without consulting the child. Consequently, children are not an integrative part of their own educational discourse. In the education system in the Arab sector in Israel, use of violence is prevalent in traditional methodology and does not enable children to actively participate, except for passive needs. Particularly in special education, it seems that children are not allowed to express their difficulties and the teaching methods are not adapted to their needs. These children are forced to study in inappropriate settings and when they do not achieve a certain goal, they are punished. This reality inhibits the child's right to learn through accommodating pedagogies. According to its definition, the objective of special education is to create a learning environment that accommodates the child's needs as an individual. Lack of this individual accommodation will impede the child from reaching his academic capacity. In addition, this will reflect on the child's self-esteem and identity, and his/her inability to express his/her capabilities and build his/her future. Failure of achievement ultimately leads to low self-worth and decreased motivation (Zigmond & Kloo, 2017). For children in special education, punishment as a result of failure can lead to emotional stress, as the child is confronted with helplessness when facing the system's demands (Braaten et al., 1988).

Research addressing children's rights in the education system is based on, among other things, the U.N. definitions from 1948 according to which every child is given the right to express him/herself in any way and to be involved in decisions regarding his/her welfare. Research pertaining to children's rights for freedom of expression of opinion, and full cooperation in decisions regarding his/her welfare finds that education systems are not pedagogically or organizationally equipped to create the conditions necessary for

implementing this declaration. This study relates to several obstacles that include the traditional structure of teaching that does not encourage the child to be involved in the material taught or its pedagogy. The methods of assessment do not reflect the child's knowledge, but his/her skill in taking an exam. In addition, the present study indicates that the education system does not take children's communication methods into account, such as the use of emojis in lieu of verbiage. These limitations do not enable children to contribute to or be a part of their academic material or its pedagogy and thus are not "considered as worthy of being part of the decision-making in their process". Hence, children are taken for granted when determining what they can contribute as active learners (Gillett-Swan & Sargeant, 2018).

A relationship between parents, teachers, principals and children is accepted as mandatory for the educational and developmental contribution for children (Dye, 1989). In the education system in the Arab sector in Israel this is expressed, however culturally the child has no place in this equation. ATs reported that there are two types of parents – those that say, "take my kid and do what you will with him/her" or "you get the meat and I get the bones". The message is that the parent gives complete authority to the teacher to do what s/he wills with the child. The father (or mother) will have no say in whatever transpires, as permission was granted to the teacher from the start. The use of violence in this setting is perceived as an expression of concern and love for the child (Mussa, 2016). In addition, it seems from the findings that there are parents who use violence towards the teachers as a result of the teacher having been violent toward the child. These parents can demonstrate violence towards their own children through a sense of cultural legitimacy of the parent-child bond (Baumrind, 1966, 1967, 1991). These approaches towards teachers and the desire for the parent to protect the child stems from modernization processes in Arab society and its exposure to a more liberal discourse (Azaiza, 2013). Thus, families who are more exposed to modernization processes do not adhere to the education system's use of violence in order to protect their child.

Findings present that there are parents who are completely uninvolved with any aspect of their child's education. It seems that when there is no involvement from the home, the education staff maintains a similar attitude towards the child. This phenomenon is common among children in special education; parents are not involved in the child's academic, social

or emotional status. Research shows that the more involved a parent is in the child's studies, the smaller the possibility of their child's dropping out of school, and chances of the child's finishing high school successfully are greater. The earlier the parents are involved in the child's education, the greater their influence is on their academic success and its stability (Bernard, 2004; Nye et al., 2006).

Due to the importance of parental involvement in their child's education, there are education systems whose objective is making information regarding the child digitally accessible, to encourage continual parental involvement throughout the year. This digital information allows parents to discover what the child is studying in real time, and thus prepare the child in advance. Parents can learn of the shared activities in school and the methods teachers are using in various classes (Gilleece & Eivers, 2018). In cases where parents are not involved in school processes, teachers might express a lack of interest in the child claiming that the parents do not take interest in the child's performance either. Lack of parental interest reduces the teachers' motivation, believing that without parental involvement, they will not be able to help the child. It was found that the parent-teacher relationship was negatively correlated if the teacher used physical violence towards the child (Khoury-Kassabri et al., 2014). Psychological ramifications of child neglect in the education system in general, and special education in particular, have far-reaching consequences including adaptive difficulties to cognitive, social and emotional learning. This type of neglect can lead to anti-social behavior as a coping mechanism with which the child can deal with low self-esteem and low self-worth (Ney et al., 1994).

An additional finding from the present study is that some school principals prescribe the level of legitimacy for the use of violence towards the children as a means of discipline. It seems that this is an integral part of the patriarchal cultural system, according to which the man is at the head of the organization. Whether the organization is a family or an institution, the man is given legitimacy to prescribe the rules of behavior – what is allowed and what is not. The more a child behaves violently, it can be assumed that the child was exposed to a violent environment and thus perceives the world as a violent place. In situations where the environment is violent, children will base their understanding of norms and conventions

including the assumption that violence is a normal, acceptable behavior. This memory of cognitive schemas is manifested in the use of violence by the child (Huesmann, 1988, 1998). Hence, learning social structures through observation of significant figures becomes a part of the child's life (Bandura, 1973; Eron, 1987).

Children who are exposed to violence at a young age go through processes of habituation, through which they accept violence as normative social behavior. This habituation enables the child to plan aggressive behavior more easily. Variations in children's regulation affects the level of danger their violent behavior manifests (Huesmann, 1998). The more the child is exposed to violent behavior, in his/her milieu, the more thought and cognitive constructs will develop that support violent behavior as socially legitimate. Evidence to the basis of these cognitive structures is seen in children towards the end of elementary school (Guerra et al., 2003). Phenomena of acclimation are evident within the context of emotional blockage when referring to intervention programs for changing perceptions of parental violence.

Furthermore, a principal's position in the school and his status of hierarchic patriarchy prescribes the attitude towards children with special needs. In this case, his position prescribes learning conditions, the teachers' attitude towards these children, the level of investment in finding therapeutic solutions, the level of their integration in regular classrooms, and the professional level of the staff members. Thus, for example, multi-professional meetings are held on a regular basis in special-education schools, but in regular schools in which the principal is unaware of the required conditions to promote these meetings, they do not exist, despite their dire necessity (Jabbar, 2020). The lack of suitable conditions for children with special needs carries deep ramifications regarding their emotional, cognitive and possibly motoric development capabilities. This is a basic infringement on the child's rights according to the UNCRC (Huesmann, 1988, 1998). Psychologically speaking, the definition of this lack of basic rights is a form of neglect with long-term implications including perpetuation in further generations. In addition, lack of children's basic rights such as neglect, can also be perceived as violence (Widom, 1989).

As aforementioned, findings show that violence in the education system is manifested among children and other groups of children and serves as a legitimate form of communication used by teachers, parents and school principals and children. Children use violence as a means with which to solve conflict. In this setting, when an AT presents an emotional discourse to children in the therapy room, it triggers responses such as smirking, snickering and embarrassment, and an inability to respond verbally to a question that might be asked. For example, if a therapist asks a child how he feels, or why he behaved this way or that way, s/he will not know what is expected of him/her or how to respond. This is a foreign language for the child, and therefore s/he has no tools with which to interpret the question. We can assume that this is because the child is unaccustomed to being included in conversations about feelings and their emotional world; they are not used to conceptualizing their emotions. In the same way, the use of art therapy in a therapy-room setting in the context of expressing feelings is met with a lack of awareness. It seems that the therapists must teach the children in Arab schools in Israel that they can speak of their feelings, that there is legitimacy in emotional discourse and it is necessary and an integral part of inter- and intrapersonal communication (Jabber, 2020). Unpleasant, negative or positive feelings become part of the therapeutic discourse in order to later become part of the child's internal discourse, which, in turn, will replace the use of violence as the sole strategy with which to cope with distress (Alfandari et al., 2020).

Findings indicate that therapists relate to violent incidents towards young children in the lower grades more critically, as children of this age are perceived as defenseless. Addressing young children with a raised voice is also perceived as violence and is noteworthy. Among older children, the therapists tend to relate to physical violence or sexual assault more. Cases of sexual assault are the most strongly addressed. Thus, older children do not receive protection from verbal abuse such as yelling or humiliation. Verbal abuse is defined in literature as severe, and deeply damages one's self-esteem and self-worth, can lead to antisocial behavior and can be harmful to one's level of functioning in adulthood. Literature states that one form of violence is often connected to another, and is accompanied by additional forms of violence, hence, the implications are greater than what is speculated. For

example, a combination of physical neglect, physical abuse and verbal abuse affect the level at which a child can enjoy life and his/her possibility of developing hope for the future. Emotional abuse and neglect from an early age significantly correlates with gravity and a higher rate of unsuitable parental care (Ney et al., 1994). Findings in the present study show that teachers often relate to children as being "untamable" without the use of some form of force. Therapists report that children who have been subject to violence from teachers, respond with what is defined in psychology as antisocial behavior. From the literature we can learn that psychological ramifications are attributed to the use of violence towards children from authority figures including influence on behavior and the way in which interpersonal relationships are constructed (Ferrara et al., 2019).

Another facet of violence the therapists referred to in this study was sexual assault. In their responses, the therapists relate to sexual assault as taboo, and as such, it is a difficult topic to confront. It is manifested by the fact that the therapists find it difficult to address the topic in the therapy room or in a discussion with the staff members or parents, and that children find it difficult to speak about it as well. In Arab society in Israel, reference to sexual violence is secretive due to shame and the possible tainting of the family honor. Thus, the people involved – parents, children and education staff – as well as the therapists, find it difficult to encourage exposure of sexual assault mainly when relating to young girls. This is because young girls are at great risk of being exposed and becoming stigmatized in her future womanhood and will be regarded as tarnished and defiled (Alfandari et al., 2020).

Furthermore, findings show that a girl might suffer from anger and blame cast towards her from children in school and the school staff for raising the issue of her sexual abuse, i.e., not only won't the child receive the help that she needs from the school, she might even be expelled, as she might arouse in adult disdain and desire to distance themselves from the "corruption". In Arab society, this type of information spreads like wildfire in the community (Abu-Baker, 2013). Thus, not only has the child been abused sexually, she is also devoid of her privacy. The psychological damage that is caused is unfathomable, often generating consequent psychological consequences such as post-traumatic stress disorder (PTSD) (Schwartz et al., 1990). Literature presents that the first response to a child who reports abuse

seems to have far-reaching consequences on the level of success of therapy (Saywitz et al., 2000).

The present study shows that the findings do not correlate with the literature. A girl who reports sexual abuse does not receive attention, validation or support. Instead, she is subject to an intrusive experience and a sense of loss of control. Studies show that these feelings contribute to the recollection of the trauma (Berliner & Elliott, 1996). In this case, the child foregoes the opportunity to engage in a supportive therapeutic process in favor of integrative self-basis. Instead, the abuse is surfaced repeatedly. This psychological situation might cause anxiety, depression and at times acute mental illness (Coffey et al., 1996).

Children are also subject to violence outside of school in their immediate environment. There is evidence of cases in which parents send their children into the streets to collect empty bullet shells after a clan fight involving firearms. Collecting these shells is used by families for future retaliation. Children are also used to distract the police from arriving at the crime scene. Literature indicates that exposure to firearms at a young age raises the likelihood of the use of firearms during adolescence and adulthood, as it is presented as a legitimate part of daily conduct in crises and conflict or achieving a goal. Moreover, the use of firearms is perceived as a sign of honor and male identity and part of the cultural concept of social status. Ultimately, exposure to firearms at a young age represents inter-generational continuity of the use of firearms as part of normalization processes that later become a life-threatening norm (Fagan & Wilkinson, 1998).

While living with an extended family, some children perceive themselves as an integral part of preserving family interests, which is manifested in cooperation with other families whether by choice or coercion (Dwairy, 1998). The present study indicates that there are children who are left at home unprotected, while the mother is documenting a neighborhood shooting. These episodes can be the cause of trauma for children, though the trauma is not validated by any significant adult. Thus, children receive the message regarding violent behavior, which for the most part legitimizes the use violence, which they will later implement in school.

11.2 Direct and indirect testimony of ATs of violence: Therapists' dilemmas regarding their obligation to file a report

The therapists are exposed both directly and indirectly to information regarding violent episodes. Cases of direct evidence of violence in school include therapists witnessing violence of teachers towards children during a lesson, principals towards children during recess or during a meeting with a child in the office. Therapists also witness parental violence when the parent is dissatisfied with the child's behavior possibly following a meeting with the child's teacher, or on the school grounds. Indirect evidence of violence towards children in school occurs when children report to the therapist of violent experiences towards them in their home, or by others in the vicinity, by members of their extended family, or by children in school. The therapists can detect behavioral signs that indicate that a child has experienced violence but has not yet verbalized it. These signs are detected by the way in which the child behaves towards the therapist, how the child speaks, or what is reflected in the child's artwork. Information regarding violence might come from parents who claim that "they had no choice" but to beat the child because they were disobedient. In these cases, parents report the use of violence justifiably, saying that it is the only way their child will understand what is expected of him/her. Studies whose main objective is to expose violent factors towards children, discuss these methods of disclosure to aid education staff, medical staff and therapists in their work. In many studies, adults do not expose their violent behavior towards children because it is socially objectionable, licentious and lawfully forbidden (Pabis et al., 2011; Women et al., 1992).

In the present study, the attitude towards adults' use of violence towards children is not always characterized by secrecy. This is because it is not regarded as negative, but accepted socially and as doing a service to the child. Therapists report that teachers define the use of violence towards children as an act of caring and love for the child with learning difficulties or does not behave properly. Moreover, children explain during art-therapy sessions that when a teacher hits, her intentions are noble and she behaves this way to better the child's performance and help him/her. As such, there is a discrepancy between Western perceptions

that serve as a basis to lawfully protect the child's basic rights and the perception in Arab culture. One of the effects of this discrepancy is that in Arab society the child is not protected from violence except within the context of his/her therapy sessions with the AT, who, at times, reports this violence in order to help the child. It seems that in most cases, children accept this violence as part of their reality and not as something forbidden and unacceptable.

The use of violence as a legitimate educational tool leaves children with no possibility to protect themselves and excludes the possibility of benefitting from alternative socialization processes. From the present study, it seems that art therapy in the education system serves as a safe place for children to report violence either directly or indirectly. An explanation for this is that the therapy room serves as a separate setting, discrete from the accepted norms and values (Sue, 1999). Research raises critical questions regarding the use of art therapy as a multi-cultural therapeutic tool, being characterized as ethnocentric. Articles by Talwar, Copeland (2004) devise five aspects of ethnocentricity that are expressed in implementing Western psychological approaches in art therapy for people who come from non-Western cultures. 1. The approach is based on the assumption that Western culture represents more desirable and esteemed values than non-Western cultures. 2. The assumption that norms, customs and languages of non-Western cultures are inferior to Western culture. 3. The legitimacy to delegate authority towards people who are non-Western stems from the hierarchic concept according to which, Western culture is the dominant culture. 4. Western norms are confirmed through legislation and are comprehensively implemented in organizations and establishments. 5. Fear of non-Western cultures blinds the ability of Westerners to explore their discriminatory attitude. The present study represents an alternative dynamic than what the literature alludes to regarding the attitude of the Western therapist towards patients from Arab society.

This is because in the present study, the therapist is from Arab society as well, and though her objective is to apply Western therapeutic knowledge, she is also aware of the cultural obstacles and the need for mediation of this knowledge for it to be effective. Regarding ATs in Arab schools, being familiar with the cultural norms and their influence on

children who have experienced violence is helpful as it enables the therapist to be aware of the gap between the therapeutic discourse and the child who has never had legitimacy to speak of his/her feelings. The present study shows that direct therapeutic discourse is not customary in Arab society. It is often reserved for literature and poetry. When emotion-related discourse occurs indirectly, one can avoid social criticism or judgment, but still express personal emotions.

Therapists report that children speak about their experiences freely without fear of judgment or retribution or a sense of disloyalty towards their family or teachers. In addition, the therapist serves to teach the children a new language of communication, as it is a language of emotion that accommodates emotional and mental expression of situations that cause him/her distress. Art therapy provides validity to the child's feelings vis-à-vis various forms of violence. Validation of feelings in psychological discourse is a means for a basis of the authentic self, according to Winnicott's theory. The authentic self is characterized by a child's ability to understand what his/her feelings and needs are and receive a response to these needs. This is contrary to a situation in which the child's feelings are defined as "inappropriate" and his/her environment does not effectively meet the child's needs (Winnicott, 1973). Thus, the therapists create a safe place in which the children can base his/her trust in an adult and learn how to construct a connection in which the discourse provides relief and there is mutual listening, which replace the previous violent discourse. This setting provides an open, non-verbal, creative space for the many topics to surface indirectly. Using the language of creativity allows to circumvent psychological defense mechanisms among which is the cultural obstacle (Cathy et al., 2011; Johnson, 2001).

The present study shows that therapists adhere to awareness of psychological ramifications from a social and emotional situation in which the child experiences violence. This is contrary to that of parents and education staff members who adhere to cultural values that perceive violence as a legitimate and perhaps even desirable educational means. ATs construct therapeutic solutions while considering the limitations of the Arab education system in Israel and its cultural obstacles. Therapists address four factors relating to psychological implications on the children: 1. The psychological status of the child who experiences

violence. 2. Cultural obstacles when addressing the psychological status of the child who experiences violence. 3. Obstacles related to receiving solutions from the education system. 4. Legal prerequisites regarding duty to report incidents of violence. Considering each of these factors, the therapists face dilemmas based on the question of to what extent to adhere to these factors in order to provide the most effective therapeutic solution for the child. This question raises professional and personal dilemmas for the therapist as an integral part of her professional routine (Alfandari et al., 2020; Massarwa, 2016).

Within this complex status, as mediator, the therapist is forced to consider how she responds to the child's report in order not to impede his/her willingness to speak freely and at the same time, to validate his/her feelings without inhibition. From the onset, this type of report from the child is accompanied by his/her reluctance as s/he is in a situation that is in opposition of what is expected from him/her. According to her consideration, there are times when the therapist will tell the child that she must report what the child has said. In these cases, the child might implore the therapist not to tell anyone about what s/he reported. In this case, they are both aware of what the child is referring to – that reporting what the child has said can lead to further, perhaps more severe violence perpetrated towards the child, and even the therapist. In these cases, therapists describe a sense of fear and helplessness when facing the education staff. The fear is that the staff will not understand the therapeutic language and will refuse to accommodate discourse regarding violence towards children or the severity of the situation. Studies indicate the gap between the language of education and the language of therapy with which the therapists mediate through highlighting the emotional aspects that are linked to how the child in special education functions academically (Daoud, 2015; Snir & Regev, 2018; Jabbar, 2020). These studies indicate that discourse in education and the language of education do not accommodate emotional discourse, hence the need for mediation.

Further insights from the findings indicate that following the report, the therapists must do everything they can in order to protect the child from reactions towards him/her from adults. In these situations, the therapists' considerations are dependent on four factors: 1. The timing of the report 2. Choosing who to report to 3. The content of the report 4. The type of

rapport (supportive or non-supportive) with the school principal. In these cases, the therapist rates the types of violence according to the definition of its severity (according to her consideration in line with what she deems acceptable). In addition, therapists take into account the connection between the type of report and the chance that the child who has reported will be punished for it. Hence, violence towards adolescent children is reported less than violence against younger children, as violence towards younger children is perceived to have a deeper psychological impact on the child. In cases of sexual violence, there are more reports to the authorities, than reports of verbal or physical violence. Concurrently, there are cases of sexual violence in which the therapist might decide not to report, as the damage and risk caused to the girl might reach the point of social ostracism (Baker, 2013; Baker & Dwairy, 2003). Research indicates a correlation between sexual abuse that occurs during childhood and acute depression in adolescence as well as evidence of prolonged PTSD (Follette et al., 1996; LeMoult et al., 2020).

This study claims that the therapists examine resources that are available for the child when they consider filing a report; for example, whether the system can enlist support for therapeutic solutions, reporting to parents and protecting the child if necessary. When the abuser is part of the education staff, therapists consider what the principal's policy is when addressing teachers who use violence towards students. If there are obstacles in obtaining cooperation with the principal, there are therapists who will take into account the lack of possibility to work with a staff member with the aim to prevent of the use of violence towards children. Some therapists will attempt to collaborate with the staff members by creating an empathic dialogue towards the staff member and the child, or offer academic processes and training to principals with whom they find it challenging to collaborate. These endeavors enable staff members and sometimes parents to become familiar with therapeutic perspectives. When referring to a principal who has inflicted violence on a child, the therapist might choose to confront him with information regarding the emotional infringement on the child's welfare and reminding him of the law. These dilemmas vary from one school to another, depending on the therapist's abilities, her resources and the educational approach of the school. Reluctance to report violence is first and foremost for the sake of the child's protection: What

scenario will grant the child the greatest level of safety? How can the child be assisted the most in order to cope with his/her reality? Research has found that avoidance is frequently in the child's favor, while reporting violence might exacerbate the violent episode (Alfandari et al., 2020; Baker & Dwairy, 2003).

Furthermore, findings indicate that the system does not require therapists to report discovery of violence towards children. On the contrary; some principals and counselors explicitly request that therapists refrain from reporting incidents, even when she intends to do so regardless, as school staff members prefer to safeguard the school or the school principal's reputation. For instance, in cases when sexual abuse is reported, it is often perceived as tarnishing the school's reputation. When relating to verbal violence, often defined as harmless, the school staff takes no issue with its being reported. It seems that the school staff and the parents prefer to refrain from reporting violence, hence the existing discourse is one that reduces the perception of its severity. Often, the objective is to protect the violator so as not to stain his/her social status, especially in cases where the perpetrator is related to the principal. Occurrences in which experienced therapists are successful in impacting decisions on whether to report violence, as they are more experienced with the procedures and have a greater sense of self-assuredness. An additional consideration is the therapist's geographical proximity to the family. In these cases, the therapist would have to be prepared to stand up to considerable social pressure.

These dilemmas carry far-reaching psychological implications, that often emerge as continuous daily social stress. The therapist's fear, on the one hand for the child, and on the other hand, for herself and the continuation of the therapeutic process is constant as the therapeutic process, coupled with systemic and social pressure, serve as a source of helplessness and unrelenting conflict. A great deal of literature indicates that ongoing situations of pressure and social stress accompanied by feelings of guilt, have extensive emotional, physical and mental ramifications, as well as damaging self- and professional-esteem. This is in line with the definition of causes of stress as a situation in which an individual has difficulty coping with demands, while facing threats to his/her physical and mental welfare (Lazarus, 1966). In addition, social stress has epidemiologic implications such

as depression, post-trauma (Cohen et al., 2007) heart disease, stroke and cancer (Marial et al., 2011). According to Lazarus (1966), social stress is related to cognitive processes including threatening the sense of mental capacity of the individual. Effort with which to cope with stress stems from the desire to resume internal and external control, thus achieving a sense of composure.

In the workplace, an imbalance between resources and demands are the central factors in social stress that are manifested in the physical system that reverts to a state of alert, and from there, a state of either fighting, fleeing or freezing (Lahad, 2014).

Therapists' awareness and exposure to repetitive violent incidents as well as familial relationships, can be the cause of continuous social stress. Therapists often witness children who are subject to repeated violence in the school and listen to those who are with the therapist and describe their experience of violence, either in school or in their home environment. When on the schoolgrounds, therapists often witness violence themselves, and are faced with a reality that renders them helpless in their workplace. The therapist cannot remark to the principal about his violent conduct towards a child or even a staff member. This causes the therapist to feel a loss of control over the violent situation, when contrary to situations in which she can take action, the therapist feels paralyzed and incompetent, as she knows what she must do but cannot. An organizational approach, according to which the therapist's professional prerequisites cannot be applied and prevent her from providing a fitting solution for the child (lack of therapy rooms or professional supplies), is a cause for frustration and helplessness. There are situations in which the therapist's lack of ability to function, causes the system to be critical of her performance. This is a result of lack of awareness of her helplessness in the current situation. In other words, the therapist is stuck between a rock and a hard place.

Findings from this study imply that Arab ATs working in the Arab school system in Israel do not report situations of violence in most cases (Alessia et al., 2015), even though they are fully aware of and understand the principle behind the duty to report (Doron, 2012). It could be that the rationale stems from the fact that in Arab society, there is resistance to

external intervention such as institutional bodies when relating to violence or abuse. This resistance is due to the society's lack of trust in the establishment that does not necessarily coincide with the cultural norms and perceptions of Arab society (Goldstein, 2010). An additional finding indicates that therapists do not feel safe within the social service departments, as they are unsure of the nature of the relationship between the director of the department, who is also part of Arab society, and the school principal. In addition, the therapist does not know if the principal is related to the child she is reporting. This seems to be the reason that principals dissuade therapists from reporting violence, as they are not sure of the level of harm it might cause the child outside the school. One possible outcome of such a report might be the removal of the child from his/her family. This type of proceeding is regarded critically in Arab society, in as far as believing that the child has little chance of living a normal life and s/he will be cut off from the family.

Jaraysi's study (2013) claims that most of Arab society lives according to a tribal concept, and therefore, it is incumbent upon the individual to hold back for the sake of the general population, i.e., family honor. The therapist also shares these norms and therefore it is difficult for her to breach them. In this vein, the family is perceived as a source of protection and the individual is not seen as an independent entity, free from protecting the family (Alfandari et al., 2020). Seeking help outside of the family or from bodies of law, represents Israeli regime, and are culturally perceived as damaging to the collective values in safeguarding the family's unity (Haj-Yahia & Schor, 1995). Hence, many therapists seek a figure within the family or within the school, who can help prevent the violence toward the child, as this is perceived in Arab society as acceptable, as it preserves the societal, familial connection and harmony (Halabi, 2004). The subject of the duty to report is complex and highly sensitive in a collective, conservative society such as Arab society in Israel (Natour & Lozovsky, 2010).

11.3 Cultural obstacles that therapists face when doing their job in schools

Arab society in Israel is characterized by a hierarchal structure in which adult men are perceived as maintaining the highest status; adult women are next in line, and then come young

women and children. It is noteworthy that this construct is not completely unyielding, and has a certain level of flexibility as well as measures of modification due to processes of modernization (Azaiza, 2013; Ismail, 2012). According to this hierarchic construct, youngsters must be obedient towards their elders. Infringing this norm may carry the price of social sanctions that might be manifested in physical or verbal violence (Barkat, 2008; Azaiza et al., 2009). Arab society in Israel is an isolated society, and it seems that this separatism stems from its rebelliousness towards the Israeli government, manifested by the forming of an internal, unofficial governing policy that leans on its social norms and values. This is a system of social order and is often manifested against women and "*hamulot*" or tribal families. At the same time, social image is extremely important when speaking of a collectivist society, in which the value of family honor is tightly aligned with the behavior of the individual. For instance, if a woman does not behave according to what is socially acceptable, she is perceived as tainting the family's honor (Haj-Yahia, 2000; Shalhoub-Kevorkian, 1999). "Unacceptable" behavior may justify the use of violence towards the woman and a means of intimidation to restore the family honor (Shalhoub-Kevorkian, 1999). By the same token, when a child reports violence in the family, the report is also perceived as damaging to the family image. This classification serves as a basis for damaging the child's self-image. As stated, the family status in Arab society has a greater place and carries more weight than personal wishes, feelings or the emotional status of a child (Singelis, 1994; Triandis, 1995; Markus & Kitayama, 1991). Therefore, the child must uphold the family honor and refrain from standing up to the family and providing evidence against it.

Within the confines of this cultural background, it can be understood that the therapist is expected to obey the principal due to his higher-ranking status, as well as to demonstrate systemic loyalty and preserve the school's reputation. In this case, the school construct represents the family construct and it is expected of all staff members to demonstrate loyalty and cooperate with the hierarchic order to preserve its honor.

This study presents evidence in which therapists did not comply with these norms, and were punished as a result by curtailing their position in the school, or not providing the required conditions for them to do their jobs properly. Additional research provides evidence

that the therapists' dilemma whether to report, or adhere to societal norms are common and are subject to a system of complex considerations (Massarwa, 2016). In addition, research indicates that the level of hierarchic preservation depends on various ununiform processes of modernization. There are schools in which there is a more liberal attitude and consideration towards gender equality and therapeutic needs, as opposed to those schools who adhere stringently to the traditional approach in which the freedom of women to overtly influence or take a position against men is slight (Massarwa & Bruno, 2018).

Furthermore, the present study indicates that therapists who are beginning their work in school must make an effort to be socially involved in order to be accepted. This is similar to the norms and structure of expectations of the *hamula* (Azaiza, 2013). From the onset, the therapists' status in an organization is lower for several reasons: The ATs are defined by the Ministry of Education as teachers; therefore, the school principal or staff members do not necessarily perceive their position differently than that of a teacher's. The principal will often request a therapist to serve as a substitute for an absentee teacher, although her filling such a position infringes upon her position as therapist once she is seen outside of her therapeutic milieu. Moreover, sometimes the school principal will request the therapist to publicly display the work of the children, even though it is confidential. Thus, reporting incidents of violence against his authority will arouse harsh reactions due to the infringement of clear hierarchic norms. This is in spite of the fact that the law requires the therapist to report any incidence of violence towards children to the school principal. In many cases, according to this study, principals do not allow the reports to leave the school, as the principal bears the same status as the "sheikh" of a *hamula*. As such, he will be the determinant whether a report should reach the authorities. Hence, therapists, especially young therapists, cannot be morally or professionally bound to their professions, vis-à-vis reporting cases of violence to the authorities. The gender aspect takes on a seminal role regarding this issue.

In relation to the school staff, this study indicates that therapists are often required to face women teachers who are their seniors, confronting the teachers' violent behavior towards a child, which can be very challenging as seniority carries a higher status than the young therapists in the school. These senior teachers perceive criticism from the younger therapists

as an infringement on societal norms that the hierarchy prescribes. Teachers are loathe to cooperate with the therapists, which impedes upon their ability to do their job professionally and prevents them from infusing knowledge to their senior colleagues. Consequently, senior teachers can continue to use violence against the children, without the therapist's intervention. The severe ramifications of this are that the children do not receive the protection they deserve according to the law, nor are they provided their basic psychological needs. This is an example of a clash between social norms that touch upon social order, including hierarchy, and the possibility of maintaining a position as a woman with professional authority. This phenomenon is common vis-à-vis family norms in Arab society in Israel and raises many dilemmas within the context of family therapy and psychotherapy (Falicov, 1995). It is worth noting that in the field of medicine, the challenge is often to make room for cultural perceptions of illness and health, in order to create an open mind to provide Western medical services as well as health-system constructs that are opposed to the values and cultural norms in this context (Kleinman, 2020).

Regarding topics considered taboo (sexual abuse, a report that threatens social order, exposing family secrets) that might serve as a threat against men and their position of power in Arab society (Abu-Baker, 2006), this study claims that regarding therapists, the attitude towards women is even more severe. According to their definition, therapy-related professions are considered inferior within the constraints and norms of Arab cultural values, just by the mere expression of feelings, which is considered a threat to the social order as it might expose a reality that is meant to remain concealed. Concealment protects the hierarchic constructs related to "honor". In addition, expression of feelings can indicate a family that violates a child which opposes the moral conceptions of the family as one that is meant to protect the child (Massarwa, 2016; Haj-Yahia & Dwairy, 1998). The same holds true for the arts and the emotional expression in Western art, which accommodates and places value in self- and emotional expression. Direct expression serves as a threat and puts social status, and possibly the therapist's life, at risk (Al-Krenawi, 1999).

The present study indicates that the therapists' professional status in the school is perceived as inferior to that of psychologists or teachers, as the Arab education system has

difficulty in measuring and understanding the professional contribution of art therapy. Research also indicates the difficulty in establishing external validity on psychotherapy, which includes art therapy, due to the difficulty of its generalization (Westrhenen & Fritz, 2014). Additional research has found that even though researchers deal with empirical foundation of the level of effectiveness of art therapy, there is still the need to widen the scope of research (Regev & Cohen-Tatziv, 2018). Feelings and emotion cannot necessarily be quantifiable, and therefore, it is difficult to measure its level of efficacy for a child. There are, however, studies that present the efficacy of art therapy as positively effecting academic achievement among children in special education (Freilich & Shechtman, 2010). The efficacy of art therapy does exist in academic research, though schools are an academic environment, shared by various professionals who are not necessarily informed of academic therapeutic discourse. Therefore, being informed of research that provides evidence of the efficacy of art therapy does not necessarily coincide with the opinions of the school staff members. It seems that this might be the underlying factor for which therapists find it difficult to establish trust among the staff members, especially when a long-term process is involved, relating to internal, emotional expression that is not externally detected. In addition, seeking psychological therapy is not common among members of Arab society due to the values and norms that oppose the legitimacy of emotional expression (Dwairy & Van Sickle, 1996; Sayed, 2003). It seems that the lack of awareness of school staff members of the value and significance of emotional therapy deters the therapist from establishing her professional status in the school.

An additional difficulty for ATs to establish their professional position in school is that women in Arab society are met with obstacles when confronting two types of authority: Men who are defined as authoritative (Shahar & Meir, 1998) and that of professional hierarchy. Thus, this study indicates for example, that therapists have difficulty establishing their professional position in comparison with psychologists, who maintain a higher professional status in school and are accepted by the staff more positively. Research indicates an unspoken competition between therapy professionals in the education system or the Social Service Department (Al-Krenawi & Graham, 2000). The present study indicates that this competition impedes ATs from establishing their professional status in the school. In addition,

it seems that therapists are subject to threats from women with seniority or authority, such as a female school principal. This is because women in Arab society are often seen as the safeguards of societal traditions and values (Rapoport et al., 1989). This phenomenon is manifested in the Arab school system in Israel when teachers limit the work of therapists in order to preserve the patriarchal order of society. In this study, the fear of infringing on cultural mores is more acutely expressed, and can result in the murder of a woman, even if she is fulfilling her professional duty and utilizing her professional knowledge in order to prevent violence. This fear of the risk of violence of men towards women is founded in the research as well (Abu-Baker, 2013).

Thus, female ATs that work in the education system in the Arab sector are conflicted when facing patriarchal systems based on norms and values of the collective society (Massarwa, 2016). The ATs are conflicted by the very essence of their work in Arab society facing strict norms that project onto the education system (Bruno & Massarwa, 2018). This conflict comes from a gender-related perspective of women's status in Arab society that is influenced by societal and traditional norms, and as a society that is defined by its patriarchic hierarchy (Baker & Dwairy, 2013). This hierarchy can affect the ATs' work as there is a gap between their aspirations to act within professional guidelines and from a sense of fear and helplessness facing cultural obstacles discussed in this study (Abu-Baker, 2006).

Findings indicate that the social status of women acts as an obstacle when attempting to enforce professional authority or demand certain rights, especially when therapists need to request something from a man in a position of authority, e.g., the school principal. Studies by Daoud (2015), Massarwa (2016) and Jabbar (2020), illustrate these obstacles and describe ATs who attempt to find their way within the education system while searching for a classroom or supplies. In addition, therapists struggle to implement professional practices such as confidentiality, even though routine, supplies, space and setting are considered basic conditions with which to implement art therapy properly (Lior, 2007).

Findings show that in order to establish themselves and promote therapy with children, ATs must stand their ground and supply themselves with a classroom, and basic needs within

the school. Since this professional establishment is met with significant difficulty, one of the ramifications is the first response of the therapist when she is required to report an incidence of violence. Therapists report feelings of suffocation, fear and helplessness, identifying with the child, and one of shared fate. It seems that the therapists' place is low on the social hierarchic scale as they are women, whose job entails emotions – not dissimilar to that of a child, whose status is low on the hierarchal pyramid. In this vein, the therapist and the child are linked via a sense of shared fate, as the therapist must deal with her inferior status and helplessness, lack of authority to make decisions, report, be granted professional legitimacy, etc. This position creates anxiety and fear of stigma on the one hand, and on the other hand, lack of professional competence. Based on the present study, it can be stated that considering their social status, the therapists fear a threat on their position, their work, and at times on their life, if they demonstrate resistance to cultural mores and norms that include the use of violence towards women.

The murdering of women in Arab society in Israel and the rise in the number of women killed (Rivlin, 2020) contributes to the therapist's fear of reporting violence against children. Therapists identify with many women in Arab society who are unprotected by the State, the police, or social-service representatives. This compromises their position and leaves them devoid of protection where they live and in their place of work as therapists (Massarwa, 2016). Evidence of this is found in cases where female principals have been murdered in schools (Ashkenazi, Walla! NEWS, Nov. 11, 2021).

An additional source for challenges when facing professional expression in Arab schools in Israel is attributed to means of physical expression. Women using their body as a therapeutic tool or alternatively, using music, can be perceived as unacceptable. This is in line with Arab cultural values according to which a woman's body is considered sexual and sexuality is a topic refrained from, to the point of its being taboo. Using the woman's body as a form of expression is conceived as seductive and it opposes the values of a woman's honor and her family. Thus, women must refrain from using their body in any form of expression, such as movement, song, or drama (Abu-Baker, 2006). The expression "*fadiha*" (disgrace) is used as a link between family honor and the women's hymen. These cultural gender-based

positions make it difficult to report incidents of sexual abuse, especially when the report is filed by a woman against a man. In cases in which the therapist files a report, the man might be supported by his social milieu, as the therapist has tarnished the family's reputation. This of course, is if the therapist accepts the child's claims over that of the family, hence legitimizing her having tainted the family name. The consequent of such an event, is that a young girl, as a result, might find it difficult to find a man who will agree to marry her later in her adulthood (Al-Haj, 2019).

There are families and education staffs who are witness to violence, but remain silent and even request the silence of other bystanders as well. Therapists face an even greater challenge when the victim is a young girl. Findings indicated that the disclosure of sexual abuse aroused harsh responses from the school principal and staff members who expressed their displeasure stating that harmful rumors would ensue regarding the school's reputation. In these cases, the girl is not provided support to cope with the trauma, instead effort is invested to quench the involved figures. Curtailing therapy in these cases is a strategy to prevent the dissemination of rumors. Often girls who report having been abused are suspended from school and are refused help with the aim of repressing their crisis. Research indicates that concealment is acceptable in Arab society, especially when referring to incidents that can taint a family's honor (Abu-Baker, 2013). A saying in Arabic that can illustrate the importance of concealment is: "A complaint can only be made in the face of God – in the case when made in the face of Man, it is considered humiliation". In other words, it is not wise to express feelings or tell anyone of personal distress, as this is humiliating for the person who is telling. In cases where a person dares to tell of his/her distress, or that of another, it is seen as disclosing secrets. In this vein, a secret can become a means of ridicule and repudiation of another person. The use of this information about another person (gossip) can be used to create a stigma, and can be defined as a powerful and effective means of societal supervision (Abu-Baker & Dwairy, 2003).

Additional findings of this study indicate that refraining from allowing girls to take part in special- education classes is due to the fear that they may not be able to find a suitable marriage partner because of the stigma related to special education. Gender-related stigma

might pose as a threat to girls and therefore their families refrain from providing them with academic conditions they deserve. Within this context, findings present that the therapists are not able to provide a therapeutic solution to this population. Girls and women are perceived as responsible for upholding the family honor, therefore every incident of sexual misconduct or other forms of violence towards girls that is disclosed is recognized as her responsibility. Hence, the education system will do its utmost to silence these types of abuse (Abu-Baker, 2013).

11.4 Psychological discourse encounters cultural diversity: theoretical models

There are models formulated to address the challenge that ATs face relating to cultural diversity such as Proyer et al.'s model (2009) that charts history, values and cultural characteristics of various ethnic groups. Later, additional characteristics of cultural structures and cultural characteristics of various groups in the United States were added to this mapping. Krause and Miller (1995) expressed criticism based on the assumption that these theories were similar to "tour-guide books" due to their superficiality. Furthermore, there is evidence in literature of a critical approach called colonialist psychotherapy that indicates racist approaches that claim that Western therapists maintain stereotypes that slant their perceptions towards patients from various ethnic backgrounds. In order to refrain from ethnocentric approaches, Farnando (2012) promotes a relativistic approach that he named the relativistic multi-systemic approach in relation to treating psychiatric issues.

Farnando emphasized that culture is dynamic and hence it is impossible to document it in articles without relating to its ephemeral aspects. Most approaches do not take into account the deep complexity that characterize ties and relationships within the extended family. Thus, the focus during therapy is on the individual and not the collectivist concept of the self. This focus ignores the relationship between culture and definitions of family in cases of the collective self (D'Ardenne & Mahtani, 1989). In cases where there is a lack of theoretical models that relate to multiple mothers or practices of collective child-raising, theoretical models in psychology are based on dyadic relationships. Relating to cultural diversity requires

deep knowledge of various thought processes and psychological impacts of those relationships on complex psychological constructs.

Models teaching how to train students of psychology with an emphasis on ruling out racist approaches often remove the power from the students and professional, who are left with feelings of guilt and failure. These feelings ultimately cause the students to be on the defensive that eventually turns into tactics of "political correctness" (Rawson et al., 1999). Research in the field of appropriating Western therapeutic approaches on patients from diverse ethnic backgrounds presents a complex picture. Nevertheless, there is a lack in research that explores possibilities that are available to psychologists from non-Western cultures who work within their own culture. In this case, the therapists work within their own culture and are not faced with cultural obstacles, but do face obstacles when attempting to apply therapeutic practices that do not match the norms and values of their own culture. It is expected of the therapist to understand the guidelines of the behavior and submit to them even if they are in complete contradiction with the law or definitions of psychologies of violence, abuse, family frameworks, etc.

These inconsistencies, often prevent psychological services from being available to non-Western people as they do not culturally conform to the accepted and recognized norms and values. There is reference to people of African ethnicity who are unaccustomed to emotional discourse and are reluctant to ask for help; if they do come to a few sessions, they rarely continue (Sue, 1977). However, there have been no methods developed to accommodate African culture, hence, therapeutic treatment is inaccessible to them. There are cultures in which the very implementation of psychological services might be the source of a sense of shame and stigma that can cause stress to a patient. Some claim that in order to provide effective emotional therapy, it is preferable that patient and therapist are from the same cultural background. Nevertheless, research presents that choosing a therapist in most cases is not based solely on cultural identity, but also on the professional level of the therapist as perceived by the patient (Ward, 2005).

Inasmuch as psychotherapy leans on modern Western concepts, in other cultures there are concepts, methods and approaches for treating emotional issues. In times of crises and distress, some recommend changing the name "therapy" to more culturally acceptable labels such as "discussion" (among Native Americans) or advice (among Africans in the Caribbeans) in order to defer obstacles that prevent receiving therapy among people with opposing norms and values (McLeod, 1996). This cultural phenomenon is prevalent in the Israeli Arab society in which the prevailing image of psychotherapy is linked with shame and the culture of concealment. In addition, vis-à-vis diseases such as cancer, concealment serves as protection for young women; for example, to alleviate the risk of not finding a suitable marital partner (Abu-Baker, 2013). On the one hand camouflaging the term "therapy" presents an imprecise reality, but on the other hand, enables the therapy to occur. In the present study, disguising art therapy as an art course in order to provide therapy indirectly, prevents the fear of stigma. In addition, in Arab culture, the use of metaphors is common as a means of indirect speech in order not to speak of the thing itself and expose information that might be harmful (Daoud, 2015).

As mentioned, in Arab culture there is stigma related to the use of psychotherapy. This stigma stems from the ostensible correlation between psychological therapy and mental illness, which is representative of a large percentage of the Arab population (Diab & Sandler-Loeff, 2011; El-Adl & Balhaj, 2008). Findings indicate that the term "art therapy" offers the patients a more comfortable feeling as it does not contain the word "psychology". Going to a psychologist or psychiatrist often generates hesitation among parents in Arab society, as in their view, the terms correspond with mental illness and thus, stigma. In addition, when art therapy is described as mental therapy and not emotional therapy, these hesitant responses are averted. Furthermore, teachers who do not receive information from the therapists, assume that the therapy is like art class, and not emotional therapy. Only following a session with the therapists during which they used their professional knowledge and presented the art therapy in psychological terms, do the teachers understand that it is professional, emotional therapy.

Findings also show that children do not understand the importance of therapy sessions as well as the use of art as part of the therapeutic process, as it is not common in Arab culture.

It seems that even though art therapy is not routine, and possibly because of this fact, children who come for therapy see themselves as being rewarded in contrast to the other children who don't. This perception is derived from the fact that children who do not take part in the therapy, do not get to spend time with or enjoy working in a room filled with arts and craft supplies, which is generally a pleasant experience. From this study, it seems that the children are not met with obstacles that might make it difficult for them to benefit from these sessions.

The findings from the present study indicate that the encounter between child and adult, in this case the therapist, fosters a respectful interaction. This is an opportunity for the child to experience positive and respectful contact with an adult. If the therapist notifies the child that she will be late for a session, she is showing the child that the sessions are important to her and therefore she is committed to the child and his time. This type of connection between a child and significant adult is meaningful on both a psychological and developmental level, as it instills the possibility of developing self-identity and positive self-worth. A positive attitude towards the child from significant adult figures enables the child to internalize a positive perception of an adult towards him/her and appropriate it for him/herself.

Developmentally, external positive perception from a significant adult creates positive self-image (Keidar et al., 2020). Where the therapist is the sole, positive figure, it can be stated that systemic intervention is crucial, so that the child will perceive the teacher similarly. If the therapist is the only adult who is perceived as positive, the child might perceive other adults such as teachers and parents in a negative light. Therefore, systemic work with the therapist, including parent training and guidelines for teachers is deemed vital. If the child perceives the teacher as violent, his/her resistance might arouse violent reactions or an exacerbation of existing reactions. In cases like these, the teacher might view the therapist as having a damaging effect on the child. This can be the result of a child who presents disciplinary issues, resists being treated disrespectfully or violently, as s/he has experienced alternative attitude from a significant adult during therapy. As such, the therapist mediates between psychological processes of the child and the perceptions of the education/family system that do not necessarily view the change in the child's behavior as positive.

It seems that the therapists' role is seminal, as they are the ones who take interest in the child's welfare on a systemic level. In this vein, the therapist translates the emotional world of the child to the significant adults in order for him/her to receive a response to his/her needs. Children cannot explain their emotional processes (often, neither can adults) (Massarwa & Bruno, 2018). Therapists explain the emotional processes and are obliged to address criticism from teachers, principal and family members. Without this effort, the child might remain helpless while dealing with adults whether to meet their demands or to stand up to criticism or aggressive behavior. It seems that the therapist's role is critical for emotional development that will prevent inter-generational transference of violent behavior (Alfandari et al., 2020). One of the most prevalent statements in Arab society when relating to violence is "I got whipped, and no harm came of it". There is little or no awareness of the damage that violence causes children. Adult perception of the violence they experienced themselves is that it had no negative effect on them or bore any importance in their upbringing at all. There are children who define the use of physical violence by their parents as a display of love: "The teacher loves me and that's why she beats me" (The Council for Child Welfare, 2007).

The task required of the therapist to enlist the education staff and the parents towards an approach of desisting violence is challenging and at times forces them to relent on issues that are considered "easier". Therapists report of the daily constraints to refrain from relating to violent incidents against children. This avoidance comes with a heavy emotional price tag, coupled with guilt feelings, helplessness, and stress. During the hours they spend in the schools, therapists are forced to decide in each case whether to take it on or not. This is the source of tremendous guilt, as the therapists are witness to violence towards the children and are aware of the psychological ramifications they learned about during their training as ATs, thought they are not able to apply this knowledge.

In line with this study, there are cases in which the therapists attempt to find a common ground in order to create a process of mutual learning and work, with the aim of preventing violence as an educational means, providing alternative tools and strengthen the bond with the school staff via empathic communication. Here the therapists organize workshops for the staff using art therapy or drama therapy so that they can have a first-hand experience of what this

form of therapy entails. This way, the AT builds a bridge between the staff's perceptions of cultural structures and the therapeutic language whose source is in the interaction between the arts and the interventional, psycho-educational tools that are not only unfamiliar to them, but are opposed to their cultural norms and values. Furthermore, therapists might initiate individual conversations with a teacher or school principal in order to raise awareness regarding behavior modification. Therapists also mediate between parents and school staff. They aid in encouraging communication between parents and staff members and thus promote the needs of the child. This is even more pronounced when the therapist is the person who renders special education more visible in a conventional school. This is mainly in response to stigmas towards the children in special education and the neglect of the staff members of their academic, concrete and emotional needs of the children.

In conclusion, this discussion illustrates therapists' dilemmas. The source of these dilemmas is that on the one hand, the therapists are part of the culture in which they work, and on the other hand, their profession relies on Western knowledge. These dilemmas force the therapists into daily confrontations that often entail a painful sacrifice of values and their desire to provide professional aid to children who have experienced violence. Though their cultural affiliation eases these conflicts to a certain degree regarding reluctance to file a report of cases of various types of violence, as therapists understand what is in the best interest of the child, and are aware that sometimes not reporting an incident might serve in the child's favor. Nevertheless, these conflicts and decisions are not anchored in established and accepted professional models as far as research is concerned, but personal choices. This indicates the necessity to pay close attention to the urgent need of the AT in Arab schools to obtain professional tools that will enable them to behave rationally and intelligently as well as conduct a discourse based on collaborative knowledge. We can assume that these models do not exist today for ATs in Israel, and it seems that establishing such models might contribute to the therapists' conflicts as well among diverse cultural groups in the world. Globalization trends are evidence that the need to implement psychological knowledge among various ethnic cultures will increase; therefore, considering a model that will bridge these cultures is crucial

on an international level as well. Below is a proposed applicable model of this kind that will serve as a basis for further research.

The aim of the model is to contribute to the training process of ATs in order to provide tools for multi-cultural and multi-systemic work that requires cultural mediation. As mentioned, the present study has found that Arab ATs in the Arab school system in Israel are faced with conflicts on a personal level as well as a systemic level. On a personal level therapists face conflicts due to the gap between knowledge in the field of psychology that leans on Western cultural perceptions, and norms and values and Arab worldviews that do not always coincide. This conflict is expressed on a systemic level, as the therapists find it difficult to establish themselves as professionals within the system and as professional authorities, to fulfill their role and make use of their professional knowledge. On a personal level, the therapist is faced with a choice whether to demonstrate her professional knowledge or to make room for norms and values that are built-in and internalized. These are often not harmonious, and thus their work is riddled with conflict; they are compelled to make professional decisions while facing opposing social and cultural pressures. In addition to this complex reality, the therapists must be empowered in order to provide fitting professional solutions for the children who are the subject of ongoing violence, and who are in need of care within the school framework. It is imperative that a work model is established that will aid the therapist to toe the line in establishing methods in a multi-cultural environment. In addition, training therapists in this field might enable them to develop a discourse related to the topic and learn together how to address the challenges that they face.

Accordingly, the following is a fundamental structure of the training process: In the first phase of training, the therapist will first acquaint herself with the multi-systemic and multi-cultural requirements:

1. Personal processes: Exploration of personal processes that occur in all training processes of every therapist. This phase relies on the assumption that the learning process urges personal development especially in cases of multi-cultural encounters.

In this case, between the Arab collectivist culture and Western knowledge that leans toward an individualist culture.

2. An inter-cultural view of art therapy – exploration of cultural characteristics from a relativistic approach. Clarification of reflections of cultural elements such as hierarchy, gender, motherhood, patriarchy, violence, and so forth in Arab culture; expression of these cultural aspects on the implementation of professional knowledge in the schools.
3. The use of metaphor as a means of inter-cultural mediation: Exploration of the use of metaphor as it is expressed in Arab culture, as a means of mediation between Western knowledge and its implementation in therapy for children who are subjected to violence in school; the use of metaphor as a means with which to reduce the direct use of psychological knowledge.
4. Exploring the topic of "authority" as part of the AT's role in the school, in light of the cultural aspects which include gender, hierarchy, honor, etc.
5. The role of the AT in the education system vis-à-vis systemic work and challenges that ensue; strengthening the understanding of the significance of the definition and role of the AT; constructing the ability to present the role to the education system.
6. Establishing emotional resilience: Coping with pressure, transition between victimization and leadership.

11.5 Limitations of the study

While the findings presented in this study hold significant value, it is important to acknowledge certain limitations. Firstly, the study employs a qualitative approach and has a relatively small sample size, which restricts the generalizability of the results to the entire population of art therapists in Israel. To address this limitation, future research should aim to investigate the subject matter using a larger and more representative sample, employing a quantitative research methodology such as self-report questionnaires. By adopting a mixed approach, researchers can achieve a more comprehensive and holistic exploration of the research topic.

In order to effectively address these dilemmas, additional research is essential. By conducting more in-depth studies, it will be possible to develop professional modules specifically designed for art therapists working within this context. These modules can play a crucial role in bridging the socio-cultural gaps that exist and ultimately provide children with a safe and nurturing environment. Through the development of these professional modules, art therapists can acquire the necessary knowledge, skills, and strategies to navigate the complexities that arise from the clash between cultural norms and legal obligations. These modules can serve as a valuable resource, equipping art therapists with the tools to effectively engage with the Arab sector education system and promote positive change. By addressing the socio-cultural gaps, art therapists can foster a more inclusive and culturally sensitive approach to therapy. This will not only benefit the children receiving the therapy but also contribute to the overall improvement of the educational system. Creating a safe environment for children to express themselves and heal from the effects of violence is of utmost importance, and this research highlights the need for ongoing efforts to achieve this goal.

In conclusion, while this research represents a brave first step, it is crucial to continue studying and developing professional modules for art therapists. By doing so, we can collectively bridge the socio-cultural gaps, navigate the complexities surrounding violence towards children, and ultimately provide a safe and nurturing environment for all children within the Arab sector education system in Israel.

Bibliography

Abdelrazak, A. (2004). *The Choice of The Best Thing to Do: Ethical Dilemmas of Arab Teachers and Ways of Dealing with Them*. (Thesis). Tel Aviv University. [Hebrew]

Abraham Initiatives (2021). *Segmentation of the homicide data in Arab society in 2021 - annual summary*.

<https://abrahaminitiatives.org.il/2021/12/30/%D7%A4%D7%99%D7%9C%D7%95%D7%97-%D7%A0%D7%AA%D7%95%D7%A0%D7%99-%D7%94%D7%A8%D7%A6%D7%97-%D7%91%D7%97%D7%91%D7%A8%D7%94-%D7%94%D7%A2%D7%A8%D7%91%D7%99%D7%AA-%D7%91%D7%A9%D7%A0%D7%AA-2021-%D7%A1%D7%99/> [Hebrew]

Abu Asba, H., Nusseiba, R. & Abu Nasra, M. (2014). Mental therapy in the Arab society in Israel: between tradition and modernity. *Society & Welfare*, 44(1), 101-121. [Hebrew]

Abu Baker, K. (2007). *Identifying abused and neglected children: A cross-cultural introduction to Arab society*. Ashalim. [Hebrew]

Abu Baker, K. (2009). *Cultural aspects of the Israeli Arab population that effect understanding and detection of children who are victims of neglect and maltreatment*. Ashalim [Arabic]

Abu-Baker, K. (2013). Arab parents' reactions to child sexual abuse: A review of clinical records. *Journal of Child Sexual Abuse*, 22(1), 52-71.

Abu Baker, K. & Yahya, R. (2015). The figure of the family in contemporary children's literature. In: G. Russo-Zimet, M. Ziv & A. Masarwah-Srouer (eds.), *Childhood in Arab society in Israel - Issues in Education and Research* (pp. 260-235). Mofet Institute. [Hebrew]

Achoui, M. (2003). Taa'dib al atfal fi al wasat al a'ai'li: Waqea' wa ittijahat [Children disciplining within the family context: Reality and attitudes]. *Al tofoolah A Arabiah*, 16(4), 9-38.

Adoni-Kroyanker, M., Regev, D., Snir, S., Orkibi, H., & Shakarov, I. (2019). Practices and challenges in implementing art therapy in the school system. *International Journal of Art Therapy*, 24(1), 40-49.

After, A., Hatev, Y., Weizman, A. and Tiano, S. (1998). *Child and adolescent psychiatry*. Dunon Publishing - Tel Aviv University. [Hebrew]

Agbaria, A. (2013). *Art as A Means of Emotional Therapy for Mothers Who Suffer from Postpartum Depression in Arab Society in Israel* (Thesis). Haifa University. [Hebrew]

Al Odhayani, A., Watson, W. J., & Watson, L. (2013). Behavioral consequences of child abuse. *Canadian Family Physician*, 59(8), 831-836.

- Al Sahih Bukhari (2003). *Faid AlBukhari Sahih Bukhari, Selected sayings of the holy prophet in Hebrew*. Islam International Publications Ltd.
- <http://www.alislam.org.il/Userfiles/File/hadithim.pdf> [Hebrew]
- Aldridge, J. M., & McChesney, K. (2018). The relationships between school climate and adolescent mental health and wellbeing: A systematic literature review. *International Journal of Educational Research*, 88, 121-145.
- Al-Eissa, M. A., AlBuhairan, F. S., Qayad, M., Saleheen, H., Runyan, D., & Almuneef, M. (2015). Determining child maltreatment incidence in Saudi Arabia using the ICAST-CH: A pilot study. *Child Abuse & Neglect*, 42, 174-182.
- Alfandari, R., Massarwa, Z., & Enosh, G. (2021). Applying intersectionality theory to understand female Arab art-therapists' experiences with child maltreatment mandatory reporting. *Health & Social Care in the Community*, 29(6), 1747-1755.
- Al-Hag, M. (1988). The Changing Arab Kinship Structure: The Effect Of modernization in an Urban Community. *Economic Developmental Cultural Change*, 36(2), 237-258.
- Al-Hag, M. (1995). Kinship and Modernization in Developing Societies: The Emergence of Instrumental zed Kinship. *Journal of Comparative Family Studies*, 26(3), 28-311.
- Al-Haj, M. (2019). *Social change and family processes: Arab communities in Shefar-A'm*. Routledge.

- Alian, S., Zaidan, R. & Toren, Z. (2007). The motivations for choosing the teaching profession among young teachers in the Arab sector. *Dapim*, 44, 147-123. [Hebrew]
- Alkara, M. (2015). *Art therapy in the education system of Arab society in Israel: the point of view of school principals and regional support center managers* (Thesis). Haifa University. [Hebrew]
- Al-Krenawi, P. (2002). Social work with Arab clients at mental health systems. *Society & Welfare*, 22(1), 75-97. [Hebrew]
- Al-Krenawi, P. (2004). *Socio-Political Repercussions of Mental Therapy in Arab Society in Israeli Context*. Union of Israeli Arab Psychologists. [Arabic]
- Al-Krenawi, P., & Graham, J. R. (1996). Social work practice and traditional healing rituals among the Bedouin of the Negev. *International Social Work*, 39, 177-188.
- Arar, H. & Haj-Yahia, K. (2011). *'Jordanization' of higher education among the Arabs in Israel*. Floersheimer Studies, Hebrew University. [Hebrew]
- Atkins, M. S., Hoagwood, K. E., Kutash, K., & Seidman, E. (2010). Toward the integration of education and mental health in schools. *Administration and Policy in Mental Health and Mental Health Services Research*, 37(1), 40-47.
- Ayad, A. (2021). *Will the corona crisis lead to a decline in women's employment in Arab society?* <https://www.globes.co.il/news/article.aspx?did=1001364907> [Hebrew]

- Azaiza, F. (2013). Processes of conservation and change in Arab society in Israel: Implications for the health and welfare of the Arab population. *International Journal of Social Welfare*, 22(1), 15-24.
- Azaiza, F., Abu-Bekar, K., Hertz-Lazarowitz, R. and Ghanem, A. (2009). *Arab women in Israel: Current Status and Future Trends*. Ramot Press. [Hebrew]
- Bailey, S. (2007). Drama therapy. *Interactive and improvisational drama: Varieties of applied theatre and performance*, 164-173.
- Bandura, A. (1973). *Aggression: A social learning analysis*. Holt.
- Bannister, A. (2003). *Creative therapies with traumatized children*. Jessica Kingsley Publishers Ltd.
- Barakat, H. (1993). *The Arab world: Society, culture, and state*. University of California Press.
- Barnard, W. M. (2004). Parent involvement in elementary school and educational attainment. *Children and Youth Services Review*, 26(1), 39-62.
- Bar-Sela, G., Atid, L., Danos, S., Gabay, N., & Epelbaum, R. (2007). Art therapy improved depression and influenced fatigue levels in cancer patients on chemotherapy. *Psycho-Oncology: Journal of the Psychological, Social and Behavioral Dimensions of Cancer*, 16(11), 980-984.

- Ben-Arieh, A. (2010). Localities, social services and child abuse: The role of community characteristics in social services allocation and child abuse reporting. *Children and Youth Services Review*, 32, 536-543.
- Berger, R. (2014). *The Creation – The Heart of Therapy*. Ach Publishing. [Hebrew]
- Berger, R. (2015). Enrolling Multiple Characters – Speaking Various Languages. In: R. Berger (Ed.), *Looking at Creativity – Seeing the Mind*. Ach Publishing. [Hebrew]
- Berger, R. (2021). *Arts therapy in a changing world*. Nova.
- Berger, R. & Lahad, M. (2011). *The healing forest in post-crisis work with children: a nature therapy and expressive arts program for groups*. Ach Publishing. [Hebrew]
- Berliner, L., & Conte, J. R. (1995). The effects of disclosure and intervention on sexually abused children. *Child Abuse & Neglect*, 19(3), 371-384.
- Berliner, L., & Elliott, D. (1996). Sexual abuse of children. In: J. Briere, L. Berliner, J. Bulkley, C. Jenny, & T. Reid (Eds.), *The Apsac Handbook on Child Maltreatment* (pp. 51-71). Sage.
- Beyt-Marom, R. (2001-2005). *Research Methods in the Social Sciences: Principles and Styles of Research*. The Open University. [Hebrew]
- Beyt-Marom, R., & Ashkenazi, M. (2012). The Researcher as Interviewer: Interview Methods. In: *Research Methods in the Social Sciences: Principles and Styles of*

- Research – Ethnographic Research, Unit 4* (2nd Ed.) (pp. 64-73). The Open University. [Hebrew]
- Biur, H. (2013). *Art therapy: the emerging field, the long training and the low salary*.
<https://www.themarker.com/career/1.2131492> [Hebrew]
- Blitty, A. (2014). *Examining the perception of field centers (instructors) on art therapy, as it is applied in schools in the education system* (Thesis). Haifa University. [Hebrew]
- Blitty, A. (2018). An art therapist-parents connection within the education system. In S. Snir & D. Regev (Eds.), *When the Creative Arts Therapies and the Israeli Education System Meet: Features and Applications* (pp. 185-212). University of Haifa, Emili Sagol – Creative Arts Therapies Research Center
<https://pracdemia.haifa.ac.il/index.php/he/2018-03-18-12-24-21/13-shop/307-2018-01-02-12-34-09> [Hebrew]
- Bolus, S. (2003). *The integration of Arab women in the Israeli labor market - obstacles and suggestions for a solution*. <https://www.acri.org.il/he/1304> [Hebrew]
- Bongratz, A. (2019). *Using an Art Therapy Antecedent Intervention to Improve Behavior of a Child with Autism in Group Activities* (Doctoral dissertation).
- Bowlby, J. (1979). The bowlby-ainsworth attachment theory. *Behavioral and Brain Sciences*, 2(4), 637-638.

- Butchart, A., Harvey, A. P., Mian, M., & Fürniss, T. (2006). *Preventing child maltreatment. A guide to taking action and generating evidence*. World Health Organization.
- Capaldo, M., & Perrella, R. (2018). Child maltreatment: an attachment theory perspective. *Mediterranean Journal of Clinical Psychology*, 6(1), 1-20.
- Cappella, E., Kim, H. Y., Neal, J. W., & Jackson, D. R. (2013). Classroom peer relationships and behavioral engagement in elementary school: The role of social network equity. *American Journal of Community Psychology*, 52(3-4), 367-379.
- Case, K. (1990). *Reflection and Shadows: Exploring the World of a Rejected Girl. Art therapy working with children*. Ach Publishing. [Hebrew]
- Case, K., & Dally, T. (2014). *The handbook of art therapy, 3rd edition*. Routledge.
- Casson, J. (2016). Shamanism, theatre and dramatherapy. In: Jennings, S., & Holmwood, C. (Eds.), *Routledge International Handbook of Dramatherapy* (pp. 147-156). Routledge.
- Cattanach, A. (1992). *Play therapy with abused children*. Jessica Kingsley Publishers Ltd.
- Central Bureau of Statistics (2019). *Israel's population according to religion and self-definition of religiousness*.
https://www.cbs.gov.il/he/mediarelease/DocLib/2018/195/32_18_195b.pdf [Hebrew]

Central Bureau of Statistics (2021). *Israel's population at the beginning of the year 2022*.

<https://www.cbs.gov.il/he/mediarelease/pages/2021/%D7%90%D7%95%D7%9B%D7%9C%D7%95%D7%A1%D7%99%D7%99%D7%AA-%D7%99%D7%A9%D7%A8%D7%90%D7%9C-%D7%91%D7%A4%D7%AA%D7%97%D7%94-%D7%A9%D7%9C-%D7%A9%D7%A0%D7%AA-2022.aspx>

[Hebrew]

Chigiji, H., Fry, D., Mwadiwa, T. E., Elizalde, A., Izumi, N., Baago-Rasmussen, L., &

Maternowska, M. C. (2018). Risk factors and health consequences of physical and

emotional violence against children in Zimbabwe: a nationally representative

survey. *BMJ Global Health*, 3(3), e000533.

Christian, C.W., & Committee on Child Abuse and Neglect. (2015). The evaluation of

suspected child physical abuse. *Pediatrics*, 135(5), e1337-e1354.

Coffey, P., Leitenberg, H., Henning, K., Turner, T., & Bennett, R. T. (1996). Mediators of

the long-term impact of child sexual abuse: Perceived stigma, betrayal,

powerlessness and self-blame. *Child Abuse & Neglect*, 20, 447-455.

Cohen, D. (2018). *The development of play*. Routledge.

Cresci, M. (2019). Winnicott's true self/false self-concept: Using countertransference to

uncover the true self. In: B. Willock, I. Sapountzis & R. Coleman Curtis (Eds.),

Psychoanalytic Perspectives on Knowing and Being Known (pp. 101-109).

Routledge.

- Creswell, J. W., & Poth, C. N. (2017). *Qualitative Inquiry and Research Design: Choosing among Five Approaches*. Sage Publications.
- Crothers, L. M., & Kolbert, J. B. (2004). Comparing middle school teachers' and students' views on bullying and anti-bullying interventions. *Journal of School Violence*, 3(1), 17-32.
- Crothers, L. M., & Kolbert, J. B. (2008). Tackling a problematic behavior management issue: Teachers' intervention in childhood bullying problems. *Intervention in School and Clinic*, 43(3), 132-139.
- Crowe, S., Cresswell, K., Robertson, A., Huby, G., Avery, A., & Sheikh, A. (2011). The Case Study Approach. *BMC Medical Research Methodology*, 11(1), 1-9.
- Crowley, K. (2017). *Child development: A practical introduction*. Sage.
- Cunningham, H. (2020). *Children and childhood in western society since 1500*. Routledge.
- Dagan-Buzaglo, N. & Hasson, Y. (2012). *The Price of Care: A Report on Women in Care Work in Israel*. Edva Center. [Hebrew]
- Daly, T. (1998). *Three Voices on Art Therapy*. Ach Publishing. [Hebrew]
- Deblinger, E., & Runyon, M. K. (2005). Understanding and treating feelings of shame in children who have experienced maltreatment. *Child Maltreatment*, 10(4), 364-376.

- Debowska, A., & Boduszek, D. (2017). Child abuse and neglect profiles and their psychosocial consequences in a large sample of incarcerated males. *Child Abuse & Neglect, 65*, 266-277.
- Diem-Wille, G. (2018). *The early years of life: Psychoanalytical development theory according to Freud, Klein, and Bion*. Routledge.
- Dinehart, L., & Kenny, M. C. (2015). Knowledge of child abuse and reporting practices among early care and education providers. *Journal of Research in Childhood Education, 29*(4), 429-443.
- Doron, Y. (2012). *Mandatory Reporting – Position Paper for Ministry of Welfare*. Ministry of Welfare. <http://www.molsa.gov.il/MisradHarevacha> [Hebrew]
- Doron-Harari, M. (2014). Stage and Soul – Therapeutic Autobiographical Theatre as a Model in Drama Therapy. In: R. Berger (Ed.), *The Creation – The Heart of Therapy*. Ach Publishing. <https://www.achbooks.co.il/document/50,116,3901.aspx> [Hebrew]
- Douki, S., Nacef, F., Belhadj, A., Bouasker, A., & Ghachem, R. (2003). Violence against women in Arab and Islamic countries. *Archives of Women's Mental Health, 6*(3), 165-171.
- Dvir, N. (2020). *Islands of stories: personal and professional narratives of art therapists*. Mofet Institute. [Hebrew]

- Dwairy, M. (1998). *Cross-Cultural Counseling: The Arab-Palestinian Case*. The Hawaorth Press. [Arabic].
- Dwairy, M. (2004). Culturally sensitive education: Adapting self-oriented assertiveness training to collective minorities. *Journal of Social Issues*, 60(2), 423-436.
- Dwairy, M. (2006). *Counseling and Psycho-therapy with Arab and Muslims: Culturally Sensitive Approach*. Columbia University.
- Dwairy, M. (2009). Culture Analysis and Metaphor Psychotherapy with Arab-Muslim Clients. *Journal of Clinical Psychology*, 65(2), 199-209.
- Dwairy, M., & Abu Baker, K. (2003). Cultural norms versus state laws in treating incest: A suggested model for Arab Families. *Child Abuse & Neglect*, 27, 109-123.
- Dwairy, M., Achoui, M., Abouserie, R., Farah, A., Sakhleh, A. A., Fayad, M., & Khan, H. K. (2006). Parenting styles in Arab societies: A first cross-regional research study. *Journal of Cross-Cultural Psychology*, 37(3), 230-247.
- Dwairy, M., & Van Sickle, T. (1996). Western psychotherapy in traditional Arabic societies. *Clinical Psychology Review*, 16, 231–249.
- El Hayam, S., Levi, A. Walleran, M. (2021). *How will violence and crime be eradicated in Arab society? between the government plan and the national leadership plan of the Arab society*. <https://www.inss.org.il/he/publication/arab-society-violence/> [Hebrew]
- Erikson, E. H. (1963). *Childhood and Society*. 2d ed. Norton.

- Eron, L. D. (1987). The development of aggressive behavior from the perspective of a developing behaviorism. *American Psychologist*, *42*, 435-442.
- Euser, S., Alink, L. R., Tharner, A., van IJzendoorn, M. H., & Bakermans-Kranenburg, M. J. (2016). The prevalence of child sexual abuse in out-of-home care: Increased risk for children with a mild intellectual disability. *Journal of Applied Research in Intellectual Disabilities*, *29*(1), 83-92.
- Fagan, J., & Wilkinson, D. L. (1998). Guns, youth violence, and social identity in inner cities. *Crime and Justice*, *24*, 105-188.
- Fang, Z., Cerna-Turoff, I., Zhang, C., Lu, M., Lachman, J. M., & Barlow, J. (2022). Global estimates of violence against children with disabilities: an updated systematic review and meta-analysis. *The Lancet Child & Adolescent Health*, *6*(5), 313-323.
- Fearon, R. P., Bakermans-Kranenburg, M. J., Van IJzendoorn, M. H., Lapsley, A. M., & Roisman, G. I. (2010). The significance of insecure attachment and disorganization in the development of children's externalizing behavior: a meta-analytic study. *Child Development*, *81*(2), 435-456.
- Ferrara, P., Franceschini, G., Villani, A., & Corsello, G. (2019). Physical, psychological, and social impact of school violence on children. *Italian Journal of Pediatrics*, *45*(1), 1-4.

- Flick, U., Von Kardorff, E., & Steinke, I. (2004). What Is Qualitative Research? An Introduction to the Field. In: U. Flick, E. Von Kardorff, & I. Steinke (Eds.), *A Companion to Qualitative Research* (pp. 3-11). Sage.
- Florian, V., Mikulincer, M., & Weller, A. (1993). Does culture affect perceived family dynamics? A comparison of Arab and Jewish adolescents in Israel. *Journal of Comparative Family Studies*, 24(2), 189-201.
- Foa, E. B., Keane, T. M., Friedman, M. J., & Cohen, J. A. (2009). *Effective treatments for PTSD. Practice guidelines from the International Society for Traumatic Stress Studies*. The Guilford Press.
- Franiack, L., & Günter, M. (2018). *On Latency: individual development, narcissistic impulse reminiscence, and cultural ideal*. Routledge.
- Freilich, R., & Shechtman, Z. (2010). The contribution of art therapy to the social, emotional, and academic adjustment of children with learning disabilities. *The Arts in Psychotherapy*, 37(2), 97-105.
- Freud, S. (1905). On psychotherapy. *Standard edition*, 7(267), 64-145.
- Freud, S. (1922). *Beyond the pleasure principle*. Hogarth press.
- Freud, S. (1923). The ego and the id. *SE*, 19, 29-77.
- Freud, S. (1953). *The Standard Edition of Complete Psychologic Work of Sigmund Freud*. Hogarth Press.

- Friedman, L. J. (2000). *Identity's architect: A biography of Erik H. Erikson*. Harvard University Press.
- Fry, D., Fang, X., Elliott, S., Casey, T., Zheng, X., Li, J., ... & McCluskey, G. (2018). The relationships between violence in childhood and educational outcomes: A global systematic review and meta-analysis. *Child Abuse & Neglect*, 75, 6-28.
- Gardner, R. (2016). Introduction. In R. Gardner (Ed.) *Tackling Child Neglect: Research, Policy and Evidence-Based Practice*. Jessica Kingsley Publishers
- Gersch, I., & Sao Joao Goncalves, S. (2006). Creative arts therapies and educational psychology: Let's get together. *International Journal of Art Therapy*, 11(1), 22-32.
- Gersie, A. (1996a). *Dramatic approaches to brief therapy*. Jessica Kingsley Publishers.
- Gersie, A. (1996b). Introduction. In: A. Gersie, (Ed.), *Dramatic Approaches to Brief Therapy* (pp. 1-27). Cronwell Press.
- Ghanem, A. A. (2001). *Palestinian-Arab Minority in Israel, 1948-2000, The: A Political Study*. State University of New York Press.
- Gilbert, R., Widom, C. S., Browne, K., Fergusson, D., Webb, E., & Janson, S. (2009). Burden and consequences of child maltreatment in high-income countries. *The Lancet*, 373(9657), 68-81.
- Gilleece, L., & Eivers, E. (2018). Primary school websites in Ireland: how are they used to inform and involve parents? *Irish Educational Studies*, 37(4), 411-430.

- Gillett-Swan, J., & Sargeant, J. (2018). Assuring children's human right to freedom of opinion and expression in education. *International Journal of Speech-Language Pathology*, 20(1), 120-127
- Goldstein, S. & Laor, R. (2010). Intercultural aspects and their effect on professionals in the context of identifying children who had undergone maltreatment and abuse and mandatory reporting. *Family & Law*, 304, 243-277. [Hebrew]
- Gomes-Schwartz, B., Horowitz, J. M., & Cardarelli, A. P. (1990). *Child sexual abuse: The initial effects*. Sage Publications, Inc.
- Graham-Bermann, S. A. (2001). Designing intervention evaluations for children exposed to domestic violence: Applications of research and theory. In: S. A. Graham-Bermann & J. L. Edleson (Eds.), *Domestic violence in the lives of children: The future of research, intervention, and social policy* (pp. 237–267). American Psychological Association.
- Gries, L. T., Goh, D. S., Andrews, M. B., Gilbert, J., Praver, F., & Stelzer, D. N. (2000). Positive reaction to disclosure and recovery from child sexual abuse. *Journal of Child Sexual Abuse*, 9(1), 29-51.
- Grozenberg, O. (2008). *The Koran for child education*. Ben Gurion University Book Publishing. [Hebrew]

- Guba, E. G., & Lincoln, Y. S. (2005). Paradigmatic Controversies, Contradictions, and Emerging Confluences. In: N. K. Denzin & Y. S. Lincoln (Eds.), *The Sage Handbook of Qualitative Research* (pp. 191-215). Sage.
- Guerra, N. G., Rowell Huesmann, L., & Spindler, A. (2003). Community violence exposure, social cognition, and aggression among urban elementary school children. *Child Development, 74*(5), 1561-1576.
- Haddad Haj-Yahia, N. (2017). *Arab society in Israel: socio-economic situation and a look to the future*. The Israel Institute for Democracy and the Ministry of Social Equality. [Hebrew]
- Haj-Yahia, M. (1994). The Arab family in Israel: its cultural values and their relation to social work. *Society & Welfare, 14*, 249-264. [Hebrew]
- Haj-Yahia, M. (2000). Wife abuse and battering in the sociocultural context of Arab society. *Family Process, 39*(2), 237-255.
- Haj-Yahia, M. & Ben-Arieh, A. (2000). The incidence of Arab adolescents' exposure to violence in their families of origin and its sociodemographic correlates. *Child Abuse & Neglect, 24*(10), 1299-1315.
- Haj-Yahia, M. & Shor, R. (1995). Child maltreatment as perceived by Arab student of social science in the west bank. *Child Abuse & Neglect, 19*, 1209- 1219.

- Hakim-Larson, J., & Nassar-McMillan, S. (2008). Middle Eastern Americans. *Culturally alert counseling: A comprehensive introduction*, 293-322.
- Halaila, R. (2012). Modernization and family caregivers' perception of responsibility for intergenerational transfers in Arab society in Israel. *Society & Welfare*, 12(1), 39-65. [Hebrew]
- Halifa, G. (2017b). Treatment of sexually abused children. *Arts Therapy: Research and Creation in the Therapeutic Act*, 8(1), 759-761. [Hebrew]
- Halonen, D. (2018). Theatre, drama and performance. In: T. Heinonen, D. Halonen, & E. Krahn (Eds.), *Expressive Arts for Social Work and Social Change* (pp. 130-153). Oxford University Press.
- Harari, M. D. (2015). "To Be on Stage Means To Be Alive" Theatre Work with Education Undergraduates as a Promoter of Students' Mental Resilience. *Procedia-Social and Behavioral Sciences*, 209, 161-166.
- Harvey, F. (2020). Present and Critically Assess the Main Contributions of Freud's Theory of personality to Sociological Analysis. *IDEATE: The Undergraduate Journal of Sociology*, 22, 16-22.
- Hasan, M. (2002). The politics of honor: Patriarchy, the state and the murder of women in the name of family honor. *Journal of Israeli History*, 21(1-2), 1-37.

- Hatav, Y. (2010). Child exploitation. In: S. Tiano (Ed.), *Child and adolescent psychiatry* (pp. 539-527). Dionun Publishing. [Hebrew]
- Hazzut, T. (1998). Art Therapy in Israel towards 2000: a portrait of a profession. *Issues in Special Education and Rehabilitation*, 16(1), 61-70. [Hebrew]
- Herman, J. L. (2015). *Trauma and recovery: The aftermath of violence- from domestic abuse to political terror*. Hachette UK.
- Hillis, S. D., Mercy, J. A., & Saul, J. R. (2017). The enduring impact of violence against children. *Psychology, Health & Medicine*, 22(4), 393-405.
- Hinshelwood, R. D., & Fortuna, T. (2017). *Melanie Klein: the basics*. Routledge.
- Hirschberg, M. (2012). Expressions of sexuality in child care, between fantasy and temptation - between an enabling therapeutic space and fear of sexual exploitation. *Sichot*, 27(1), 33-39. [Hebrew]
- Holden, G. W. (2003). Children exposed to domestic violence and child abuse: Terminology and taxonomy. *Clinical Child and Family Psychology Review*, 6(3), 151-160.
- Hopf, C. (2004a). Qualitative Interviews: An Overview. In: U. Flick, E. Von Kardorff, & I. Steinke (Eds.), *A Companion to Qualitative Research* (pp. 203-208). Sage.
- Hopf, C. (2004b). Research Ethics and Qualitative Research. In: U. Flick, E. Von Kardorff, & I. Steinke (Eds.), *A Companion to Qualitative Research* (pp. 334-339). Sage.

Huesmann, L. R. (1998). The role of social information processing and cognitive schema in the acquisition and maintenance of habitual aggressive behavior. In: R. E. Geen & E. Donnerstein (Eds.), *Human aggression: Theories, research, and implications for policy* (pp. 73-109). Academic Press.

Hurtado, S., Milem, J., Clayton-Pedersen, A., & Allen, W. (1999). *Enacting Diverse Learning Environments: Improving the Climate for Racial/Ethnic Diversity in Higher Education*. ASHE-ERIC Higher Education Report, Vol. 26, No. 8. ERIC Clearinghouse on Higher Education.

Isaacs, S. (1933). *The social development of young children: A study of beginnings*. Routledge and Kegan Paul.

Isis, P. D., Bush, J., Siegel, C. A., & Ventura, Y. (2010). Empowering students through creativity: Art therapy in Miami-Dade County public schools. *Art Therapy*, 27(2), 56-61.

Ismail, M. A. (2012). Sociocultural identity and Arab women's and men's code-choice in the context of patriarchy. *Anthropological Linguistics*, 54(3), 261-279.

Israeli, L. (2010). "The other" - a threat or a resource? Polar social concepts - a study of two children's stories: "The Ugly Duckling" by HC Andersen and "Raspberry Juice" by H. Shanhav. <http://cms.education.gov.il/NR/rdonlyres/BDAAA9EA-B6F3-421C-B741-A659F02DBAC1/68378/Acher1.pdf> [Hebrew]

- Jedwab, M., Benbenishty, R., Chen, W., Glasser, S., Siegal, G., & Lerner-Geva, L. (2015). Child protection decisions to substantiate hospital child protection teams' reports of suspected maltreatment. *Child Abuse & Neglect*, 40, 132-141.
- Jennings, S. (1990). *Dramatherapy with families, groups and individuals, waiting in wings*. Jessica Kingsley Publishers Ltd.
- Jennings, S. (2000). *Theory and Practice for Teachers and Therapists, Vol. 2*. Ach Publishing. [Hebrew]
- Jennings, S. (2011). *Healthy attachments and neuro-dramatic-play*. Jessica Kingsley Publishers.
- Jennings, S., & Minde, A. (1993). *Art therapy and drama therapy – masks of the soul*. Jessica Kinsley Publishers.
- Jennings, S. & Minde, A. (2013). Art therapy and drama therapy: the masks of the soul. In: Y. Avishai (Ed.), *Art therapy and dramatherapy* (pp. 240-237). Ach Publishing. [Hebrew]
- Jeraisi, A. (2013). Socio-Psychological Therapy in Arab Society. In: M. Hovav, A. Levental & Y. Katan (Eds.), *Social Work in Israel* (pp. 506-526). Hakibutz Hameuchad. [Hebrew]
- Johnson, D. R. (2009). Developmental transformations: Towards the body as presence. *Current Approaches in Drama Therapy*, 2, 65-88.

- Jung, C. G. (1963). *Memories, dreams, reflections*. Fontana Press.
- Karkou, V. (2010). *Arts Therapies in Schools, Research and Practice*. Jessica Kingsley Publishers.
- Kassan, L., & Krumer-Nevo, M. (2010). Introduction to the Analysis of Qualitative Data. In: L. Kassan & M. Krumer-Nevo (Eds.) *Methods in the Analysis of Qualitative Data* (pp. 7-16). Ben-Gurion University. [Hebrew]
- Katz, C. (2020). “What do you mean the perpetrator? You mean my friend??” Spotighting the narratives of young children who are victims of sexual abuse by their peers. *Psychology of Violence, 10*(1), 30-37.
- Kaur, M., & Kaur, P. (2013). Achievement motivation, study habits and inferiority among children of high and low educated parents. *Indian Journal of Psychological Science, 3*(2), 90-101.
- Kazarian, S. S., & Evans, D. R. (1998). *Cultural clinical psychology: Theory, research, and practice*. Oxford University Press.
- Kedman, Y. (2011). *Child maltreatment in Israel*. National Council for the Child. <https://cld.bz/bookdata/B1C4ePu/basic-html/page-1.html#> [Hebrew].
- Kedman, Y. (2018). Too little, not too late - child abuse treatment and what can and should be done. *Nekudat Mifgash, 14*, 10-15. [Hebrew]

- Keidar, L., Snir, S., Regev, D., Orkibi, H., & Adoni-Kroyanker, M. (2021). Relationship between the therapist-client bond and outcomes of art therapy in the Israeli school system. *Art Therapy, 38*(4), 189-196.
- Keinan, V. (2014). *School educators' perception of art therapy* (Thesis). Haifa University. [Hebrew]
- Kernberg, O. F. (1995). *Object relations theory and clinical psychoanalysis*. Jason Aronson.
- Khoury-Kassabri, M. (2006). Student victimization by educational staff in Israel. *Child Abuse & Neglect, 30*(6), 691-707.
- Khoury-Kassabri, M. (2008). *The relationship between teachers' self-efficacy and attitudes toward the use of violence and teachers' use of violence toward students*. The Hebrew University of Jerusalem [Hebrew].
- Khoury-Kassabri, M. (2012). The relationship between teacher self-efficacy and violence toward students as mediated by teacher's attitude. *Social Work Research, 36*(2), 127-139.
- Khoury-Kassabri, M. (2019). Child Abuse and Neglect Among Palestinian Citizens in Israel. In: Haj-Yahia, M. M., Nakash, O., & Levav, I. (Eds.), *Mental health and Palestinian citizens in Israel* (pp. 278-295). Indiana University Press.

- Khoury-Kassabri, M., Attar-Schwartz, S., & Zur, H. (2014). The likelihood of using corporal punishment by kindergarten teachers: the role of parent-teacher partnership, attitudes, and religiosity. *Child Indicators Research*, 7(2), 369-386.
- Kim, H., & Drake, B. (2018). Child maltreatment risk as a function of poverty and race/ethnicity in the USA. *International Journal of Epidemiology*, 47(3), 780-787.
- Klein, M. (1932). *The psycho-analysis of children*. Hogarth.
- Klein, M. (1955). The psychoanalytic play technique. *American Journal of Orthopsychiatry*, 25(2), 223-237.
- Klein, M. (1975). *Love, guilt and reparation and other works (1921-1945): The Writings of Melanie Klein – Volume I*. The Free Press.
- Knesset (2020). *Data for the International Day for the Elimination of Violence Against Women*. https://fs.knesset.gov.il/globaldocs/MMM/4f565077-e22c-eb11-811a-00155d0af32a/2_4f565077-e22c-eb11-811a-00155d0af32a_11_16437.pdf [Hebrew]
- Knight, Z. G. (2017). A proposed model of psychodynamic psychotherapy linked to Erik Erikson's eight stages of psychosocial development. *Clinical Psychology & Psychotherapy*, 24(5), 1047-1058.
- Kohot, H. (1985). *Self-psychology and humanities: Reflections on a new psychoanalytic approach*. W.W. Norton & Co, Inc.

- Koren, Z. & Lev-Wiesel, R. (2013). *When time stood still - incest - from injury to growth*. Ach Publishing. [Hebrew]
- Kornin, J. (2017). Child maltreatment in cross cultural perspective: Vulnerable children and circumstances. *Child Abuse and Neglect: Biosocial Dimensions-Foundations of Human Behavior*.
- Kottman, T., & Meany-Walen, K. K. (2018). *Doing play therapy: From building the relationship to facilitating change*. Guilford Publications.
- Lahad, M. (2006). *Fantastic Reality – Creative Training in Therapy*. Nord Publishing. [Hebrew]
- Lahad, M. (2014). The story you need to hear now - a therapeutic intervention in a crisis situation through the invention of a story and trance processes, based on the conceptual concept of the fantastic space and the principles of Milton Erikson. In: R. Berger (Ed.), *The Creation – The Heart of Therapy* (pp. 33-67). Ach Publishing. [Hebrew]
- Lamb, M. E., & Ahnert, L. (2006). Nonparental child care: Context, concepts, correlates, and consequences. In: K. A. Renninger, I. E. Sigel, W. Damon, & R. M. Lerner (Eds.), *Handbook of child psychology: Child psychology in practice* (pp. 950-1016). John Wiley & Sons Inc.
- Lance, p. (2011). *Mental Observation*. Amazia Book Production. [Hebrew]

- Landy, R. (2001). *New Essays in Drama Therapy*. Charles C.
- Lavi, A. (2010). *Strategic assessment of Israel 2010*. <http://din-online.info/pdf/in05.pdf>
[Hebrew]
- Lemaigre, C., Taylor, E. P., & Gittoes, C. (2017). Barriers and facilitators to disclosing sexual abuse in childhood and adolescence: A systematic review. *Child Abuse & Neglect, 70*, 39-52.
- Levine, E. G., & Levine, S. K. (Eds.). (1998). *Foundations of expressive arts therapy: Theoretical and clinical perspectives*. Jessica Kingsley Publishers.
- Levitt-Rosenberg, R. (2020). Between communication and separation: the attempt to hold the point of light and touch the silhouette of the shadow. In: N. Dvir (Ed.), *Islands of stories: personal and professional narratives of art therapists* (pp. 82-94). Mofet Institute. [Hebrew]
- Lev-Wiesel, R. & Eisikovits, Z. (2016). *Violence towards children and youths in Israel: between prevalence and reporting. Encouraging and discouraging reporting factors*. Research Report for the Ministry of Education. Haifa University and Tri-ana Institute. [Hebrew]
- Lev-Wiesel, R., Eisikovits, Z., First, M., Gottfried, R., & Mehlhausen, D. (2018). Prevalence of child maltreatment in Israel: A national epidemiological study. *Journal of Child & Adolescent Trauma, 11*, 141-150.

- Malchiodi, C. A. (2005). Art therapy. In: C. A. Malchiodi (Ed.), *Expressive therapies* (pp. 16-45). Guilford Press.
- Malchiodi, C. A. (2011). *Expressive Therapies*. Ach Publishing. [Hebrew]
- Malchiodi, C. A. (2018). Creative arts therapies and arts-based research. In: P. Leavy (Ed.), *Handbook of Arts-Based Research* (pp. 68-87). Guilford Press.
- Malchiodi, C. A. (2020). *Trauma and expressive arts therapy: Brain, body, and imagination in the healing process*. Guilford Publications.
- Malchiodi, C. A, Kim, D. Y. & Choi, W. S. (2011). Developmental Art Therapy. In: Malchiodi, C. A. (Ed.), *Handbook of art therapy* (pp. 93-106). Guilford Press.
- Malterud, K. (2001). Qualitative Research: Standards, Challenges, and Guidelines. *The Lancet*, 358(9280), 483-488.
- Manna, A. (2008). *Arab society in Israel: population, society and economy (Vol. II)*. The Wheeler Institute and Hakibutz Hameuchad. [Hebrew]
- Markus, H. R., & Kitayama, S. (1991). Culture and the self: Implications for cognition, emotion, and motivation. *Psychological Review*, 98(2), 224-253.
- Marom, M., Bar Siman-Tov, K., Karon, P., & Koren, P. (2006). *Inclusion of Children with Special Needs in the Regular Education System – Literature Review*. Myrs JDC Brookdale Institute. [Hebrew]

- Masarwa, Z. & Bruno, Y. (2018). Embassy in a changing world: art therapy at the education system in Arab society. In: Snir, S. & Regev, D. (Eds.), *When Arts Therapy Meets Israel's Education System: Applicable Aspects*. Emili Sagol Creative Arts Therapy Research Center. [Hebrew]
- Masbah, T. (2008). Selected issues in educational psychology in Arab society. *Educational Psychology in a Multicultural Society*, 7, 109-126. [Hebrew]
- Massarwi, A. A., & Khoury-Kassabri, M. (2017). Serious physical violence among Arab-Palestinian adolescents: The role of exposure to neighborhood violence, perceived ethnic discrimination, normative beliefs, and, parental communication. *Child Abuse & Neglect*, 63, 233-244.
- Mathews, B., & Collin-Vézina, D. (2019). Child sexual abuse: Toward a conceptual model and definition. *Trauma, Violence, & Abuse*, 20(2), 131-148.
- Mathews, B., Lee, X. J., & Norman, R. E. (2016). Impact of a new mandatory reporting law on reporting and identification of child sexual abuse: a seven year time trend analysis. *Child Abuse & Neglect*, 56, 62-79.
- Mayers, K. S., Heller, D. K., & Heller, J. A. (2003). Damaged Sexual Self-Esteem: A Kind of Disability. *Sexuality and Disability*, 21(4), 269-282.
- McDonnell, J. R., Ben-Arieh, A., & Melton, G. B. (2015). Strong Communities for Children: Results of a multi-year community-based initiative to protect children from harm. *Child abuse & neglect*, 41, 79-96.

- McTavish, J. R., Kimber, M., Devries, K., Colombini, M., MacGregor, J. C., Wathen, C. N., ... & MacMillan, H. L. (2017). Mandated reporters' experiences with reporting child maltreatment: a meta-synthesis of qualitative studies. *BMJ Open*, 7(10), e013942.
- Meersand, P., & Gilmore, K. J. (2017). *Play therapy: A psychodynamic primer for the treatment of young children*. American Psychiatric Pub.
- Meged, A. (2001). *Fairies and Witches*. Nord Publishing. [Hebrew]
- Meinck, F., Cluver, L. D., Boyes, M. E., & Ndhlovu, L. D. (2015). Risk and protective factors for physical and emotional abuse victimization amongst vulnerable children in South Africa. *Child Abuse Review*, 24(3), 182-197.
- Meir, D. (2014). Imagination and Creation: a model for short-term treatment of adults who have experienced trauma. In: R. Berger (Ed.), *The Creation - The Heart Of Therapy* (pp. 343-317). Ach Publishing. [Hebrew]
- Meldrum, B. (1994). A role Model of dramatherapy and its application with individuals and groups. In S. Jennings et al. *The handbook of Dramatherapy*. Routledge.
- Melman, V. (2019). the game of hide and seek. In: M. Doron-Harari (Ed.), *Why make a drama out of everything?* (pp. 18-32). Amazia Book Production. [Hebrew]

Ministry of Education (2014). *The law on the obligation to notify and prevent domestic violence (2002): instructions for education system employees regarding the implementation of Amendment No. 7 to the law on the prevention of violence.* https://apps.education.gov.il/Mankal/Horaa.aspx?siduri=234&REFF_GUID=%7B0A7D0F48-4DAE-473B-B532-783EF8F6FFA1%7D [Hebrew]

Mitchell, K. J., Finkelhor, D., Wolak, J., Ybarra, M. L., & Turner, H. (2011). Youth internet victimization in a broader victimization context. *Journal of Adolescent Health, 48*(2), 128-134.

Mitchell, S. A., & Black, M. J. (2016). *Freud and beyond: A history of modern psychoanalytic thought.* Hachette UK.

Mizrahi, S. (2013). *Key issues in the work of the Committee for the Women's Status Advancement.* The Knesset, Research and Information Centre. [Hebrew]

Montgomery, E., Just-Østergaard, E., & Jervelund, S. S. (2019). Transmitting trauma: a systematic review of the risk of child abuse perpetrated by parents exposed to traumatic events. *International Journal of Public Health, 64*(2), 241-251.

Moreno, J. L. (1987). *The essential Moreno: Writings on psychodrama, group method, and spontaneity.* (J. Fox, Ed.). Springer Publishing Co.

Moreno, J. L., & Moreno, F. B. (1944). Spontaneity theory of child development. *Sociometry, 7*(2), 89-128.

Moriya, D. (2000). *Art therapy in schools.* Turbo Press. [Hebrew]

Mussa, A. (2016). *I am a Black Flower*. Routledge.

Mussa, A. (2019). "Between a child who wants to tell and an adult who does not want to hear". Arts Therapists' Dilemmas in the Application of Arts Therapy with Children from Arab Society Who Suffered Abuse. *Interdisciplinary Context of Special Pedagogy*, 25(1), 373-401

Nashef, Y. (1992). *The psychological impact of the Intifada on Palestinian children living in refugee camps in the west bank, as reflected in their dreams, drawings and behavior*. Yousef Nashef.

National Academies of Sciences, Engineering, and Medicine (2019). *Fostering Healthy Mental, Emotional, and Behavioral Development in Children and Youth: A National Agenda*. National Academies Press (US).

National Council for the Child (2017). "*Children in Israel*" statistical yearbook 2017. https://www.children.org.il/wp-content/uploads/2018/08/pdf_merged.pdf [Hebrew]

National Council for the Child (2021). "*Children in Israel*" statistical yearbook 2021. <https://www.children.org.il/%D7%A0%D7%AA%D7%95%D7%A0%D7%99%D7%9D-%D7%93%D7%95%D7%97%D7%95%D7%AA-%D7%95%D7%A7%D7%91%D7%A6%D7%99-%D7%97%D7%A7%D7%99%D7%A7%D7%94-%D7%9E%D7%98%D7%A2%D7%9D-%D7%94%D7%9E%D7%95%D7%A2%D7%A6%D7%94/#> [Hebrew]

- Nisimov-Nahum, E. (1999). Integrating therapeutic approaches in the art therapist's work. *Issues in Special Education and Rehabilitation, 14*(1), 102-99. [Hebrew]
- Nisimov-Nahum, E. (2013). *All the colors of the soul: art therapy for aggressive children*. Mofet Institute. [Hebrew]
- Nye, C., Turner, H., & Schwartz, J. (2006). Approaches to parent involvement for improving the academic performance of elementary school age children. *Campbell Systematic Reviews, 2*(1), 1-49.
- Ogden, T. H. (2019). Ontological psychoanalysis or “What do you want to be when you grow up?”. *The Psychoanalytic Quarterly, 88*(4), 661-684.
- Oren, A. & baru, S. (2015). *The first moment: how to Identify sexual abuse in children and how to behave in the event of discovery*. <https://www.1202.org.il/centers-union/publications/articles/297-child-mother> [Hebrew]
- Ortiz-Ospina, E., & Roser, M. (2017). *Violence against children and children's rights*. <https://ourworldindata.org/violence-against-rights-for-children>.
- Pabiś, M., Wrońska, I., Ślusarska, B., & Cuber, T. (2011). Pediatric nurses' identification of violence against children. *Journal of Advanced Nursing, 67*(2), 384-393.
- Palestinian Central Bureau of Statistics (2019). *Preliminary Results of the Violence Survey in the Palestinian Society*. Palestinian Central Bureau of Statistics.

- Pascual-Leone, J., Goodman, D., Ammon, P., & Subelman, I. (1978). Piagetian theory and neo-Piagetian analysis as psychological guides in education. W: J.M. Gallagher, J.A. Easley (red.), *Knowledge and development*, t.2. Plenum.
- Patton, C. L. (2011). Induction, Deduction, and Cyclical Movement: A Review of Qualitative Research Methods. *The Qualitative Report*, 16(5), 1448-1451.
- Penal Law (1977). *Mandatory Reporting (Amendment no. 26) 1989 (Amendment no. 108) 2010*. https://www.nevo.co.il/law_html/Law01/073_002.htm [Hebrew]
- Penzik, S. (2006). On dramatic reality and its therapeutic function in drama therapy. *The Arts in Psychotherapy*, 33(4), 271-280.
- Pereda, N., & Díaz-Faes, D. A. (2020). Family violence against children in the wake of COVID-19 pandemic: a review of current perspectives and risk factors. *Child and Adolescent Psychiatry and Mental Health*, 14(1), 1-7.
- Piaget, J. (1972). Intellectual evolution from adolescence to adulthood. *Human development*, 15(1), 1-12.
- Pinquart, M., & Gerke, D. C. (2019). Associations of parenting styles with self-esteem in children and adolescents: A meta-analysis. *Journal of Child and Family Studies*, 28(8), 2017-2035.

- Ponciano, D., Klinger, E. F., Ponciano, J. V., Amorim, T. R., & Soares, D. N. (2020). Playing and Its Importance in the Child Psychoanalytic Therapeutic Process. *International Neuropsychiatric Disease Journal*, 12-16.
- Pottinger, A. M., & Stair, A. G. (2009). Bullying of students by teachers and peers and its effect on the psychological well-being of students in Jamaican schools. *Journal of School Violence*, 8(4), 312-327.
- Rapoport, T., Lomski-Feder, E., & Masalha, M. (1989). Female subordination in the Arab-Israeli community: The adolescent perspective of “social veil”. *Sex Roles*, 20(5), 255-269
- Regev, D., & Cohen-Yatziv, L. (2018). Effectiveness of art therapy with adult clients in 2018—what progress has been made?. *Frontiers in psychology*, 9, 1531-1550.
- Rivlin, N. (2020). *Violence in the Arab sector: a review and analysis*. The Institute for Zionist Strategy. [Hebrew]
- Rones, M. & Hoagwood, K. (2000). School-Based Mental Health Services: A Research Review. *Clinical Child and Family Psychology Review*, 3(4), 223-241
- Sabar Ben Yehoshua, N. (2001). Introduction: The History of Qualitative Research, Influences and Currents. In: N. Sabar Ben Yehoshua (Ed.), *Trends and Currents in Qualitative Research*. Dvir. [Hebrew]

- Sabar Ben Yehoshua, N. (2016). *Trends and Currents in Qualitative Research – Perceptions, Strategies, and Advanced Instruments*. Mofet Institute, Tel Aviv University. [Hebrew]
- Sarnoff, C. A. (1987). *Psychotherapeutic strategies in the latency years*. Jason Aronson.
- Sarra, C., Spillman, D., Jackson, C., Davis, J., & Bray, J. (2020). High-Expectations Relationships: A foundation for enacting high expectations in all Australian schools. *The Australian Journal of Indigenous Education*, 49(1), 32-45.
- Sayed, M. A. (2003). Psychotherapy of Arab patients in the west: Uniqueness, empathy, and “otherness”. *American Journal of Psychotherapy*, 57(4), 445-459
- Saywitz, K. J., Mannarino, A. P., Berliner, L., & Cohen, J. A. (2000). Treatment of sexually abused children and adolescents. *American Psychologist*, 55(9), 1040.
- Schipke, T. (2017). Narcissism, ego, and self: Kohut – a key figure in transpersonal psychology. *Journal of Transpersonal Psychology*, 49(1), 3-21.
- Sedlak, A.J. (2001). *A history of the national incidence study of child abuse and neglect*. The Children's Bureau, Administration of Children and Families, US Department of Health and Human Services.
- Seery, M. D., Holman, E. A., & Silver, R. C. (2010). Whatever does not kill us: cumulative lifetime adversity, vulnerability, and resilience. *Journal of Personality and Social Psychology*, 99(6), 1025-1041.

- Segev-Shoham, A. (1998). Bibliotherapy with Arab adolescents with cancer in writing stories as a diagnostic and therapeutic tool. *Issues in Special Education and Rehabilitation, 13*(2), 105-99. [Hebrew]
- Shaffer, D. R., & Kipp, K. (2013). *Developmental psychology: Childhood and adolescence*. Cengage Learning.
- Shafir, T., Orkibi, H., Baker, F. A., Gussak, D., & Kaimal, G. (2020). The state of the art in creative arts therapies. *Frontiers in psychology, 11*, 68-72.
- Shakarov, I., Regev, D., Snir, S., Orkibi, H., & Adoni-Kroyanker, M. (2019). Helpful and hindering events in art therapy as perceived by art therapists in the educational system. *The Arts in Psychotherapy, 63*, 31-39.
- Shalhoub-Kevorkian, N. (1999). Law, politics, and violence against women: A case study of Palestinians in Israel. *Law & Policy, 21*(2), 189-211.
- Shefler, G., Agamon, Y. & Weil, G. (Eds.) (2003) *Ethical issues in mental counseling and therapy*. Magnes Publishing House, Hebrew University. [Hebrew]
- Shelata, M. (2010). *Coping victims and their families focus groups findings*. Disabilities and Rehabilitation Division, Israel Joint. [Hebrew]
- Shkedi, A. (2003). *Words that Try to Touch: Qualitative Research – Theory and Implementation*. Ramot Press, Tel Aviv University. [Hebrew]
- Silverman, D. (Ed.). (2016). *Qualitative Research*. Sage.

Singhi, P., Saini, A. G., & Malhi, P. (2013). Child maltreatment in India. *Paediatrics and International Child Health, 33*(4), 292-300.

Skinner, B. F. (1962). Two “synthetic social relations”. *Journal of the Experimental Analysis of Behavior, 5*(4), 531-533.

Snir, S., Regev, D., Keinan, V., Abd El Kader-Shahada, H., Salamey, A., Mekel, D., Melzak, D., Daoud, H., Green-Orlovich, A., Belity, I., & Alkara, M. (2018). Art therapy in the Israeli education system—a qualitative meta-analysis. *International Journal of Art Therapy, 23*(4), 169-179.

Solberg, S. (2007). *Child and Adolescent Psychology: An Introduction to Developmental Psychology (Second Edition)*. Magnes Publishing House, Hebrew University.
[Hebrew]

Spier, E. (2010). Group art therapy with eighth-grade students transitioning to high school. *Art Therapy, 27*(2), 75-83.

Spillius, E. B. (Ed.). (1988). *Melanie Klein today: Developments in theory and practice* (Vol. 1). Psychology Press.

Stoltenborgh, M., Bakermans-Kranenburg, M. J., & van IJzendoorn, M. H. (2013). The neglect of child neglect: a meta-analytic review of the prevalence of neglect. *Social Psychiatry and Psychiatric Epidemiology, 48*(3), 345-355.

- Stuckey, H. L., & Nobel, J. (2010). The connection between art, healing, and public health: A review of current literature. *American Journal of Public Health, 100*(2), 254-263.
- Sue, D. W., & Sue, D. (1999). *Counseling the culturally different: Theory and practice*. John Wiley.
- Sulimani-Aidan, Y., & Benbenishty, R. (2013). Child maltreatment reports in Israel: The intersection between community socioeconomic characteristics and ethnicity. *American Journal of orthopsychiatry, 83*(1), 29-36.
- Summit, R. C. (1983). The child sexual abuse accomodation syndrome. *Child Abuse & Neglect, 7*(2), 177-193.
- Taillieu, T. L., Brownridge, D. A., Sareen, J., & Afifi, T. O. (2016). Childhood emotional maltreatment and mental disorders: Results from a nationally representative adult sample from the United States. *Child Abuse & Neglect, 59*, 1-12.
- Talwar, S., Iyer, J., & Doby-Copeland, C. (2004). The invisible veil: Changing paradigms in the art therapy profession. *Art therapy, 21*(1), 44-48.
- Tamir, R., & Regev, D. (2021). Characteristics of parent-child art psychotherapy in the education system. *The Arts in Psychotherapy, 72*, 101725.
- The Association of Rape Crisis Centers in Israel (2019). *Development of healthy sexuality and prevention of sexual violence in Israel*.
<https://www.1202.org.il/images/files/reports/2019->

annual/igud_2019_arabic_report_-

_%D7%9E%D7%A2%D7%95%D7%93%D7%9B%D7%9F.pdf [Hebrew]

Themeli, O., & Panagiotaki, M. (2014). Forensic interviews with children victims of sexual abuse: the role of the counselling psychologist. *The European Journal of Counselling Psychology*, 3(1), 1-19.

Timmermans, A. C., de Boer, H., & van der Werf, M. P. (2016). An investigation of the relationship between teachers' expectations and teachers' perceptions of student attributes. *Social Psychology of Education*, 19(2), 217-240.

Tytherleigh, L., & Karkou, V. (2010). Dramatherapy, autism and relationship-building: A case study. In: V. Karkou (Ed.), *Arts Therapies in Schools: Research and Practice* (pp. 197-216). Jessica Kingsley Publishers.

Tzur, p. (2003). *Being a Butterfly: The Healing Power of Imagination*. Modan Publishing.
[Hebrew]

United Nations Children's Fund (2014). *A Statistical Snapshot of Violence against Adolescent Girls*. UNICEF.

Usta, J., Farver, J. M., & Danachi, D. (2013). Child maltreatment: the Lebanese children's experiences. *Child: Care, Health and Development*, 39(2), 228-236.

Van Lith, T., & Bullock, L. (2018). Do art therapists use vernacular? How art therapists communicate their scope of practice. *Art Therapy*, 35(4), 176-183.

- Van Westrhenen, N., & Fritz, E. (2014). Creative arts therapy as treatment for child trauma: An overview. *The Arts in Psychotherapy, 41*(5), 527-534.
- Vandell, D. L., Belsky, J., Burchinal, M., Steinberg, L., Vandergrift, N., & NICHD Early Child Care Research Network. (2010). Do effects of early child care extend to age 15 years? Results from the NICHD study of early child care and youth development. *Child Development, 81*(3), 737-756.
- Wall, G. (2018). ‘Love builds brains’: representations of attachment and children's brain development in parenting education material. *Sociology of Health & Illness, 40*(3), 395-409.
- Ward, C. L. (2007). Young people’s violent behaviour: Social learning in context. *Someone stole my smile: An exploration into the causes of youth violence in South Africa, 9-35*.
- Weissblai, A. (2012). *The role of the education system in identifying children at risk*. Submitted to the Education, Culture and Sports Committee.
https://fs.knesset.gov.il/globaldocs/MMM/07556b58-e9f7-e411-80c8-00155d010977/2_07556b58-e9f7-e411-80c8-00155d010977_11_6749.pdf [Hebrew]
- Wessells, M. G., & Kostelny, K. (2021). Understanding and ending violence against children: A holistic approach. *Peace and Conflict: Journal of Peace Psychology, 27*(1), 3–23.
- Widom, C. S. (1989). The cycle of violence. *Science, 244*(4901), 160-166.

- Winnicott, D. W. ([1960] 2009). *True self, false self*. Am Oved Publishing. [Hebrew]
- Winnicott, D. W. (1971). *Playing and reality*. Basic Books.
- Winnicott, D. W. (1973). *The Child, the Family, and the Outside World*. Penguin UK.
- Winnicott, D. W. (2007). *Playing & Reality*. Am Oved Publishing. [Hebrew]
- Winnicott, D. W. (2018). Ego distortion in terms of true and false self. In *The Person Who Is Me* (pp. 7-22). Routledge.
- Women, P., Yawn, B., Yawn, R., & Uden, D. (1992). American Medical Association diagnostic and treatment guidelines on domestic violence. *Archives of Family Medicine, 1*, 39-48.
- World Health Organization. (2020). *Global status report on preventing violence against children 2020*. World Health Organization.
- World Health Organization (2022). *Violence against children*. <https://www.who.int/news-room/fact-sheets/detail/violence-against-children>
- Yang, Q., Tian, L., Huebner, E. S., & Zhu, X. (2019). Relations among academic achievement, self-esteem, and subjective well-being in school among elementary school students: A longitudinal mediation model. *School Psychology, 34*(3), 328-340.
- Yirmiyahu, T. & Marnin Shaham, A. (2018). Art therapy in the special education system - from where to where? In: S. Snir & D. Regev (Eds.), *When the Creative Arts*

- Therapies and the Israeli Education System Meet: Features and Applications* (pp. 31-48). University of Haifa, Emili Sagol – Creative Arts Therapies Research Center [Hebrew]
- Zadik, Z. Y. (2002). Psychotherapists in face of mandatory reporting. *Medicine & Law*, 27, pp. 145-158. [Hebrew]
- Zainal, Z. (2007). Case Study as a Research Method. *Jurnal Kemanusiaan*, 5(1), 1-6.
- Zaken, S. B., & Walsh, S. D. (2021). Bridging the cultural gap: Challenges and coping mechanisms employed by Arab art therapists in Israel. *The Arts in Psychotherapy*, 76, 101853.
- Zeanah, C. H., & Humphreys, K. L. (2018). Child abuse and neglect. *Journal of the American Academy of Child & Adolescent Psychiatry*, 57(9), 637-644.