



“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

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The Arab education system in Israel together with the ethics and legal regulations are found to indicate reports of maltreated and sexually abused children. The problem of viewed in this paper is connected with the reporting of children who had experienced maltreatment and sexual abuse. The article aspires to present the work and dilemmas of art therapists using arts therapy when working within educational and therapeutic frameworks in Israeli Arab society. Today, the field of arts therapy in the Arab society is in its initial stages in contrast to the seniority this field has gained in the Jewish society and more traditional therapies such as psychology and psychotherapy. In the Arab society, mental therapy is uncommon. The field of therapy as a whole is undeveloped and conducted secretly largely due to shame, stigma and prejudices associating mental therapy with mental illnesses or disorders (Masarwa & Bruno, 2018). Until recently, arts therapy has not been practiced at all in Israeli in the Arab society. In comparison to psychological treatment, arts therapy carries an extra value because of its non-verbal work methodology, and enables can the client to make projection and reduction of social and personal objections in

face of the therapeutic process. In recent years, implementation of this field of knowledge has gained momentum in therapeutic frameworks in general and at schools in particular, slowly becoming an integral part of the education system. However, this field is still in its early stages and it is oriented towards special education students and those with special needs (Nachum, 2007; Moriah, 2000).

KEY WORDS: abused child, education system in Israel, Arab society in Israel, emotional and art therapy, mandatory reporting, special education

Abuse and neglect and their effect on children

The subject of child abuse gained international interest and research since it constitutes a phenomenon which concerns children all over the globe. Throughout history, child maltreatment and abuse is mentioned in multiple cultures and peoples, carrying impact and repercussions on the social realm, public health as well as short and long term implications on victims and aggressors (Kedman, 2011; Gilbert, Widom, Brown, Fergusson, Webb & Janson, 2009). Despite being a multi-age phenomenon, it is only in the 60's of the previous century that public discourse and diagnostic, treatment and prevention processes related to child abuse began to develop (Lev-Wiesel & Izikovich, 2016). Evidence also indicates that female sexual abuse is associated with subsequent risky sexual behavior. Risky sexual behavior can lead to relatively early sexual initiation that occurs before acquiring the necessary emotional maturity, which may increase the risk of subsequent sexual abuse and potential revictimization (Jankowiak, Gulczyńska, 2014; Jankowiak, 2016).

The prevalence of child abuse phenomenon and its variations is high. A meta-analytic research that studied this prevalence in the USA and the world found that 22.6% of the world's children are physically harmed, 36.3% are mentally harmed, 16.3% suffer from physical neglect, 18.4% suffer from emotional neglect, 12.7% suffer from sexual assault, and additional percentages are exposed to domestic violence (Stoltenborgh, Bakermans-Kranenburg & Van

Ijzendoorn, 2013). A large-scale study (n = 12,035) conducted among children aged 12-14 in Israel found that over half of the children were exposed to one or more assault (52.9%). Research findings depict that 31.1% of the children were exposed to emotional assault, 18.7% to sexual assault, 18% to physical neglect, 17% were physically harmed, 17% were exposed to emotional neglect and 9.8% were exposed to domestic violence. This study further found that boys are at higher risk for sexual and physical assault, and emotional and physical neglect. Girls were found to be at higher risk for exposure to domestic violence. The study additionally indicated that among Arab children and youth, the percentages are higher than their Jewish counterparts (Lev-Wiesel & Izikovich, 2016).

Despite the wide scope nature of research on assault and maltreatment of children, there is evident lack in uniform definition of this phenomenon and its various aspects (Lev-Wiesel & Izikovich, 2016; Kornin, 2017). Kedman (2011) defines abuse as “intentional physical, sexual or mental harm, caused by an act, default or ongoing neglect, characterized by their severity or constant pattern over time” (Kedman, 2011: 2). Commonly, each abuse is defined specifically by its type (Kronin, 2017).

Physical abuse: The definition of physical abuse also varies in accordance with the customary law of each country. It varies from definitions such as causing injury or pain to include different types of maltreatment, including sexual abuse, neglect and more (Christian & Committee on Child Abuse and Neglect, 2015). Another, apparently more focused definition defines physical abuse as follows: „Non accidental physical assault with or without an implement (weapon, foreign object or substance), including slapping, spanking with 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).

Emotional abuse: The definition of emotional abuse is also in dispute among various researchers, but most of its definitions include threats or activation of emotional manipulations, including

threat of injury, as well as reference to a recurring pattern of action taken by the child's caretakers, including recurring behaviour or incidence(s) relating to the child that he is faulty, unloved, unwanted and/or is of value only when satisfying the needs of another (Meinck, Cluver, Boyes & Ndhlovu, 2015; Taillieu, Brownridge, Sareen & Afifi, 2016).

Sexual abuse: The definition of this phenomenon is also controversial showing wide variation between definitions of the law, welfare, social sciences, public health and public policy (Mathews & Collin-Vezina, 2019). A possible definition for this phenomenon can be articulated as follows:

The involvement of a child in sexual activity that he or she does not fully comprehend, is unable to give informed consent to, or for which the child is not developmentally prepared, or else that violates the laws or social taboos of society. Children can be sexually abused 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 & Furniss, 2006, p. 10).

Aside the above definition, there are those who classify sexual abuse into five major types: a. sexual abuse that includes penetration; b. sexual abuse that includes sexual contact with the genitals (without penetration); c. sexual abuse that includes sexual contact (without contact with genitals or penetration); d. sexual abuse without physical contact, i.e. verbal harassment, photography, etc.; e. other types of sexual maltreatment and abuse (Euser, Alink, Tharner, van IJzendoorn & Bakermans-Kranenburg, 2016).

Neglect: The definitions of neglect also vary in accordance with the context in which they are presented (public health, welfare, consulting and rehabilitation services, law etc.). Nonetheless, there are several elements that are common to the different definitions: referral to type of neglect (neglect of child's health or security, or neglect of his basic needs – food, shelter, emotional, social and educational treatment); referral to the cause of neglect as failure in caretaking and address of child's needs on behalf of the responsible adult.

Many of the definitions refer to the mal effect of neglect, and/or the parties involved or linked to it, that is whether other types of abuse are involved (Gardner, 2016).

Child abuse in the law and Islam

Assault and abuse of any type carry devastating repercussions on the victim in general and child in particular. These repercussions may lead to multiple injuries in physical, cognitive, emotional and social development that may accompany the victim on all levels, up to adulthood (Abu-Baker, 2009; Lev-Wiesel, 2007).

In 1989, the Penal Law in Israel was amended, mandating reporting of violent offences, neglect and abuse of children and the defenceless (Zadik, 2002; Kedman, 2011). According to the law, the state is mandated to protect children from any self or environmental harm (Kedman, 2011). Any injury to the physical or mental wellbeing of a child is defined by law as the liability of the responsible adult. The sections of the law refer differently to each type of abuse, violence or neglect. Accordingly, the law defines a penalty of up to nine years prison sentence for physical, mental or sexual abuse of a minor or defenceless (Penal Law, 1977, section 368). The law also refers to neglect and other injuries, stating that:

A parent or person liable for a minor at their household is obligated to provide for his livelihood, care for his health and prevent maltreatment, injury to his body or other injury to his wellbeing and health, and will be viewed as the one who has brought about the consequences upon the child's life and health, as he did not fulfil his stated mandatory obligation (Penal Law, 1977, section 323).

By virtue of this law, intervention on behalf of the police or welfare official is conducted following reporting so as to protect the child in cases of violence, neglect, or abuse (Kedman, 2011). The preferred treatment will be provided when the child is in their family or natural environs in accordance with life risk assessment.

For the purpose of protecting the physical wellbeing of children at high risk, the state developed tools, shelters and aid centres designed for short and long terms, houses for homeless adolescents as well as programs implemented within the community or outside the home such as foster families and boarding schools (Kedman, 2011). The highest degree of complexity is attributed to the circumstances of mandatory reporting. In Israel, mandatory reporting applies to any “reasonable basis to think” that “a transgression has been committed”. In addition to physical or sexual violence, these transgressions include any transgression that may place the minor’s life and health at risk, abandonment, neglect, assault, emotional or mental abuse, as well as child trade (Doron, 2012).

The public as a whole is subject to mandatory reporting to welfare or law authorities, yet for the general public it is a limited obligation according to which only recently committed transgression must be reported. The mandatory reporting to which professional personnel are subjected to is more comprehensive so that doctors, therapists of different professions, social workers, educators and teachers and other persons who come into contact with the child by virtue of their role and work are obligated to report every case that comes to their knowledge (Doron, 2012). The status of this law is similar in many other countries. For instance, in all USA states, child abuse is defined as mandatory reporting and situations carrying mandatory reporting by law are specified, including definition of physical, sexual and mental abuse, and neglect (Doron, 2012). Moreover, Israeli law imposes sanctions on failure to report, where the general public receives maximal penalty of three months imprisonment and professionals up to six months imprisonment. In the USA too, there are sanctions on non-reporting as well as false reporting. Unlike the USA, in Israel the anonymity of the reporter is not always maintained (Doron, 2012).

According to Islamic law, the Koraan specifically states the commandment of God to guard the children and treat them well (11: AL-Nisa). It is also stated (32: Al-Ma’idah) that anyone who kills, injures or distributes evil in the world out of malice it is as though he has killed all of the people, and anyone who aids and

assists a person it is as though he revives all of the people. Clearly, there is no contradiction between Islamic commandment and the law applied in Israel. The Prophet Mohammad also imposed responsibility for children upon their parents by likening them to shepherds – man is the shepherd of his family while the woman is the shepherd of her children, hence they must guard and protect them. Lastly, Mohammad stated that all of us – the general public – are liable for society as a whole (Al sahih buhari: 7137).

Despite the importance of real-time reporting so as to halt further injury and treat the victims, this law is currently not fully implemented, particularly in Israeli Arab society. On the contrary, the reporting may blame the victim of ruining the family, and the imprisonment of the criminal does not necessarily guarantee physical, social or traditional protection in this society (Baker & Dwairy, 2003).

Furthermore, upon comparing the number of reports between Arab and Jewish societies, it appears that in Arab society the percentages of injury are higher than in the Jewish sector, despite the fact that reporting percentages in Arab society are lower than in the Jewish sector for an equal child rate (Lev-Wiesel & Izikovich, 2016). This reporting discrepancy between Arab and Jewish societies seems to originate from the state's lack of investment in education resources and welfare services which in turn produces overload and shortage in welfare services (Ben-Arieh & Haj-Yahia, 2006).

Reporting leading to the removal of the injured family member from their home (in cases of violence or abuse) is viewed by the family as direct injury to its authority and honour, evoking great fear and commonly ensuing harm to the child's state, status, treatment and conditions of return to family cell. Nonetheless, the law obligates mandatory reporting (Abu-Baker, 2009), turning professional personnel into venues through which information is relayed between child, institutions and family. This state carries multiple implications for the therapist and therapy (Abu-Baker, 2009). In cases of sexual abuse, society's reaction may be harsher and come into expression in blaming the victim, harming, separating and dismantling the family cell. This causes severe secondary injury and creates 'prototype dynamics' (Abu-Baker, 2009).

For the therapist, the Law of Mandatory Reporting is a source of ethical dilemma. In order to conduct therapy, the therapist must provide safe space that maintains privacy and secrecy (therapy confidentiality) and enables openness and sharing of thoughts, emotions and difficulties. Thus, in the initial contract and as part of professional ethics, the therapist signs and is obligated to maintain client confidentiality yet is simultaneously subject to mandatory reporting (Zadik, 2002). The issue of breaking confidentiality is highly sensitive, bearing repercussions that may harm contact and relations with client's family as well as client's trust in the therapist, a state that may re enact and intensify past experiences (Abu-Baker, 2013). Maintaining confidentiality is valid post treatment and even post death of client. When the therapist encounters contents necessitating reporting, multiple conflicts rise concerning what is the best course of action - or least harmful - for the client (Shefler, Agamon & Wiel, 2003). Moreover, upon reporting the therapist is required or obligated to testify/relay information origination from the therapy session, a situation that evokes ethical-legal dilemma alongside harsh feelings and a strong urge to protect the client (Zadik, 2002).

The Prophet Mohammad stated that "anyone who sees evil must change it, first with his hand, if not with his hand then with his tongue, and if not with his tongue then with his heart. This is the basis of faith" (Al sahih muslem: 34). According to this statement, mandatory aid and assistance against any mal intent applies to all, beginning with a deed, if there is no ability to protect physically then by reporting to authority, and if there is no possibility of reporting - one must find the way in their heart to help man. This is the minimal requirement for maintaining Islamic faith.

Arab society in Israel and the view of the child

Arabs in Israel constitute a minority that remained from a larger population which fled from Palestine to neighbouring Arab nations during the 1948 War (Rinawi, 2003). They share social, cultural,

ethnic and other features with Arab nations. As of 2016 census, Arabs make up 20.8% of Israel's population. Of this minority which numbers nearly two million capita, 84.8% of Arab population is Muslim, 7.4% are Christian Arabs, and 7.8% are Druze (Central Bureau of Statistics, 2019). Most of Arab society functions as a tribal society where family and clan are at the centre. Emphasis is placed on collective identity influenced by family, community, ethnic and national identity rather than individual identity, where the individual is expected to waver for the greater good (Jerajisi, 2013). In western society, the perception of human personality developed as part of the development of individualism versus collective society - as Israeli Arab society is defined - where the individual's personality and reactions are affected by the collective. The difference between the two rests on the degree of independence the individual has from his family. Thus, when the state and the social system are supportive, as in the west, development of unique personality is made possible whereas in a collective society lacking state intervention, the family becomes sole protector and centre of dependency yet negates realization of personal independence (Dwairy, 2004).

Nonetheless, it is evident that Israeli Arab society is undergoing intensive processes of change and socio-economic transformation in light of the Arab-Jewish conflict alongside modernization and globalization processes. This transition from traditional to a more modern society induces intergenerational conflict between parents who were raised on traditional social values and young generations who begin to adopt western culture values that espouse social openness and individualism (Dwairy, 1997, 2004, 2006).

Arab society is hierarchical, where children hold a marginal status while central status is attributed to the male and elder women (Abu-Baker, 2009). This state turns children into objects and provides legitimacy to ignore their feelings and needs on behalf of utilization by the adult. The view of children is one of entities who do not feel or understand, and have no emotional say or view what so ever. Moreover, in the presence of adults the children are the ones who are supposed to obey and care for the adults, being in sharp

contrast to the approach of western education towards children (Abu-Baker, 2009, 2013). Hence, contrary to the legal definition that aspires to prevent physical or other violence towards children, it appears that in Arab society parents and teachers still use violence as a tool to solve problems for the benefit of advancing the child or their achievements. The authoritative, hierarchical education in Arab society legitimizes for countless parents and teachers the use of violence under the auspices of 'for the benefit of the child' and the intention of educating him right so that he will have a good future. Thus, parents' punishment is not accompanied by any notions of guilt as the intent of physical punishment is justified in their eyes, alongside the widely held view that physical punishment carries no emotional repercussions upon the child. Islamic religion commands children to comply with their parents and elders. Although religion encourages a connection of love, compassion and healthy bond between child and parent, there is a lack in tools and social awareness regarding the implications of these traditional education styles (Abu-Baker, 2009; Dwairy, 1998).

Special needs and disabled children in Arab society in Israel

The education system in Israel is adapted to the needs of the various sectors in the State of Israel and is divided into four main sections: 1. By age; 2. By legal status; 3. By type of inspectorate; 4. By sector type: - Jewish and non-Jewish sector. The non-Jewish sector includes Arab, Bedouin, Druze, and Circassian (Ministry of Education website, 2019).

Since the British Mandate, Arab education in Israel has been separated and managed in parallel with Jewish education, similar to the ultra-Orthodox religious education system, which is run by representatives of the Jewish community (Swirski and Dagan-Buzaglo, 2009). Their challenges of children with special needs and their families is even more challenging, due to the considerable discrimination, especially in the Arab and ultra-Orthodox sectors, and due to

the prevalent stigma in the Arab sector regarding special education students (Swirski and Dagan-Buzaglo, 2009). After the enactment of the special education law in 1988 and its amendment in 2002, children of special education began to receive systematic instruction in the regular system and receive treatment in the arts and other paramedical professions within the school framework (Abbas, 2011). This situation enabled children with special needs to integrate as part of the regular education system, and raised the need for the presence and integration of art therapists in order to support and help these children find the strength to integrate into the system (Morya, 2006).

Hence, the treatment of the arts is for children of school age in general and children with special needs in particular a natural and spontaneous tool that connects their inner world to their external world and builds a media space for creative communication and action, which is a therapeutic process that develops the inner channels of the child and connects the mental and physical abilities (Abd al-Qade. H, 2015). In addition to these advantages, the presence of the art therapist within the school system has a vital impact on the environment and on the educators with whom the child comes into daily contact, such as an educator, counselor and psychologist, as well as the rest of the paramedical staff. So that it affects and is influenced by the team and from it (Abd al-Qader.H, 2015).

Arts therapies

Throughout many centuries of human history, mankind created arts in the form of drama, painting, sculpture, music, dance and movement, where shamans and religious men used these tools of expression and creativity to heal people. Utilization of drama and the arts has become more conscious in recent years, transforming it into an organic tool for mental therapy whereby the client undergoes a process of cognitive, behavioural and emotional analysis in line with the client’s psychological, social and cultural conditions,

enabling the client development of tools and skills for coping with difficulties and problems, both consciously and unconsciously (Bailey, 2007).

Arts therapy enfolds multiple unique courses of mental therapy such as drama therapy, visual and plastic art therapy, music therapy, psychodrama, movement therapy and bibliotherapy. The basis of arts therapy is human creativity which relies on imagination, creativeness, and vital forces existing in each and every one of us. In drama therapy for instance, the meaning of the word 'drama' is rooted in the Greek word for 'action', so that drama incorporates a sea of languages from all arts based on action, e.g. movement, music, visual arts, role play, improvisation, playback theatre, puppetry, masks, story narration, theatrical performances integrated with psychotherapy - all of which serve to strengthen the individual's inner powers, increase personal and interpersonal awareness, and develop coping abilities (Berger, 2015; Bailey, 2007). Gersie (1996a, 1996b) adds that the field of drama therapy refers to a number of therapy models that utilize theatrical elements, improvisations and therapeutic role play. Drama therapy creates a learning environment with distinct therapeutic objectives that encourages personal insight, where the work process itself produces unique experiences. Furthermore, dramatic play affords the client to embody numerous roles including actor, producer and various characters, alongside the opportunity to direct a biographical performance and more, while all of these venues allow the existence of an empowering therapeutic process (Johnson, 2009; Doron-Harari, 2014). The roots of drama therapy nourish from significant psychotherapy approaches such as Gestalt, play therapy and psychodrama which incorporate techniques and dramatic processes. Drama therapy is similar to psychotherapy in its use of role play, spontaneity, working with imagination and stage experience yet also involves additional dramatic and theatrical techniques (Jennings, 2000). Play and theatre invite utilization of all arts such as music, voice, sound, movement, imagination, colour, lighting, puppets, masks, photography, text and writing. The creative combination of the various

tools affords expression of emotion, particularly in drama therapy where the client is able to empathize with characters as well as experience conflicts on stage. This re enactment of conflicts serves as a corrective experience that can provide coping ability with anxieties and adversities that may subsequently rise (Lahad, 2006). Additionally, the client is allowed to express emotions that may not necessarily receive legitimization in society through playing roles and characters (Meldrum, 1994).

Similar to other arts therapies, drama therapy too relies upon various psychology theories, including Jung's theory of understanding the mind via archetypes and universal symbols (Jennings, 2000; Lahad, 2006), and development theories such as Piaget's which also form the basis for understanding the development of play and its importance for child mental development (Gersie, 1996a), and the significance of stimuli and activities offered to children to advance their development (Banister, 2006). Particularly among children, play is viewed as cardinal for self healing, correction and processing of traumatic experience; it is evident that in light of a deep traumatic experience that does not receive processing and containment the child's ability to play is harmed, emphasizing to the greatest extent the importance of play in therapy (Banister, 2006).

Emotional therapy in Arab society

The status of emotional therapy in Arab society is affected by Arab culture which is characterized by distrust and suspicion towards foreigners and foreign external cultures, casting doubt on the ability of foreigners to comprehend or contribute to their culture. Nonetheless, the impact of modernization and other various changes is discernible in the field of therapy, and in the issue of referral to external assistance. Further improvement is notable with reference to fear of social stigma, indicating higher willingness of parents to receive assistance and guidance mostly within educational frameworks. The massive influence of the hierarchical-authoritative-tribal

structure is still evident with reference to negation of the individual's freedom of choice and lack of address to his needs alongside illegitimacy of personal expression and choice, as the family remains the sole source of security and economic resources in absence of state and welfare bodies' intervention (Dwairy, 1998).

To this date, when in mental distress many people of Arab culture hold the belief that doctors, religious men or family relatives form the primary address while requesting mental assistance from mental health professionals is a last resort, commonly opting traditional venues of therapy over western therapy methods (Dwairy, 1998; Al-Krenawi, 2004; Shelata, 2010). Notwithstanding, the Arab client relates to the therapist as an educated person and mentor who is perceived as an authoritative figure. The Arab client expects to receive a concrete solution to his problem. In Arab society, there are many cultural stigmas that generated false views on mental therapy relayed through stories and movies, such as the association of mental treatment and madness. In addition, the Arab client finds it difficult to reveal his personal problems to someone outside his family and community – since whoever does so is viewed as weak and untrustworthy – particularly in cases that place family honour at risk. At the same time, it is important that the therapist will be an outsider to the village or clan so as to prevent fear of social exposure and shame, allowing the client to relay his story to a 'foreigner' (Jeraisi, 2013). Alzargawi (2001) contends that prevailing myths and stigmas prevent the individual in Arab society from going to an emotional therapist or psychologist so that he will prefer turning to religious men or shamans for treatment. This notion causes shame and avoidance of therapy that generate negative situations, particularly when mental or emotional harm to one of the family members is detected.

Emotional arts therapy carries its own uniqueness in the ability of art to serve as an intercultural bridge and venue for self expression especially for one whose culture does not allow direct emotional discourse (Huss & Cwikel, 2008). Therapy that utilizes dramatic tools contributes to the therapeutic discourse the additional

elements of intuition, imagination, excitement and power which the client gains by sheer dramatic activity (Faust, 2002). Another element that must be taken into consideration is the cultural world of the client and the codes, norms and values that originate from it (Jennings, 1995; Al-Krenawi, 2004).

Arts therapy developed within western society where art is perceived as an expressive tool for the individual (Chalifa a, 2017; Masarwa & Bruno, 2018). Contrarily, art in Arab society is not considered a tool for expressing emotions but rather a means for expressing religious ideas (Alyami, 2009). Thereby, when a child of Arab society is requested to express feelings through art for the first time in his life it is a notion that is foreign to him versus a child of Jewish society for whom emotional and personal expression via art is more familiar (Daud, 2015). Such a situation may evoke a sense of confusion for the Arab child, particularly when the issue at hand is loaded and difficult (Chalifa a, 2017). The cultural difference affects therapists as they study and are exposed to western culture (Masarwa & Bruno, 2018), and forced to make changes and adaptations to Arab society by themselves (Huss & Cwikel, 2008), where in multiple instances the Arab therapist is compelled to use religious language or examples in order to express contents of emotional processes (Alyami, 2009). Currently, there is a lack in research that enriches arts therapy for children who have suffered sexual abuse, particularly in Arab society (Chalifa b, 2017).

Arts therapy in the education system

In 1988, the Law of Special Education was legislated in Israel granting students diagnosed as suffering from difficulties within school and kindergarten frameworks to receive an array of paramedical treatments including emotional therapy through expression and art. The Ministry of Education is considered to be the largest body in Israel that employs expression and creativity therapists through Settlement or Regional Support Centres (Director General of the Ministry of Education circular, 2010). In recent years, the field

of emotional therapy in schools is gradually being integrated into the educational system and is yet in its initial stages while being specifically oriented towards the special education sector. Part of the therapy service is conducted via arts therapy (drama, arts, music, psychodrama, bibliotherapy, movement and dance), while the other is conducted by the school's education psychologist, or by psychologists employed at the service of various projects on behalf of the local authorities (Moriah, 2000; Nachum, 2007). School therapeutic work provides emotional therapy performed within school space, during study hours, as part of the student's daily schedule so that therapy is integral with student's natural environment. This work affords direct contact with important others in the child's life, teachers and parents. It further cuts down financial costs as well as affords secure space without branding parents and child (Huss, 2013).

The presence of expression and creativity therapists at schools is vital for school needs as well as students' (Chazut, 1998). The student's familiar environment appears to assist in the creation of trust necessary for therapeutic relations, as school forms the child's natural environment where he spends his daily life and undergoes processes on personal, scholastic and group levels that impact his development and self formalization. However, despite the importance of expression and creativity therapist's presence within school system, there are multiple challenges and frictions primarily originating from the meeting point of two approaches - educational and therapeutic. This generates the need to construct wide dialogue space between the therapist and the education system (Huss, 2013). As dialogue necessitates cooperation that enables flow of information and mutual enrichment, the integration of the therapist in the multi professional staff, adjustment of therapy to school setting, flow of information and maintenance of client privacy are crucial (Moriah, 2000).

In addition to the above challenges related to integration of therapist in school staff and maintenance of mutual cooperation and proliferation, the therapist faces further challenges in Arab society schools. In multiple cases, there are frictions and disagreements

between the education staff and the therapy staff as they strive for different objectives: teachers seek rapid, measureable change and improvement in learning and behaviour whereas therapists attribute significance even to small changes, viewing therapy objectives in long term context (Tytherleigh & Kakou, 2010). Communication between teachers and therapists can be deficient causing faults such as failure to provide important information. The complex mixture of educational and therapeutic staff personnel requires a search for common language that mediates between these different approaches so as to attain the joint objective which is student empowerment (Vangrover, 1998; Huss, 2013).

Furthermore, it is important to note that adjustment of therapist to client's culture and educators is highly significant to the extent of carrying decisive impact on therapeutic success. Al-krenawi (2002) highlights the significance of training therapists in the implementation of culturally sensitive therapeutic interventions when conducting therapy in a different culture or ethnic group. Therapists should aspire to be affinitive and culturally intelligent in order to remove obstacles and attain more effective therapy (Al-Krenawi, 2002). Hence, it is critical to detect and understand the reasons for this communication discrepancy between teachers and therapist, and characterize teachers' view of the therapeutic profession as a whole.

Arts therapy and abused children within school system framework

In order to perform emotional therapy in school space, there must be a permanent and secure therapeutic space that affords client-therapist privacy and confidentiality. In the case of treating children who underwent maltreatment or sexual abuse, these conditions are even more critical (Chalifa b, 2017). Due to attributed taboo and hushing of maltreatment in general and sexual abuse in particular in Arab society, of shame and fear of society, there must be absolute secrecy in the therapy room so as to maintain and con-

struct secure space and client's trust in the therapist regarding the injury – security that concerns all persons, even the ones closest to the child such as family or teachers – so that nothing said in the room leaves the room (Waller, 2006 in Chalifa a, 2017).

In Arab society, privacy of children is not customary or acceptable as privacy is commonly perceived threatening to the excluded society which is in the habit of seeing and controlling every individual. Thus, closing or locking a door can be viewed as disrespectful towards family or staff members (Daud, 2015; Masarwa & Bruno, 2018; Chalifa b, 2017). Not permitting the teacher, counselor or school manager to enter the therapy room, or detaining specific information regarding occurrences in the therapy room or information specifically relating to the child can be viewed as disloyalty on behalf of the therapist (Daud, 2015; Masarwa & Bruno, 2018). In order to prevent these unpleasant circumstances, arts therapists strive to speak about this issue as part of their presentation on therapy profession before the staff members, where such an explanation can increase awareness among school staff in Arab society (Chalifa a, 2017; Masarwa & Bruno, 2018). Despite the success of the field of arts therapy at schools and noted progress in arts therapy treatment of sexually abused children, arts therapists still face complex obstacles in general and at schools in particular that hinder and prevent provision of full assistance and aid in the case of sexually abused children originating from the conflict between therapeutic language and traditional education language (Chalifa a, 2017; Masarwa & Bruno, 2018).

“Arts therapy is considered one of the most effective tools for identifying and detecting sexual abuse” (Chalifa b, 2017). Creativity assists the child to talk and convey thoughts and emotions too difficult for verbal relay as well as surface unconscious contents. Thereby, arts therapy is a tool for detecting and diagnosing child maltreatment in general and sexual abuse in particular. In this manner, the projection potential which allows indirect and safe expression of contents, thoughts and emotion affords surfacing of physical and sexual injuries (Chalifa b, 2017). In Arab society, where emotional

expression is sensitive and unpopular, this type of therapy or expression allows secure space for emotional expression (Chalifa a, 2017).

As arts therapy affords space and expression harsh contents surface, on some occasions for the first time, so that the secret of the injury is revealed by the arts therapist who thus becomes liable for mandatory reporting (Masarwa, 2016; Chalifa, 2017). This reporting must be executed instantly and quickly or else the therapist faces imprisonment in accordance with section 368d of the Penal Law (Doron, 2012). Doron (2012) claims that although dozens of studies written in Israel on mandatory reporting were found, one of the interesting findings was the sparseness of direct empirical studies conducted on mandatory reporting. In addition, no in depth authentic research was found that studies the experiences of arts therapists coming from Arab society and working in Arab society upon reporting child abuse (Doron, 2012). Currently in Israel, there is no accurate data on the scope of sexual abuse in Arab society (Moshe, 2013). Reporting rates in Israeli Arab society are consistently lower than reporting rates in Jewish society (Rabinovitz, 2010; Weisbly, 2010; Chalifa, 2017a). However, empirical studies indicate that in reality sexual abuse in Israeli Arab society is at a higher rate than in the Jewish population (Weisbly, 2010; Lev-Wiesel, Sabu Lal, Arazi & Ben Simon, 2017). That is, there is a low reporting rate of cases of sexual abuse of children but it does not reflect true reality, and is presumably due to other difficulties that may originate from the sheer act of mandatory reporting (Chadad Bulus, 2013 in Chalifa, 2017b; Masarwa, 2016; Chalifa, 2017b). This situation concurs with the scenario described by arts therapists claiming that they are exposed to numerous cases at Arab schools of children suffering from maltreatment and sexual abuse (Masarwa, 2016; Chalifa, 2017a).

Caught in between reporting and non-reporting, the arts therapist experiences complex inner and external conflict, accompanied by the insight that in Arab society reporting carries an extra 'secondary injury' as a result of the embarrassment caused to family honour originating from secret exposure. This is a particularly sensitive issue in Arab society with reference to sexual abuse of a fe-

male juvenile or woman. In the best scenario, the reporting may cause social damage with long term repercussions yet in other cases sever physical violence to the extent of murder (Chalifa, 2017a; Masarwa & Bruno, 2018). Thus, the arts therapist may likely find herself captured in the same trap and under real threat to her life (Goldstein & Laor, 2010).

Masarwa (2016) marks that therapy commonly ceases following reporting. Hence, Goldstein & Laor (2010) suggest a solution in the form of a separation program primarily aimed at separating therapeutic intervention from legal intervention, alongside the establishment of separate locating teams alongside ongoing provision of treatment to the child. This solution offers to maintain both protection from harm and provision of therapy (Goldstein & Laor, 2010; Chalifa, 2017b).

Ongoing provision of treatment to a child following detection of sexual abuse is one of the most essential elements needed to enable support and healing (Murphy, 1998). Nonetheless, this requires high sensitivity and understanding of the child's native society and culture, and the therapist must adapt to it (Daud, 2015; Chalifa, 2017a; Masarwa & Bruno, 2018).

Dilemmas of art therapists working with abused children

According to previous research conducted on the subject in Israel, there evidently exists a colossal dilemma among therapists in general and among Arab therapists in particular, their wish to assist and save the lives of these unprotected abused children by professional and legal tools versus their great fear and desire to remain devoted to fulfil the social conventions. The fear from repercussions of reporting abuse is shared by both clients and therapists. On the one hand, there is the state law of mandatory reporting, according to it, one must report upon discovery of maltreatment or abuse. On the other hand - this is very difficult because Of therapists' profes-

sional ethics and the order of silence and unfavourable attitude to children as well as to the therapists (Masarwa, 2016).

The difficulties arts therapists face are not solely due to mandatory of reporting but also spring from the physical, environmental conditions of school space. A huge number of therapists feel a sense of mission in their profession. They have to manage an uneasy path to gain some simple conditions required for therapeutic work and instil the meaning and significance of mental and emotional therapy via arts among teachers, parents and principals. There are a lot of routine challenges for art therapists such as: translating the child's language to the others, teaching the child skills needed in their environment, guarding and protecting the child and herself. Furthermore, the lack of equipment, rooms and maladjustment of school surroundings layout to therapy layout that are so much needed for attaining privacy and secrecy are indeed challenging. The educational staff can often misunderstand this form of therapy and use of methods that can lead to a different attitude towards therapists and children. This places upon the arts therapist the responsibility of explaining, presenting and struggling for prerequisite conditions for performing therapy within school space. Hence, the arts therapist stands alone in face of the majority – educators who represent society as well as the collective (Daud, 2015; Masarwua, 2016).

It has been argued that western psychotherapy learning enables the individual the possibility of expressing and surfacing contents within a safe, secure space. However, when surfacing severe contents that include maltreatment, sexual abuse and/or neglect, psychotherapy ignites conflict between the individual (child and therapist) and society (Kna'ana, 2007, Daud, 2015; Masarwa, 2016).

Furthermore, particularly in cases of physical or sexual abuse of minors, society's reactions are harsh, where silencing and threatening, shamefulness and helplessness overwhelm all sides, including the therapist (Baker & Dwairy, 2003). The state where therapists find it difficult to report thus search for any means by which they can help the client and guard themselves generates further complexities in their relations with the school, which constitutes their source of livelihood.

The current state of affairs indicates that upon detection of injury, society prefers referral to a family member in order to sustain social integration (Abud Halabi, 2004). Referral to external bodies (welfare, law enforcement) harms the child and family's internal texture and external environmental texture (Haj Yahia & Shor, 1995).

In fact, the arts therapist is aware of the complexity of reporting and is caught up without choice in the inevitable trap between the wish to report so as to stop further injury and protect the child, and the fear that this procedure will not necessarily protect as it surfaces the problem and difficulty and harms the therapy and delicate personal and interpersonal textures in the child's life, carrying repercussions that may be even more devastating for the child, therapy, and the therapist herself (Shlomi & Daud, 2011).

The therapist is required to act carefully and sensitively in line with the severity of the maltreatment and its type. For instance, if maltreatment is sexual, in a boy or girl, this increases level of concern and fear of social reaction (Abu Baker & Marwan, 2003; Abu-Baker, 2009). The therapist's perceived sense of threat and defencelessness further persist post reporting due to possible concrete threat to her livelihood, life, and/or the lives of her family members (Masarwa, 2016).

On multiple occasions, there exists prior to the reporting fear and concern regarding exposure of a minor's maltreatment, be it emotional, physical, sexual or neglect commonly performed by a figure that is close to or responsible for the child. Levels of difficulty and uncertainty increase by the sheer knowledge that the education system, as representative of society, commonly attempts to preserve existing status or maintain its social prestige. All of these constitute factors of which the arts therapist is well aware of, and further feed perceived sense of helplessness and uncertainty, particularly when means of communication within the therapy room is nonverbal and as such forms a testimony unacceptable at court. Hence, it is crucially important to conduct comprehensive research on the views and feelings of arts therapists towards mandatory reporting to which they are subject (Masarwa, 2016).

Varying voices rise from professional literature on the issue of mandatory reporting. Some view it as an unreasonable policy and emphasize the need to anchor it in actual reality (Melton, 2005). Others mark the need for adjustment of mandatory reporting to Arab society (Abu Baker, 2009), in accordance with the spirit of Islamic religion and society committed to preserve family honor and privacy alongside the preservation of child rights.

It is possible that arts therapists occasionally refrain from reporting, as it does not solve the essence of the problem which is lack of proper treatment of the adversities of these individuals and families, lack of programs that impart tools for changing behaviour that produces the injury, and the absence of a reliable body such as social workers, who they themselves are part of society (Sulimani-Aidn & Ben, 2013).

Summary

As it was said above, the social perception, on the one hand, enables a child with special needs to enjoy the freedom of choice and to make a decision about his life to realize himself and obliges the institutions to give full respect to the child in the special education system (Abbas, 2011). On the other hand, this approach places the child in special education system in the face of complex challenges (Abbas, 2011; Wojciechowska, Gulczyńska, 2017).

Over the years, the denial of children with special needs and disabilities was concealed. The Special Education Law contributed to changing this reality, but there are still many stigmas and discrimination in the Arab sector (Abbas, 2011).

The current article highlights the importance of research and development of an educational and therapeutic model as it brings to the fore the multi coloured, voiced and form dynamics within the ambivalence of society, mandatory reporting, feelings rising from the encounter with abuse pertaining to the emotional burden upon child and therapist, facing the system and society, and the decision

to take action – which may be most correct professionally and legally but also harmful or devastating. This dilemma and its characteristic complex dynamics place the arts therapist in continuous oscillation between professionalism and humanism, verbal and artistic space, the private and confidential versus family and tradition. The question arising from the above is: how may Art function as a bridge that mediates, advances awareness of educators and the society in which they live and operate, as a tool or means of expression and therapy, and as carrier of the long awaited social change in the field of treatment of abused and maltreated children in Arab society.

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