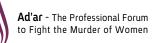
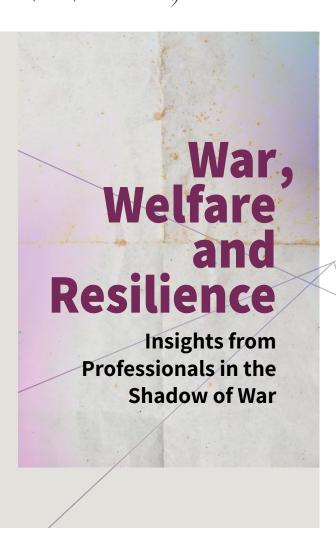
جمعیة آذار منتدی المهنیین والمهنیات لمکافحة جرائم قتل النساء **עמותת אד'אר** פורום אנשי ונשות המקצוע למאבק בפשעי רצח נשים





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Insights from Professionals in the Shadow of War

January 2024

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Ad'ar: The Professional Forum to Fight the Murder of Women

Ad'ar is a forum established in Haifa in 2016 and aims to eliminate the murder of women by working with professionals. The organisation focuses its activity on supporting, guiding and training professionals who specialise in gender-based violence, and addresses their challenges through the long and complex process of treating these cases. The organisation delivers training sessions and workshops under the title: "who treats the therapist."

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This report delves into the experiences of social workers in Israel during the current war which broke out after the events of October 7th, with a particular focus on Arab social workers in Bedouin communities in the South and evacuated communities in the North.

The report begins by examining existing literature on the role of social workers in times of emergencies and crises, and then it reviews the impact of the current war on the Israeli welfare system and the consequences of the current situation on Arab citizens.

The report draws from 15 interviews with social workers who have previously undergone training courses with Ad'ar, reports from a hotline set up by Ad'ar to support professionals and citizens during the war, observations of support groups for social workers, and participation in various governmental, academic and civil society forums.

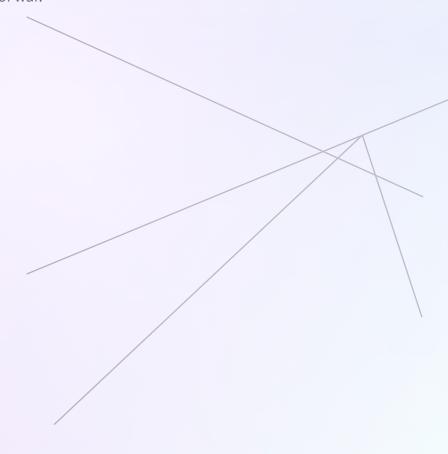
The report's findings are structured into two main sections.

The first section sheds light on the needs of families and individuals assisted by social services during the war. It explores the needs they approach social services with: (1) mental health support as a result of anxiety, stress and trauma due to physical threats such as rocket attacks and infiltration, uncertainty about the future, and concerns for loved ones; (2) material needs such as food, infrastructure, protection from rockets, and accessible information. Additionally, the first section delves into the impact of the current war on gender-based violence (GBV), discussing the patterns of GBV reporting during the war and the consequences of evacuations on the process of monitoring and dealing with GBV cases.

The second section delves into the experiences of social workers themselves. It underscores their unwavering commitment to their patients and communities despite the difficulties they face as residents in a war zone, as well as professionals expected to help those in need.

The shared reality of war is portrayed as a double-edged sword in this report. On the one hand, it increased and strengthened social workers' empathy and their relationships with their patients; while on the other hand, it burdened them emotionally with feelings of helplessness, stress and blurring of lines with their patients, sometimes manifesting in physical symptoms. This section emphasises the importance of supportive systems alongside the support of colleagues, especially through holding regular meetings and demonstrating understanding and flexibility towards social workers' personal and professional circumstances. It also addresses the challenges of working in mixed teams during the war, particularly in a general atmosphere marked by silencing and intimidation.

Based on the insights gathered, the report concludes with a set of recommendations, with a focus on combating gender-based violence in the shadow of war.

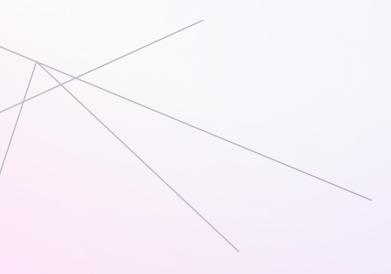


Introduction

The eruption of the current war after the October 7 events in Southern Israel has brought new challenges to the therapeutic community in Israel and particularly to social workers in the North and South.

In such cases of national emergencies, social workers play a vital role in providing stability and life-saving practical support to the communities they serve. Yet they are also impacted by broader structural problems (e.g., lack of resources) and the emergency situation itself, which includes exposure to war-related violence. Working as social workers in this environment exposes them to additional layers of trauma and emotional overwhelm.

In this report, we seek to understand the experiences and needs of social workers and mental health professionals, especially Arab social workers who specialise in gender-based violence (hereafter GBV), who work with individuals and families impacted by the war, with a focus on Bedouin communities in the South, and evacuated communities in the North.





Social workers during emergencies, crises and war

Social workers often take a leading role during crises and emergencies, providing critical support to those in distress amidst unpredictable, chaotic and often resource-constrained environments (Agger, Vuk, & Mimica, 1995). In times of conflict, social workers swiftly and continuously evaluate and communicate the needs of affected individuals and communities through the appropriate channels. They offer emotional support and trauma counselling while ensuring the provision of essential assistance, including food and medical care, with a special focus on the particularly vulnerable, such as the elderly and people with disabilities. Furthermore, post-war, social workers actively contribute to the reconstruction and rehabilitation of individuals and communities.

Yet while social workers seek to assist others, they too live in the shadow of war. This is what researchers call "shared traumatic reality" - defined as instances when social workers and their clients are "exposed to and/ or threatened by the same traumatising circumstances as their clients" (Dekel & Baum, 2010, p. 1928). A shared traumatic reality exposes social workers to two levels of traumatisation: one as individuals living in the context of war and the second as professionals confronted with the traumas of their patients. The movement and interaction between these two levels take an emotional toll on social workers and compound several difficulties for them: for example, when the traumatic reality is shared, professional boundaries are blurred, making it difficult for social workers to separate their own emotions and concerns from those of their clients (Cabiati, 2021; Lavi, Nuttman-Shwartz, & Dekel, 2015). This double exposure to trauma could lead to severe and lasting negative mental health consequences (Baum, 2010; Finklestein et al., 2015; Hesse, 2002).

However, concurrent with the hazards that social workers are exposed to through their work during emergencies, their active involvement in assisting others during crises could also spur personal and professional growth, mitigating some of the negative mental health consequences discussed above (Lev-Wiesel et al., 2009). Evidence suggests that the feeling of being needed, the ability to help those in distress, and witnessing people overcoming tragedy could be sources of resilience for professionals (Lev-Wiesel et al., 2009; Nuttman-Shwartz, 2014). In a shared traumatic reality, social workers often report "deepened identification" with their clients, leading to a more robust therapeutic alliance (Lavi, Nuttman-Shwartz, & Dekel, 2015; p.8). Furthermore, when provided with a supportive professional network of colleagues, social workers' sense of professional competence increases (Dekel & Baum, 2010; Lev-Wiesel et al., 2009).

The Israeli social welfare system in the shadow of the war

The current war caught the Israeli welfare system at a difficult point. This system, which is regularly underfunded and understaffed, is now stretched even thinner as it attempts to address the needs of those impacted by the war (Globes & Centre for Citizen Empowerment, 2023). After years of institutional knowledge production about crises and emergencies, in 2021, the ministry announced a policy document about the "theory of operation during emergencies and crises" (Ministry of Welfare and Social Affairs, 2021). The document outlines how the various units in the ministry ought to prepare for various scenarios of emergency, each body's realm of responsibility, and how emerging needs should be addressed during times of crisis.

However, this preparatory effort is undermined by the state of the social welfare system in Israel: overburdened and financially strained. A few factors contribute to this state: continuous underfunding by the government estimated to be around 6 billion shekels per year, a shortage of social workers, unrestrained attacks on professionals in the welfare system, and increasing appointments based on political rather than professional criteria (Gal, 2023; Gal, Ben-Porat, & Tarabeih, 2023; Globes & Centre for Citizen Empowerment, 2023; Peleg & Ifrati, 2023).

Furthermore, according to a recent report by the Adva Centre, out of the fourteen resilience centres that the government set up to operate across the country and provide specialised mental health services to victims of trauma caused by security events, the four centres in the West Bank settlements have been allocated disproportionately higher budgets (Livnat, 2023). This is despite evidence indicating a stronger need to fund resilience centres in the South where the number of traumatic stress victims was increasing even before October 7th. It should be noted that in Arab society there is only one resilience centre in the South which serves Bedouin communities in the South. Unlike other resilience centres, this centre assists trauma victims regardless of the cause. In addition to this centre, some of the existing centres in Jewish cities serve both Arab and Jewish localities, both in the North and the South.

This is how the surprising eruption of war on October 7th found the social welfare system in Israel: underfunded, battered, stuck in political wrangling and suddenly forced to adapt to an unprecedented and rapidly evolving emergency. The overnight dramatic increase in the number of people needing social services, including but not limited to the 130 thousand evacuees from the North and the South, the wide geographical distribution of the victims, and the severe economic damage to thousands of families placed the social welfare system under an immense amount of pressure. Furthermore, the abundance of governmental agencies addressing welfare aspects (e.g. the Ministry for Social Equality, the Ministry of the Negev and the Galilee), each run by a different political party, created confusion and redundancies, further squandering resources with complicated and cumbersome processes (Gal, 2023).

Due to the magnitude of the challenge presented, various national, regional and local actors from civil society stepped in to support the social welfare system (as well as the other governmental agencies). In the first few weeks of the war, an estimated two thousand social workers volunteered in direct assistance, local authority employees worked overtime, non-profit organizations were spurred into action, and hundreds of civil initiatives arose (Gal, 2023; Knesset News, 2023a). A recent report by the Institute for the Study of Civil Society and Philanthropy in Israel notes that civil initiatives "emerged as a formidable force in addressing the pressing needs and urgent challenges... [including] critical tasks like rescue operations, evacuations, temporary accommodation, the distribution of essential

food and medical supplies, as well as the provision of much-needed psychological support" (Almog-Bar, Bar, Barkai, & Marmus, 2023; p. 2). While these actors have all provided crucial support in the first few weeks of the war, the reliance on volunteers and donations is not sustainable in the long term (Gal, 2023).

Gender-based violence in the shadow of the current war

In 2023, a record number of 25 women were murdered in Israel in gender-based crimes, 10 of whom are Arabs (Tizkur, 2023). Within the first seven weeks of the war, the Na'amat hotline service saw an increase of %45 in calls reporting GBV, while the welfare ministry reported a %30 decrease in the first five weeks (Keller-Lynn, 2023). The data indicates that the war has impacted reporting patterns in contradictory ways: whereas civil society women's organizations were able to maintain their social reach to victims and survivors of GBV, state-led services were lagging behind. In Arab society, an assessment by Drawing the Lines collective (2023) indicates an initial drop in reports of GBV in the first few weeks of the war and then a rise. In Arab society, the murder of women is set against the backdrop of an increase in crime-related murders: two hundred and twenty-four people were killed in 2023- a %120 increase from last year's death toll, despite a decrease in incidents during October when the war broke out (Abraham Initiatives, 2023).

Nonetheless, in terms of new risk factors, both the Welfare Ministry, the Ministry of Women's Affairs, and civil society women's organizations agree that the new easing of regulations on firearm licensing is concerning: the Welfare Ministry received eighteen requests for danger assessments related to firearm possession in the first six weeks after the easing of regulations, compared to six in the entirety of 2022 (Kashti, 2023; Keller-Lynn, 2023). This is especially concerning since the approval of the Welfare Ministry is not required for a firearm license, despite having crucial information on the potential risk of an applicant (Kashti, 2023). According to the Gun Free Kitchen Tables (2023) project, research from across the globe reveals a notable increase in the incidence of women's murders within households or familial settings where firearms are present.

The impact of the war on Arab citizens of Israel

The complexity of the identity of Arab citizens of Israel increases during times of war: on the one hand, they are citizens of the state and have daily relationships with Jewish-Israeli citizens and feel their pain, and on the other hand, they are a part of the Palestinian people and have family members in the West Bank and Gaza and feel pain over the destruction and loss experienced there.

The current war has also taken a significant toll on Arab citizens in Israel: they were among those taken hostage and those killed in the Hamas attack on October 7th, two Arab villages in the North were evacuated, and Bedouin communities in the South face ongoing threats of missiles with little protection.

Nevertheless, state institutions have treated Arab citizens with suspicion since the beginning of the war. Arab citizens of Israel have been framed as immediate suspects and internal enemies by prominent officials such as National Security Minister Itamar Ben-Gvir and Police Commissioner Kobi Shabtai (Association for Civil Rights in Israel, 2023b). A persecution campaign began: arrests, academic suspensions, termination of employment and even physical attacks (Gessen, 2023; Glazer & Mashiach, 2023; Morris, 2023). Furthermore, protests calling for the cessation of war have been banned by the Police Commissioner further signifying a narrowing of the democratic margins (Association for Civil Rights in Israel, 2023b). All the aforementioned have led to a prevailing atmosphere of fear, silencing and alienation (Shalom Hartman Institute, 2023).

Alongside this negative atmosphere, Arab localities across the country are woefully unprepared for war scenarios causing citizens serious disruption. For example, a report by the Follow-Up Committee on Arab Education in Israel (2023) found that only %11 of Arab schools and educational institutions are ready for emergencies and that at least a quarter of Arab pupils do not have the technological means to access remote education. Another example is the negative economic impact of the war on Arab citizens who are already marginalized socioeconomically. A report by the Bank of Israel (2023) indicates that the unemployment rate of Arab citizens in October 2023 was %15.6 compared with %8.6 among Jewish citizens, reflecting the overrepresentation of Arab employees in vulnerable sectors such as construction, commerce and leisure.

A survey conducted by the Authority for the Economic Development of the Minority sector (2023) indicates that Arab men were more financially impacted by the war than Arab women: %19 of men reported unemployment compared with %10 of women. Despite the greater financial harm to Arab men, Arab women still face the worst economic prospects in the country, with their employment percentage at %40. Many women stopped working or took unpaid leave due to the war and its consequences on the labour market (e.g., business closures or reduction of working hours). Furthermore, there has been a sense of lack of personal security among citizens throughout the country, especially among Arab citizens who work in Jewish cities. For Arab women in particular, there are fears of being attacked, which leads them to leave or reduce their working hours, thereby disrupting their participation in the labour market (Karkabi-Sabbah and Abu Dbai-Saadi, 2023).

Arab social workers

Arab social workers play a crucial role in addressing the welfare needs of Arab (and Jewish) communities in Israel through local governmental welfare offices and non-governmental organizations. Through their work, they are forced to navigate the complex interplay of political, professional, familial and personal tensions, and challenging circumstances such as low wages, quick turnover, and unsuitable training for the needs of Arab society (Jammal-Abboud, 2023; Mahajne & Bar-On, 2020).

During times of violence and heightened national tensions, evidence shows that Arab social workers face additional challenges: feeling rejected by their Jewish colleagues (Ramon et al., 2006); tensions between their personal and professional values (Allassad Alhuzail & Mahajne, 2023); and feelings of helplessness and anxiety (Ramon, 2004). Evidence also indicates that Jewish and Arab social workers share an unspoken agreement to not speak about political issues for fear of negative consequences for professional relationships, yet there are instances when they (cautiously) break this silence in private, informal settings (Ali-Saleh Darawshy, Lev, & Weiss-Dagan, 2023).

Bedouin communities in the Negev

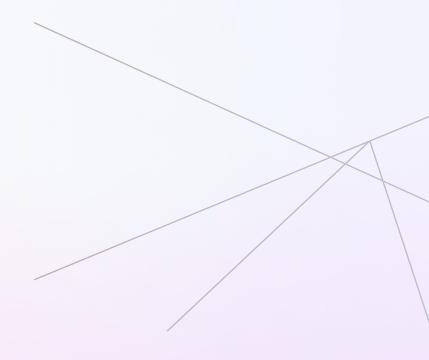
Three hundred thousand Bedouin citizens live in the South, of whom eighty thousand live in unrecognized villages according to the Knesset Research and Information Centre (2023a). All Bedouin localities in the South are overrepresented in the lowest tiers of socioeconomic status and suffer from limited development, a substantial lack of basic infrastructure, minimal service provision, and poverty (Abu-Saad, 2023). The situation is even more severe in unrecognized villages where many citizens live in makeshift structures which are under constant threat of demolition and do not receive any governmental services.

In the current war, Bedouin communities in the South have paid a hefty price: eighteen Bedouin citizens have already been killed, one pregnant Bedouin woman was shot in the belly leading to the murder of her baby, seven were taken hostage (of those, two have been returned, and one was mistakenly killed by IDF fire), and many structures destroyed (Knesset News, 2023b; Sharon, 2023).

This war both exacerbated and revealed the discriminatory policies that Bedouins in the South suffer from, especially as it relates to resilience and protection. Residents of unrecognized Bedouin villages are much more likely than any other citizen to be killed by a rocket (Knesset News, 2023b). First, not all recognized Bedouin localities are covered by the Home Front alert areas, and unrecognized villages have not been assigned alert areas at all (Knesset Research and Information Centre, 2023b; Negev Coexistence Forum, 2023; Association for Civil Rights in Israel, 2023a). This means that there is no warning when a rocket hits these areas unless they happen to cross neighbouring localities which are covered. Furthermore, the issue of whether Israel's Iron Dome system fully shields unrecognised villages is contested: local organisations and residents claim that the villages are designated as open spaces due to the state's refusal to recognise their existence, yet the government denies this (Negev Coexistence Forum, 2023; Ziv, 2023). Second, the state forbids the installation of siren systems in unrecognised villages, and even using existing buildings to alert residents (e.g. mosques; Knesset Research and Information Centre, 2023b). The solution that the government proposes is to download the Home Front phone application - yet this is not viable when cell

reception is not reliable in these areas.

Third, there are no adequate means of protection in all Bedouin localities, and almost negligible in unrecognized ones. According to the Knesset Research and Information Centre (2023b), %21 of Bedouin schools in the Negev do not have any shelters, in comparison to %15 nationally. Residents of unrecognised villages, at the beginning of the current war, had no home shelters at all (Negev Coexistence Forum, 2023). Only after extensive lobbying by civil society organisations, did the government begin setting up Hesko "shelters" which are essentially small areas encircled with sandbags with no roof or door which citizens are requested to enter in the case of a rocket alert (Negev Coexistence Forum, 2023; Ziv, 2023). Simultaneously, through donations, civil society organisations and local authorities have been able to place two hundred (out of an estimated need of eleven thousand) "pipe shelters", yet these do not "meet the standard of permanent shelters" and can accommodate only about 12 people (Negev Coexistence Forum, 2023; p.11).



Methods

This report is based on several sources of information. The main source is fifteen interviews with social workers who work with individuals and families negatively impacted by the war.

These interviews revolved around the social workers' work rhythm during the war, their own needs and emotions, the needs of their patients, the response of the welfare system, the impact of war on GBV and their vision for the day after the war. The interviewees were recruited through the database of social workers who have received training from and partnered with Ad'ar in the past. The interviews were conducted between the first of November 2023 and the 21st of December 2023. Most of them were conducted online (12 out of 15) and audio-recorded with the consent of the interviewee. The interviews were conducted by the author of this report who is also a staff member at Ad'ar and transcribed in the original language that they were conducted in (Hebrew/Arabic). It should be noted that there was difficulty recruiting interviewees due to the sensitive nature of the topics discussed as well as the busy work schedule of the professionals.

The table below presents the interviewees' demographic and professional characteristics. All the names are pseudonyms. All interviewees consented to their quotes being presented anonymously in this report. The majority of interviewees are Arab (12 out of 15).

Several other sources of information were also collected and included in the findings. During the war period, Ad'ar launched a hotline¹ to offer support and guidance for professionals, especially those in the North and South, and created several support groups for social workers.

^{1.} Immediately after the outbreak of war, Ad'ar launched a hotline to support professionals andresidents in the areas impacted by the war. The hotline is staffed by volunteers from the organisation who are social workers and have been trained on trauma therapy by the International Centre for Functional Resilience.

Calls and requests that were received through the hotline and the themes that were raised in the support groups were synthesised and incorporated into the findings.

Lastly, Ad'ar staff members participated in several governmental, academic, professional and civil society forums where the emerging needs of various population groups were discussed and presented. These conversations further informed and shaped the writing of this report.

Pseudonym	Region	Locality	Speciality
Nisreen	South	Local council	Family violence
Amira	South	Municipality	Children and foster families & family violence
Huda	South	Local council	Youth & elderly
Yehia	South	Local council	Youth
Ola	South	Municipality	Family violence & women at risk
Lana	South	Regional council	Head of the Welfare Department
Mital	Centre	Municipality	Community work
Randa	Centre	Municipality	Family violence
Bara'a	North	Municipality	Community work
Samia	North	Regional council	People with disabilities
Hadar	North	Regional council	Family violence
Miri	North	Regional council	Family violence
Suha	North	Local council	Head of welfare depart- ment
Rania	North	Regional council	Family violence
Sana	North	Regional council	Family violence

Findings

The findings are organized into two interconnected sections: the first section presents the changing needs of individuals and families impacted by the war and assisted by social services, and the second section explores the experiences and needs of the professionals working with them.

We present the needs of families and individuals first as we recognize that the shared reality of war means that many of the discussed needs are also experienced by social workers themselves.

Section 1: Families and individuals impacted by the war and assisted by social services

1.1. Uncertainty and multifaceted fear

This war has destabilized the reality of communities, families and individuals across the country, especially in the North and the South, and instilled fear and uncertainty about the future. These feelings are complex and multifaceted and can vary across regions and people, as will be discussed below.

First, a physical fear of harm exists: of rockets and missiles, and of an infiltration attack similar to the one on October 7th. For Bedouin communities in the South with little or no protection as well as Northern communities who have not been evacuated, the fear of rockets is an ongoing fear with daily attacks being launched.

For Bedouin communities, the proximity of the October 7 attack was unsettling, as this interviewee explains:

"Who works in these places? The Bedouins. If October 7 was a weekday, most of the victims would have been Bedouins. Many of the families here are employed in the agriculture sector in the Kibbutzim that were attacked." (Ola, South)

For Northern communities who were evacuated, the fear of infiltration is more prominent, as one interviewee shared:

"We receive anxious people, people who have a hard time sleeping at night, parents who find it difficult to contain the anxiety of their children because they are themselves anxious. The fear has more to do with infiltration, and less about rockets because most people have a shelter. Some children are afraid of being abducted, and have gone back to sleeping in their parents' bed or wetting their bed at night." (Miri, North)

As the quote above demonstrates, parents are also grappling with how to explain what is happening to their children and are seeking professional help, while also dealing with their own emotions, as this interviewee said:

"The children are at home - there are no schools or other frameworks... The mothers are not ready to explain to their children what is going on. 'What should I tell him? How should I explain?' She cannot make sense of it - how can she be expected to explain it to her child? So we arranged for meetings with the school counsellor so she could give them some guidelines, and I was surprised at how many mothers attended." (Huda, South)

Furthermore, residents of evacuated communities have yet to determine when they will be able to return to their homes, if at all. This uncertainty fosters a sense of anxiety, as this interviewee explained:

"The fear comes from uncertainty and a lack of control over events. The evacuees- at the beginning, they told them [that they would stay in the hotels] until the end of November. Then they said December, and now they are saying the end of Spring. So I have patients asking themselves whether they would return at all or if they should start thinking about living elsewhere." (Rania, North)

Moreover, there are also Arab citizens with family members in Gaza facing imminent threats to their lives, yet feel that they cannot express their pain, as this interviewee described:

"We started holding support groups to allow people to ventilate, and many difficult things emerged. For example, women who have relatives in Gaza - the crying in those groups was immense.

They wanted to share, express themselves, and express their emotions." (Huda, South)

The quote above demonstrates the importance of creating supportive spaces in Arab communities where complicated anxieties and emotions can be shared openly and without reservations.

Second, the war severely harmed people's financial situation. In particular, many Bedouin communities in the South work in sectors that have been significantly damaged or completely shut off suddenly due to the war: the agriculture sector in the Kibbutzim of the Gaza envelope, transportation of Gazan workers into Israel, and the construction sector. Furthermore, due to the heightened tensions between Jewish and Arab citizens, there was fear among Bedouin workers, especially women, of travelling to work in mixed cities and thus being vulnerable to attacks, and therefore, many people did not travel to their workplaces. Fears about financial damage are exacerbated by the uncertainty and lack of clarity regarding who will be eligible for governmental assistance and compensation, especially for vulnerable individuals and families.

As a consequence of this multifaceted fear, social workers described an enormous need for mental health support in their communities, both acute and long-term. In the short term, there is a need for mental health professionals to reach out to people, as this interviewee described:

"There's a preconception that our society just needs food and water etcetera, no. Our society needs emotional security. Our society needs and thinks about these matters very much, but I'm not sure how widely discussed it is. What people need most is for someone to talk to them. Someone to reach them, to come into their house, to reassure them. Your presence there as someone to say: 'I travelled a long way to come be with you for whatever you need." (Huda, South)

In the long term, social workers are already sounding the alarm about the shortage of therapists and professionals:

"The real needs will emerge later on, not now. Now there are a lot of organisations working... Who will stay in the field? There are a lot of people doing good work but we don't have enough therapists. We have so many people who will need help." (Amira, South)

1.2. Practical needs

Communities, families and individuals are also experiencing material challenges and have approached social workers with practical needs. As a consequence of the financial damage previously discussed, there were increased requests for food packages in some areas, especially after the first few weeks of the war when it became apparent that this emergency might last for a long time. However, some of those interviewed pointed out that due to the chaos and the multiple actors that became involved in the relief efforts, the food packages that were distributed were not evenly spread out and were not sufficiently nutritious. It was also indicated that sometimes the distribution of food packages and other necessities is used to mask the deeper problem of the lack of protection, as this interviewee says:

"They are distracting people with food packages instead of people demanding [installing] shelters... So many people in unrecognised villages were damaged. They don't have sirens or anything. This is what needs to be talked about and not food... My role is to protect societal resilience, not scare people and give them the feeling that their food supply is insecure... The chaos at the beginning was debilitating." (Lana, South)

Social workers also provided people with accessible information. Instructions and guidelines from the Home Front and other authorities were often written in Hebrew, especially in the first weeks of the war, necessitating that social workers and volunteers translate them and make them accessible, especially to elderly people who cannot read or write. One interviewee described how they reached out to the community to help with bureaucratic processes:

"We would read the information on Kol-Zchot in Hebrew, see what is relevant and then translate it and make it accessible to the people we work with. We had volunteers who would go help elderly people fill out forms to receive compensation." (Ola, South)

Moreover, the lack of reliable internet connection and cellphone reception as well as the shortage of technological devices at homes in Bedouin communities in the South severely disrupted families' ability to cope with the war. One interviewee described:

"Children are at home and not at school. There are no phones, no internet at home. Each family has seven or eight children, and there's one phone. So you need to 'choose' who gets to learn." (Nisreen, South)

Furthermore, some of the support that was offered by authorities and organisations was conducted online, making it less accessible:

"The Resilience Centre did an excellent job talking about mental and collective resilience. But a lot of it was online, and you know how unreliable the internet connection is here, so how will people access them?" (Huda, South)

1.3. Gender-based violence in the shadow of war

When asked about the impact of this war on gender-based violence, social workers who were interviewed also gave conflicting answers: some reported an increase in reported GBV incidents in their areas, some described a decrease, and others no change. One interviewee described the increase as follows:

"There was an increase in both [quantity and severity] of cases. There were existing cases that became worse - things we didn't even imagine - and other cases that were new that we didn't know about." (Yehia, South)

An interviewee who observed a decrease in GBV cases reflected on possible reasons for it:

"The number of reports we receive decreased, but I cannot say that violence decreased. Maybe women think 'Who will care about me now during war? If I go to the police I'm not sure how they will handle my complaint or if they will prioritise it' - these are questions that are raised." (Huda)

The quote above points to the importance of communicating to the public, and to victims of violence specifically, that they will be heard if they were to complain to authorities, even during a national crisis. For this communication to be effective, it necessitates a long process of trust-building involving the various bodies that handle cases of GBV - a process that requires dedicated resources that do not currently exist.

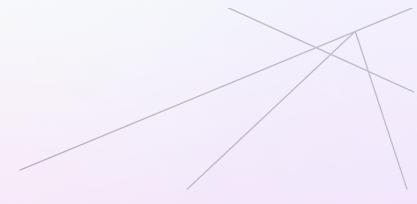
The evacuation of communities in the North has also had an impact

on GBV cases and their treatment, with the Welfare Ministry reporting thirteen "unusual incidents of domestic violence" in the first five weeks of the war in the hotels where evacuated communities are staying (Keller-Lynn, 2023). The evacuation has also complicated processes for reporting GBV cases, as one interviewee explained:

"I'm keeping my finger on the pulse with regards to violence, and I also talked to the police about it. There is an agreement with the main police station that we are usually in contact with regarding cases of violence that if there is a case in one of the hotels [where the families are evacuated], they [the police station in the original locality of residence] cannot operate from afar. So we are in contact with social workers in the region where the families have evacuated. If we know about a violent dynamic in a certain family we try to alert [the social workers and the police in the evacuated area] beforehand. If we don't know and it happens, we try to be in contact with the social workers and the police in the region where the family has evacuated to." (Miri, North)

In addition to practical complications in the case of evacuated communities, the war has also impeded the process of therapy itself, as one interviewee explains:

"I have a couple in a violent dynamic who stopped coming to therapy. They said that they don't have the capacity right now and I see a regression in their case. All my attempts to bring them back have failed. The husband is staying at home and the wife is also home and the children are home, so the anger and frustration increases and they couldn't handle it any longer." (Rania, North)



Section 2: Social workers

2.1. Sense of Duty to their community and Patients

Social workers who were interviewed expressed a strong sense of obligation and duty to their communities and their patients, especially during an unprecedented crisis such as this war. They were concerned for the vulnerable in the communities they serve and felt that they needed them to be with them. Through their work assisting people in their time of need, they found meaning and courage, as these interviewees explain:

"I know that when I go to the unrecognized villages - to talk to people, to be with them - I know that I am not protected and that it's quite a risk, but I feel that I need to be there." (Amira, South)

"In this war the feeling that I know why I chose this profession grew stronger. I understand the meaning of being with people and it is important to me." (Mital, Centre)

Yet despite this commitment, some difficulties stood in their way. One case to highlight here is the large volume of social workers who live and work in the Bedouin communities in the South but are originally from the North. Most of them usually travelled to the North during the weekends to visit their families and thus were not in the South during the October 7 attack. This situation, therefore, necessitated that they travel, often under the threat of rockets, back to the South to be at work, away from their wider families:

"It was a risk to travel from the North to the South. When I made the journey I was very afraid. I travelled at 5 AM because I thought maybe there wouldn't be rockets at this time. My whole family is in the North, I'm alone here. The first week my friend and I slept at each other's houses here in the South so that we wouldn't be alone." (Nisreen, South)

2.2. Shared reality as a double-edged sword

The narratives emerging from the interviews showed indicators of both the positive and negative consequences of the shared reality of war on social workers that were discussed in the first section of the report. The fact that both social workers and their patients were experiencing

similar difficulties acted as a double-edged sword: on the one hand, interviewees talked about how the circumstances deepened their empathy towards their patients and fostered their resilience, as these quotes demonstrate:

"I now understand the women I work with better because I am now sort of experiencing it myself- the whole issue of helplessness and uncertainty and confusion and being stuck. I allowed myself to be in these places, to personally experience it, and I can understand better the helplessness that a woman who experiences violence at home feels, the feeling of being lost. I tried to channel my feelings into something constructive for my job." (Rania, North)

"Everything that I do with the families in the hotels, in a way, also treats me. It reminds me of the resilience and the strength that each person has." (Hadar, North)

On the other hand, the shared reality of war placed a significant burden on social workers who were expected to continue working despite experiencing their difficulties and concerns and thus have limited emotional availability:

"To tell you everyone is focused and can [work] - no. But we're trying to navigate this craziness and find some sanity. We have sessions for staff members on how to handle trauma within trauma when everyone is a witness [to trauma], how to assist others when we are traumatised." (Miri, North)

"If you are in the field, and there is a siren or a rocket, you immediately start thinking about your children - are they safe? Did they go into the shelter? You have to function in all the different roles you have." (Amira, South)

Additionally, social workers expressed feelings of helplessness and guilt over their limited capacity to help in some instances. Arab interviewees were aware of their position as a marginalized national minority group and the inequalities in public service provision for their communities, yet also of their limited ability to change this systematic reality. For example, this interviewee spoke about her experience working in unrecognized Bedouin villages:

"The first thing I would tell people is that they have to protect

themselves and abide by the guidelines of the Home Front. If there is a siren, go to the shelter. And then they would say we have no shelter and no sirens. So I would feel frustrated. What should I tell them?... I would try to say if you hear a loud sound, lay on the ground and put your hands on your head, or try to hide behind a rock. These are the things I would say, which is honestly very embarrassing." (Amira, South)

Furthermore, while social workers' commitment to their communities and patients is immensely admirable and could serve as a source of resilience, it could also lead them to be held in a continuous mode of "doing" and not have enough space to care for themselves and their mental health. Some of the interviewees even spoke about their stress manifesting itself in physical symptoms (such as back pain, headaches, joint pain and sleeplessness) and that they have resorted to medication to deal with it. There is a sense that they are holding a lot of emotions in, but that this situation is not sustainable for the long term:

"The thing we need the most is, as the saying goes, for someone to treat the therapist. Today we are in a situation where we are holding back everything we hear and see. Sometimes people come and they are angry, so we absorb that. We understand that they are in distress so we need to endure it. But at some point, we might burst. We need someone to listen. No matter how well trained you are, when you are put in a corner you forget the tools you learned and you need someone to help you." (Samia, North)

Beyond the emotional needs expressed and discussed above, practical support such as childcare provision and flexible working hours was also needed, especially as most of the interviewees are women with caring responsibilities (for elderly parents or children), as this interviewee explains:

"Kindergartens were closed, so for forty days the young mothers in the department had difficulty coming to work. There were a lot of absences. We also have many workers from outside the town, so it was difficult for them to travel under the threat of rockets." (Suha, North)

2.3. Importance of supportive system and colleague networks

To deal with the rapidly evolving emergency and the emotional burden that social workers carry, most of the interviewees indicated that their department or team held consistent and regular staff meetings, exhibiting professional resilience and strength. These meetings included updates, space for ventilation, and provision of mutual colleague support - and were deemed highly important for social workers.

Several interviewees indicated that they routinely receive training sessions on issues related to emergency preparation such as how to handle crises, how to provide emotional first-aid, how to foster resilience, etc. Moreover, once the war broke out, refresher workshops were arranged in some departments on similar subjects. However, not everyone received these sessions, and the welfare office seems to have not been flexible in providing them, as this interviewee described:

"We are supposed to handle the patients and their needs in this situation, but at the same time we are all mothers and we also have needs and fears. So I wanted someone to come and talk to us about these issues... We didn't receive any special training sessions during the war. The [welfare office] asked us - we filled out many questionnaires about our needs during the war but didn't hear back. They focused on the communities closest to the border, even though we had rockets falling in our town. We even asked about the possibility of evacuating someone with a disability, and the inspectors said no because we are not in the radius they identified." (Suha, North)

As the quote above demonstrates, flexibility emerged as an important trait that social workers needed from the welfare system. An example of a situation where the welfare system succeeded in being flexible is the quick allocation of emergency funds to several departments to pay for their workers' additional hours during the war. While interviewees stressed that they do not work solely for money, they expressed that this gesture made them feel valued and motivated them to work additional hours.

2.4. The challenges of working in mixed environments

Working in mixed environments (i.e. with both Jewish and Arab workers) during the current war poses unique challenges for social workers. The

intricate dynamics of identity and belonging are particularly complex for Arab social workers who, on the one hand, are part of the Palestinian people and some have family members in Gaza and/or treat Gazan women who are married to Bedouin men in the South as patients; and on the other hand, are also citizens of the state and live their daily lives in Israel, engaged in professional relationships with their Jewish counterparts. They describe dealing with the emotional toll of grieving friends and colleagues on both sides, as these interviewees expressed:

"As Arab social workers, especially those who work with Jews, we have a kind of identity crisis that is very deep. For example, I have friends from the Gaza Envelope, I have colleagues that I know who were killed there. People that I am grieving over. At the same time, I have friends in Gaza and families that I know that I am also grieving over. So this makes things very complicated for us." (Amira, South)

"I feel very stressed... I feel like I need to prove [to my colleagues] that I am not involved with what is going on." (Randa, Centre)

Yet Arab social workers often did not perceive their work environments as places where they are safe to express themselves freely, exacerbated by the atmosphere of fear and silencing that exists outside of work. One interviewee expressed how she felt that "every word could be counted against [her]." (Samia, North)

Another interviewee spoke about self-silencing, lack of reciprocal acknowledgement of the other's pain, the emotional impact that this leads to, and how she copes with the situation:

"I know, as a social worker, that everyone views their problem as the biggest problem. But here they do not see the other's problem. It's as if the other side doesn't even exist... My manager called me to her office and I understood from what she said that even our silence is unacceptable - they want us to speak like them... One day there was something in the news and there were lots of Palestinians killed, and I couldn't stay in the office. I wanted to cry. I decided to go on a field visit to the villages because I didn't want to be in the office." (Sana, North)

These experiences underscore the critical need for supportive, sensitive work environments that facilitate genuine expression and understanding despite the challenging dynamics and circumstances.



for professionals impacted by the war in the North, the South and Haifa

Immediately after the outbreak of the current war, Ad'ar launched a helpline² to support mental health professionals (e.g., psychologists, social workers) impacted by the war, especially those in the North and the South. The line is staffed by social workers who are Ad'ar members, operating around the clock all days of the week.

As soon as the helpline was launched, it began receiving requests from professionals as well as hundreds of calls from citizens (around ten each week). The calls and requests from citizens are varied and ongoing: some report shielding problems and material needs, and others request emotional support for issues such as anxiety. Professionals who called the line wanted to share feelings of fear, frustration, traumatisation and helplessness due to the current situation. Many reported that they had difficulty working and that they were not receiving guidance or sufficient information from the local authority and the social welfare ministry on how to function during the war. Some social workers shared that they were assigned new specialisations (e.g., moving from treating the elderly to treating family violence) during the war without receiving training from their departments.

During the initial phone call, the Ad'ar helpline members aimed to simply listen, understand, and reassure the caller, and restore their functional continuity so that they regain their sense of self-efficacy and decrease their distress. According to the need of the caller, Ad'ar helpline members may connect them with the inspector in their area or the director of their welfare department. Callers have provided positive feedback at the end of each call and shared that these conversations have eased their distress and gave them the feeling that they were not alone.

Final Remarks

This report sought to examine the experiences of social workers in the current war, with an emphasis on Arab social workers in the Bedouin community in the South and evacuated communities in the North, and the context in which these experiences emerge. The report also presented the needs of residents in the aforementioned regions during the war and the services they receive from various institutions including the social welfare ministry.

As the report presented, citizens' and professionals' perceptions of the war as well as their behaviour during it is a function of inter-personal and intra-personal processes. The discourse around the enormous need for a comprehensive provision of protection (both emotional and physical) during the war is both internal (i.e., societal) and external (i.e., demands of the state). In this discourse, there is an acknowledgement of the shortage in state services, which gives rise to an operational space where both citizens and professionals try to make essential services accessible for themselves and others.

The interviews provided the professionals with a space to share the fears and anxieties that accompanied them since the outbreak of the war. These emotions were validated and legitimised during the interviews, which contributed to making sense of the current reality, thereby alleviating some of the difficulty and encouraging the seeking of assistance.

Recommendations

The insights that emerge from this report emphasize the vitality of social workers' jobs during a time of crisis, and, simultaneously, their vulnerability to the risks they are exposed to during their jobs (including personal, familial, communal, and organisational risks). Concurrent with the risks entailed, this report's findings and previous research indicate that crises can present growth opportunities and that social workers can derive great strength and resilience through their work in emergencies.

Therefore, present the following insights and recommendations.

- 1. A comprehensive plan must be set in place now to provide both emotional and practical support for social workers to prevent burnout and foster professional and personal resilience both during this war and after it. This plan should include:
- **Emotional and mental health support**: The report's findings indicate a massive need for mental health support for professionals, especially those who treated patients in the circles of vulnerability in the war or who are themselves in those circles. This support could be delivered individually or in groups.
- Practical assistance and flexible work arrangements: Social
 workers also need practical assistance to continue functioning,
 especially those with caring needs. Flexible work arrangements
 emerged as an important factor in allowing social workers to do
 their jobs while also attending to personal and familial needs. The
 plan needs to take these considerations into account and allow for
 flexibility where needed.
- **Specialised training and guidance**: Specialised training must be provided to social workers, especially those in areas most impacted by the war, which is compatible with the challenges they face and

the worlds they come from. These sessions should acknowledge the shared reality of war, namely that social workers belong to the communities they treat and are themselves under threat due to the war. Guidance on trauma-informed therapies might be particularly relevant in this context. These training sessions could also be offered to other professionals (such as educational counsellors, nurses, family doctors, etc.), emphasising the importance of connections between different types of professionals.

- Circles of support and knowledge sharing between social workers: Both the findings of this report and earlier research point to the importance of mutual support between mental health professionals, especially during crises. These circles can serve as spaces for ventilation as well as sharing knowledge and practices from their own work. The creation and sustaining of these groups need to be encouraged.
- Focusing on the therapeutic function of social work: during emergencies, social workers are sometimes requested to fulfil urgent practical services for communities such as distributing food packages. While encounters during delivering these services can be valuable in establishing trust between social workers and members of the community, social workers should be provided space to focus on the therapeutic function of their jobs.
- Fostering supportive environments, especially in mixed teams: the current war increases the tension between Arab and Jewish citizens and presents challenges to the work of mixed teams. To foster collegial relations in the workplace, shared conversations should be initiated by staff managers and heads of departments. A defined space should be provided to all workers to express their feelings in the shadow of the current war, including sorrow, fear and grief while acknowledging the pain of the other. These conversations should be held under the guidance of an external organisational counsellor.

2. After the war, an in-depth evaluation of social services in Israel is needed to:

• Examine how state institutions worked during the war, determine what worked well and why, and identify areas for improvement.

Institutional learning processes are essential for future emergency preparations.

- Map initiatives and organisations that provided social services during the war and find ways of cooperation and coordination of all the relevant bodies (including the various governmental bodies) so that it is clear to professionals and citizens who should be contacted with what needs. This report's findings showed that the initial chaos of the war as well as the multitude of actors involved led to complicating assistance processes and might have also wasted resources.
- **3.** A broad plan for bolstering the resilience of residents and **communities** must be launched to address the emerging material and emotional needs:

Material needs:

- **Shielding solutions** must be provided urgently, especially to unrecognised Bedouin villages in the South and public institutions (e.g., schools) around the country, so that citizens can resume their routines safely. Moreover, the lack of reliable internet connectivity and cellular reception seriously impedes the functioning of Bedouin communities in the South and must be addressed as quickly as possible.
- Information released by the Home Front and any other governmental body must be accessible to Arab citizens in their languages of that they can take life-saving measures when there are threats to their lives. Furthermore, it is vital to make information on economic rights and compensation during the war accessible, especially when many governmental processes are digitalised, making them difficult to access for those without stable internet connectivity.
- The economic impact of the war varies between people and regions, but common for all those impacted is the need for a recognition of the damage, and a timely, detailed, efficient, clearly communicated response to it by the government.

Emotional needs:

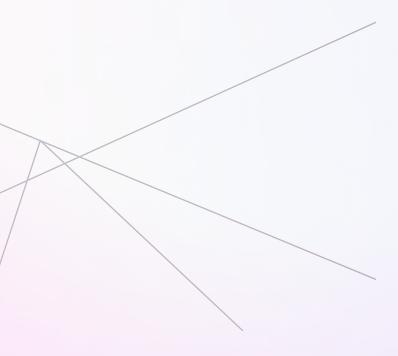
The provision of comprehensive and accessible mental

health support without bureaucratic hassle for all those who need it is essential. The large-scale need for support necessitates creative solutions to provide emotional support not only through individual sessions but also through long-term therapeutic group processes.

- In light of the shortage of mental health providers, especially in Arab society, there is a need to establish resilience centres in Arab localities staffed by Arab professionals.
- Coordination between the various bodies that address the social needs of communities is essential, as well as raising the awareness of residents regarding the services offered by each body, especially mental health support, and encouraging them to use these services.
- **4. Gender-based violence is on the rise** and the true extent of the phenomenon will be clearer after the war. Thus, the social welfare system needs to prepare by taking the following steps:
 - Additional staff members should be provided to welfare departments to treat victims of gender-based violence. These social workers will devote their time to maintaining relationships with patients who were previously treated for gender-based violence in the welfare department and, for some reason, the relationship was cut off. They should also work to identify new cases of gender-based violence to ensure that victims receive assistance.
 - Digital tools must be made available for social workers who
 cannot physically reach their patients. These tools will assist
 social workers in identifying warning signs of gender-based
 violence and completing risk assessments even when their
 access to the victim is limited, which will help streamline the
 treatment of gender-based violence cases. It should be noted
 that it will be difficult to develop this system in the South,
 especially in unrecognised villages due to the lack of reliable
 internet connection.
 - Ensuring coordination and cooperation between the bodies that address gender-based violence, including civil society

hotlines, and monitoring the cases that are received to assist the victim adequately.

• The easing of regulations regarding firearms licensing is concerning and could lead to an uptick in GBV cases and an increase in their severity. It is especially worrying that licenses are distributed without the oversight of the welfare ministry which possesses critical information on applicants' background of violence. We join other civil society groups in calling for this campaign to be halted and that licenses which were given without oversight be recalled.



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