RESOURCES FOR OVERCOMING SECONDARY TRAUMATIZATION AMONG ARAB TRAUMA THERAPISTS IN ISRAEL

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Abstract: *Social workers and trauma therapists in Arab society in Israel carry out their work under conditions of sociopolitical marginalization, community-level trauma, and systemic underservice that place them at heightened risk of secondary traumatization. This article examines the resources through which these therapists withstand and recover from that burden, focusing on the interplay between Figley and Ludick's (2016) Compassion Fatigue Resilience (CFR) Model and Bandura's (1997) Self-Efficacy Theory. Drawing on qualitative data from semi-structured interviews with 25 licensed social workers and trauma therapists from Arab communities in Israel, the study identifies religious and spiritual resources, extended family and community structures, collegial coping strategies, and culturally specific pathways to professional self-efficacy as protective factors not fully captured in standard secondary traumatic stress (STS) literature.*

Religious resources, extended family and community structures, and collegial coping strategies—including shared humor and peer ventilation—serve as culturally specific protective factors that extend and enrich the CFR model's self-care and social-support variables. Professional self-efficacy emerges as a dynamic construct shaped by accumulated mastery experience, communal professional belonging, the navigation of persistent ethical dissonance between religious, cultural, and state-mandated professional codes, and the drive to prove one's worth against a backdrop of collective marginalization. The article calls for the development of culturally adapted supervision models, Arab-led professional communities, and institutional reforms that formally recognize and support these resources.

Keywords: *secondary traumatization, compassion fatigue resilience, self-efficacy, Arab social workers, Israel, religious coping, community resilience, qualitative research*

1. Introduction

The emotional and psychological toll of working with traumatized clients has been widely recognized across the helping professions, and a substantial literature now addresses the protective factors and coping resources that buffer secondary traumatic stress (STS)—also referred to as secondary traumatization—among practitioners (Figley, 1995; Stamm, 2010). Yet this literature has developed primarily within Western, individualist frameworks that insufficiently address the distinctive resources available to—and required by—therapists from collectivist minority communities.

Arab society in Israel represents one such distinctive context. Comprising approximately 21% of Israel's citizenry (Sippel et al., 2015), this minority population navigates complex intersections of Palestinian heritage, Israeli civic identity, religious commitment, and structural discrimination. Social workers and trauma therapists embedded in this context draw upon a distinctive constellation of resources—religious and spiritual practice, extended family and community structures, and Arab professional peer belonging—that extend beyond the protective factors identified in standard Western models of compassion fatigue resilience. Recent scholarship examining other populations within Arab society in Israel points in a similar direction: self-directed agency grounded in awareness of one's minority status, family cohesion, and access to culturally attuned institutional support have all been identified as central resilience-enabling resources for at-risk young adult Arabs navigating structural marginalization (Mahamid et al., 2026a, 2026b). This convergence suggests that the resource configuration identified among Arab therapists in the present study may reflect a broader cultural-ecological pattern within Arab society in Israel, rather than a phenomenon unique to the therapeutic profession. Parallel research on Arab and Jewish social workers' communication during periods of political crisis has likewise documented a tendency toward ethnically homogeneous peer support and a corresponding erosion of trust in mixed professional settings (Ali-Saleh Darawshy et al., 2025), a dynamic closely echoed in participants' accounts of belonging to an Arab professional community in the present study.

This article presents findings from a qualitative study involving 25 semi-structured interviews with Arab social workers and trauma therapists in Israel, focused on the resources these practitioners draw upon to sustain their professional functioning and wellbeing. A companion article addresses the structural causes and clinical manifestations

of the secondary traumatization these resources are mobilized against. The present article's theoretical contribution lies in integrating Figley and Ludick's (2016) Compassion Fatigue Resilience (CFR) Model and Bandura's (1997) Self-Efficacy Theory with cultural-ecological perspectives that take seriously the role of religious resources, extended family structures, community dynamics, and collegial coping as context-specific protective factors. By centering the voices and experiences of Arab therapists, the study seeks to expand the conceptual landscape of secondary traumatization research and generate empirically grounded recommendations for culturally adapted professional support.

2. Theoretical Framework

2.1 The Compassion Fatigue Resilience (CFR) Model: The Resilience Sector

The Compassion Fatigue Resilience (CFR) Model (Ludick & Figley, 2016) provides the most comprehensive theoretical architecture for understanding protection against secondary traumatic stress. Organized across three sectors—the empathic stance, secondary traumatic stress, and compassion fatigue resilience—the model identifies twelve interacting variables that collectively determine a practitioner's resilience profile. It is the model's third sector—compassion fatigue resilience, encompassing self-care, social support, professional detachment, and compassion satisfaction—that is of central concern here.

The protective factors identified by Figley and Ludick were developed primarily in Western clinical contexts and do not fully account for culturally specific resources—such as religious practice, extended family mobilization, or collective identity—that may serve analogous or additional buffering functions in non-Western, collectivist professional settings. The current study engages precisely this gap.

2.2 Self-Efficacy Theory and Professional Functioning

Albert Bandura's (1977, 1997) Self-Efficacy Theory provides a complementary lens for understanding therapist resilience. Self-efficacy refers to an individual's belief in their capacity to organize and execute courses of action required to produce specific attainments. Bandura identified four primary sources of self-efficacy: mastery experiences, vicarious learning, social persuasion, and physiological/emotional states. Within minority professional contexts, the relative weighting of these sources may differ substantially from majority populations. The findings of this study suggest a further, previously undertheorized source: the drive to prove one's worth—both individually and as a

representative of a historically marginalized community—which several participants described as a distinct and powerful wellspring of professional confidence.

2.3 Integrating CFR and Self-Efficacy: A Cultural-Ecological Synthesis

The integration of CFR and Self-Efficacy frameworks offers a theoretically productive synthesis for understanding resilience in minority professional contexts. For Arab social workers in Israel, this integration requires extending both frameworks to encompass the ecological layers within which their professional identities are constituted: the extended family network, the religious community, the Arab professional peer group, and the broader sociopolitical context of minority life within the Israeli state. This synthesis proposes that resilience against STS among Arab therapists is not simply a matter of employing individual self-care strategies, but of drawing on a layered set of cultural, familial, religious, and communal resources whose availability and salience shift together with the collective circumstances of the community to which both therapist and client belong. This proposition is consistent with parallel qualitative findings from other populations within Arab society in Israel, where resilience has been shown to emerge from the interaction of self-directed agency, family cohesion, and institutional support embedded within a shared minority context, rather than from any single resource operating in isolation (Mahamid et al., 2026a, 2026b).

3. Methodology

This study employs a qualitative research design guided by an interpretive phenomenological approach. Twenty-five semi-structured interviews were conducted with licensed social workers and trauma therapists who are Palestinian Arab citizens of the State of Israel, working in Arab communities across northern and central Israel. Participants were recruited through purposive and snowball sampling, with inclusion criteria requiring at least one year of professional experience in trauma-focused therapeutic work. All interviews were conducted in Arabic—the participants' mother tongue—to facilitate authentic expression and minimize linguistic mediation effects. Interviews lasted between 75 and 120 minutes and were audio-recorded with participants' informed consent.

Data were analyzed using thematic analysis (Braun & Clarke, 2006) with iterative coding across three analytical stages: open coding, thematic clustering, and theoretical integration. To ensure analytical rigor, member checking was conducted with a subset of participants, and a reflexivity journal was maintained throughout the analysis process to

document the researcher's positionality as an Arab social worker and researcher embedded in the communities under study. Participants' names have been replaced with pseudonyms throughout this article.

4. Findings

The thematic analysis yielded interconnected themes illuminating the resources through which Arab social workers in Israel sustain professional functioning and wellbeing in the face of secondary traumatization. This article addresses four such themes: coping strategies embedded within participants' accounts of secondary traumatization's manifestations; religious and spiritual resources as a protective framework; extended family and community as dual-function structures; professional self-efficacy within ethical dissonance; and the need for culturally adapted supervision and training. A companion article addresses the structural causes and clinical manifestations of secondary traumatization against which these resources operate.

4.1 Coping Strategies: Humor, Sharing, and Self-Care

Alongside the hardships of their work, participants offered extensive testimony regarding the coping mechanisms that help them manage the emotional burden of secondary traumatization. The use of humor, sharing with team members and receiving professional guidance, sharing the emotional load with friends, and self-care were described as essential to reducing the emotional tension that accompanies them in their work.

Several participants noted that shared black humor and laughter among colleagues function as a "pressure release valve" enabling a rapid transition from tragedy to routine. Naama explained the importance of humor within the team at the clinic where she works:

"On our team we developed a shared sense of humor. Even if something is very tragic, we can step out and disconnect and laugh, tell jokes. We disconnect from the case immediately. The sense of humor helps us here—we release our feelings, maybe in an unconventional way, but that's what helps me in many cases."

Sameh emphasized the role of the team in mutual support:

"In times of emotional distress, exposure to clients' traumas—the team has a very important role. I can always turn to the team, some employees are more veteran than me and I consult with them, they can guide me too. It helps a lot—you feel you're not alone, that there's someone you can rely on professionally—it releases tension."

The need to talk and release the burden with someone who understands and can be trusted arose among many participants, and someone who understands the professional language was perceived as essential to preventing a feeling of being "choked." Diana described the importance of conversation with her friends as a means of ventilation and emotional airing:

"I talk and share with my friends, of course not with identifying details. It helps me—I would be choking if I didn't do that. This conversation helps me and calms me, lets it all out, so I don't stay alone with these feelings and this tension."

Sahar incorporates leisure activities to renew her energy:

"Sometimes I do sports and also listen to relaxing music. Sometimes I also go shopping or go out with friends, I feel like I'm renewing my strength."

In summary, participants described a range of coping strategies including sharing with colleagues, sharing with friends, and self-care, which together help offset the stress, tension, and intrusive thoughts generated by their exposure to clients' traumas.

4.2 Religious and Spiritual Resources as a Protective Framework

One of the study's most distinctive findings concerns the central role of religious and spiritual resources as both personal coping mechanisms and professional therapeutic tools—extending and culturally enriching the CFR model's self-care and social support variables.

At the personal level, prayer and Qur'anic reading were consistently described as primary post-session self-care practices that facilitate emotional regulation and restoration of inner equilibrium. Naama described her post-work ritual:

"The first thing I do when I come home from work is pray, and then I go to my room and sit alone. I also love reading the Qur'an. It helps me a lot; it gives me the comfort I need in times of distress."

Samira described a fixed ritual:

"Listening to and reading the Qur'an helps release tension after exposure to clients' shocking trauma… reading Surat al-Baqara, for example, constitutes a fixed ritual for me to release tension."

Sahar connected this practice to a felt sense of divine protection during an actual violent event in her town:

"A few days ago there was excessive gunfire in the village, so the first thing I did was pray and beg God for it to stop and for there to be no casualties. It occupies me with something amid the gunfire rather than focusing on my fear or anxiety."

Beyond individual practice, participants articulated the role of theological frameworks—particularly the concept of qadaa' wa qadar (divine fate and decree)—in providing cognitive scaffolding for processing traumatic exposure. Renin explained:

"Faith means believing that everything happens, happens for a certain reason. You need to trust God, who decides what will happen and has wisdom in how things are meant to unfold. This faith often guides me and allows me not to search for reasons for things that are truly hard to explain. It's calming."

Sahar elaborated on this theological reasoning through the examples of the prophets Job and Abraham:

"I think that what God plans is going to happen and come to pass. That's my belief—God places people before tests in order to check how they're going to cope and how they get through these crises. Job passed this test, he contracted leprosy, and what did he do? He continued to be patient and met the challenge, he didn't renounce God, he passed the test and understood that God was putting him through it—this is true of other prophets like Abraham too. So these prophets are an example for us—suffering is a test from God that rewards whoever withstands it."

Arin illustrated the importance of faith in coping with traumatic events she herself experienced:

"I'm a very, very believing person and close to religion. I've been through many traumatic events, and what strengthened me is my faith. When my mother died when I was young, I had to find an explanation—why did this happen to me? Why me? Why her? The only thing that helped me was the thought that this is qadaa' wa qadar (fate). If I didn't believe in that, I would have gone mad—there's no single factor that can truly explain why certain events happen to certain people. Faith resolves that, and it helps a lot in moving forward in life and not getting stuck on these questions."

Religion also functioned as a professional therapeutic tool. Many participants emphasized the importance of using religious practices or values as a therapeutic tool. In their view, the purpose of using religious values is to strengthen the therapeutic relationship, especially with clients from a religious-conservative background, for whom

faith and religion serve as sources of comfort and encouragement. Participants qualified their use of religious discourse as dependent on the client's background; in cases where clients did not come from a religious or conservative background, they were careful not to use such discourse, understanding it would not serve the client in treatment. Sameh connected the values he was raised on to his professional conduct in the field:

"I'm connected to religion from a standpoint of respect, cooperation, and tolerance, values that guide me—these are also the values all religions preach. One must act out of humanity, meaning we need to see humanity in everything."

Nahed emphasized the primacy of religious morality as a value that guides her in the treatment room:

"No profession reflects human values the way religion does. Religion sees all human beings, morality plays an important role in our lives from a religious standpoint, and that's an important value for me."

Participants also described what they termed the "magnet effect" alongside a countervailing fear of "the therapist as judge of values." Diana described the natural pull clients feel toward therapeutic discourse that incorporates spirituality:

"When I'm holding a therapeutic conversation, I add things related to religion, they [clients] are drawn more into the conversation and express interest in listening more and being more involved in the conversation. The connection becomes stronger and more delicate. When the therapist understands religion and brings it into the treatment room, they use a magnet that draws the client in."

Nahed noted that she integrates spiritual recommendations as part of the emotional work within a therapeutic encounter:

"If she [a client] is in distress or crisis, I tell her she should listen to the Qur'an, that it really helps me and might help her too. I tell her to trust in God, she'll surely receive something better."

At the same time, several participants identified the flip side of this dynamic: a fear among some clients that a visibly religious therapist will function as a moral judge. Naama explained why certain clients would prefer a therapist who is neither religious nor conservative:

"They [clients] think in their heads that if I go to a religious therapist, it's like going to a sheikh who will issue rulings (fatwas) about what I'm going through. So in all

the cases involving sexual assault or the matter of homosexuality, they don't prefer to receive treatment from a therapist who considers himself religious."

Participants also described an internal tension between religious values and the ethic of unconditional professional acceptance. Manar pointed to the difficulty of integrating religion in sensitive topics such as infidelity or sexual identity:

"The important value for me as a social worker is that I try as much as possible to respect the person as they are and not be judgmental. In religion there can be places that are judgmental—infidelity, non-acceptance of the LGBTQ+ community, for example. In such cases I have to decide which values I go by, to reconcile this tension—honestly, I don't know how well I succeed at it. Sometimes I find myself giving up religious values in favor of professional values."

4.3 Extended Family and Community as Dual-Function Structures

The extended family (hamula) and community structures of Arab society emerged as significant variables in the therapeutic ecology, operating simultaneously as powerful support resources and as potential barriers to therapeutic progress. This duality mirrors the CFR model's recognition that social support can function both as a resilience buffer and, when it exerts excessive demands, as an additional stressor.

As a resource, the extended family was described as providing dense, multi-modal support during crises. Ahlam described the collective mobilization of an extended family around a young man facing incarceration:

"There's no doubt the extended family constitutes an important resource for people in Arab society. I once treated the case of a young man, eighteen years old, accused of murder, and his family had to leave the village. The family had many children, and it was very hard for the parents to be with their son in prison, to support him, run between lawyers, and take care of the other children. What supported them here was the extended family on the mother's side—they hosted the children, the children were spread out among the aunts and uncles for two months, until things calmed down a bit. In my opinion, that's exactly what distinguishes us as Arabs."

Nada detailed the kinds of resources the community typically provides in times of crisis:

"Usually, when there's a crisis—death, loss, an accident, a financial crisis—people reach out and help. Mainly close family and neighbors. They don't abandon you. And that

strengthens the individual. Alongside emotional help and psychological support, there's also real, concrete material assistance—and that's a combination that's rare to find elsewhere."

Arin shared a case in which she mobilized an uncle as a successful alternative to institutional shelter for a girl at risk:

"We needed to take one of the girls out of the house, the shelter was the only option, but I wasn't at peace choosing it. Fortunately one of the uncles volunteered and took responsibility for her, she remained within the community, and that helped a great deal in the treatment process."

In this context, it is important to note that some participants noted that society is currently in transition, a matter that adversely affects family and community ties. Iyad addressed the change Arab society has undergone and its effect on the communal resources it provides:

"We need to look at the matter of mutual support from a historical perspective—Arab society is undergoing accelerated processes, a transition from a conservative-collectivist society to a society in which the ties between its members aren't as strong as they used to be. In the past we would all visit each other during the holidays, today everyone is abroad. This is deteriorating relationships between people, the sense of community is shrinking, one could even say it's disintegrating."

As a barrier, extended family structures were identified as sometimes preventing clients' autonomous development through conservative social norms. Yasmin explained how the social environment can harm a client's psychological resilience:

"The extended family can be very toxic for some clients. I once had a client whose only wish was to go and study, but the extended family got involved and wouldn't agree. It was a very difficult case—the parents weren't strong enough to stand up to the uncles, and the girl had to pay the price."

This dual-edged quality of family and community structures echoes broader findings on vulnerable populations within Arab society in Israel, where family and community have similarly been shown to function simultaneously as sources of resilience and as sites of control, stigma, and exclusion—for example, among Arab care leavers navigating the tension between family reunification and continued family-based risk (Mahamid et al., 2026c).

4.4 Professional Self-Efficacy Within Ethical Dissonance

Participants' accounts of professional self-efficacy illuminated both its significance as a STS buffer and its distinctive constitution within the Arab professional context.

Experience and Professional Community as Sources of Efficacy. Most participants identified self-confidence as a critical component enabling them to project confidence and professional capability to clients. This confidence rests on years of experience and on a deep understanding of the work as service to the town and society, which gives the therapist strength to cope with extreme cases. Murad emphasized the importance of inner confidence in the face of any situation:

"First of all, the matter of self-confidence, projecting that confidence in every event, no matter with whom, you convey that you're capable of handling any case. Such confidence delivers the message that you can treat any case, and it does indeed come to pass."

Although most participants reported not feeling that they belong to a community of therapists, they nonetheless noted the importance of this sense of belonging, which they had experienced in the past, as building their perception of self-efficacy. The statement among most participants was unequivocal regarding the lack of a supportive professional community. Samira described her experience in this context:

"Many years ago I worked somewhere with a strong professional community, I was able to consult with the community and hear different opinions, be exposed to new ways of coping and feel that I belonged. It really strengthened me and made me feel how much I could cope with the challenges facing me at work. Unfortunately, I've since moved to work in other areas, and I really miss that community."

Nada sharpened the sense of belonging to the professional community, adding that the feeling is primarily one of belonging to an Arab professional community specifically, where there are no barriers related to the socio-cultural-political context, unlike a mixed community of Jews and Arabs:

"I feel belonging, yes—but only to a certain degree. I feel a stronger, more genuine connection to the Arab professional community than to the Jewish or mixed one. There, there are shared issues, similar experiences, and things that don't need to be explained. It feels more real and right, I simply consult and don't need to explain all kinds of cultural,

social, and even political aspects. A community like that helps a lot, but it isn't organized, and maybe it really should be organized."

Nada's distinction between the Arab professional community and a mixed Jewish-Arab one closely parallels findings from a study of Palestinian- Israeli and Jewish-Israeli social workers' WhatsApp communication during the events of May 2021, which documented how national political crisis transformed mixed digital professional spaces into sites of silence, power asymmetry, and eroded collegial trust along national lines, with Palestinian-Israeli social workers describing a retreat from mixed group communication toward more homogeneous, trusted circles (Ali-Saleh Darawshy et al., 2025). Taken together, these findings suggest that the protective function of ethnically homogeneous professional community for Arab practitioners may intensify specifically under conditions of national political tension, when mixed professional spaces themselves become a source of strain rather than support.

Navigating Value Dissonance: The "Professional Self" versus the "Believing Self." Most participants described the influence of the values they hold on their sense of professional efficacy, especially when these values collide. The central dissonance was described when the therapist's social, religious, or cultural values collide with professional ethics (such as acceptance of the LGBTQ+ community or divorce) or with state law (such as age restrictions on intervention or mandatory reporting requirements). Therapists reported the need for emotional and value "maneuvering" in order to maintain professional functioning without judgment. Renin shared the conflict she experienced around sexual orientation and the professional resolution she found:

"The whole issue of sexual orientation goes against all my values, it took me a long time before I began to reconcile the matter within myself. In the past I would never have agreed at all to work with people of different sexual orientations. The feeling was simply that I wasn't capable of handling it—the tension was very high. I remember one of the cases where I fought with my manager because I didn't want to take on a case like that for treatment—the fight stemmed from my inability to hold both values, the personal and the professional, and then I told her I simply couldn't do it. I was upset. But today, when in the framework of my role I meet a child searching for their sexual identity, I put my values aside and try to understand more of their experience and help them cope, since I

understood that listening to them doesn't mean I accept their positions, I simply accept them as a human being."

Manar addressed the reverse conflict, describing the gap between religious and therapeutic stances on complex topics:

"The important value for me is human dignity—I try as much as possible to respect the person as they are and not be judgmental. In religion there can be places that are judgmental. Infidelity, for example, which in many cases is considered immoral. Here my approach and my religious values don't go together as well."

Asked how she copes with this dissonance, she responded:

"Listen, there's no doubt it's easier for us when our values as human beings and the values of religion go together. When that doesn't happen, I need to find a solution and understand which value is guiding me and my decisions. Usually the question is whether I'm capable of standing behind the decision that's made."

The Gap Between State Law and Moral Obligation. Participants described injury to their sense of efficacy under the shadow of restrictive state law. They described an experience of frustration when the law prevents them from acting in ways they feel are morally and culturally right. Nahed described her helplessness in the face of age- and gender-based legal restrictions:

"I think there are gaps between our religion and culture and the laws that the State of Israel has legislated. These laws contradict the humane things we're accustomed to religiously and morally. So you always have to examine your position—legally you can't intervene in the case of a girl over the age of eighteen, but morally and religiously you can't really look the other way. It's exhausting, to put it mildly—it harms your ability to help others. I once had such a case, of a girl who came to me for treatment shortly before she turned eighteen. She really needed me, but by law I couldn't continue working with her after age eighteen, she's responsible for herself—it left me with a strong feeling of lack of efficacy."

Murad elaborated on the maneuvering between legal duty and the desire to produce social repair:

"I try to maneuver between my values and those of religion and culture and the law. On one hand I try to meet the requirements of the law, in part to protect myself; on the other hand I understand that the provisions of the law contradict our tradition as Arab society—for example, everything related to domestic violence: on one hand there's a duty

to report, on the other hand you understand as a social worker working in a small town that such a report could harm the victim more than it helps. So I try to reach a compromise in these cases and find the place where I keep the law but also work in a way that is culturally, religiously, and socially sensitive."

Strengthening Self-Efficacy Through Proving One's Worth. A further sub-theme concerns participants' descriptions of how self-worth and confidence in their capacity to effect change are significantly strengthened through feedback from the field and self-identification as part of a healing community. Success in treatment thus constitutes a resource that empowers participants, as watching clients progress grants meaning and strengthens motivation to continue. Yasmin expressed the desire to prove herself out of both personal and communal pain:

"I come from this place, from this pain. Where I want to contribute, I want to advance, I want to learn, I want to prove myself, I want to be worthy of this responsibility. When I succeed, I feel my own strength and the strength of my clients and the community, and that helps a lot to continue on the path."

Nahed described pride in the advancement of women as a component of her own sense of efficacy:

"I feel joy when I see an Arab woman advancing and reaching senior positions. You don't know how much it makes me happy that Arab women today reach distant places, and are in a place completely different from where we were in previous generations. This feeling strengthens me, and gives me the understanding that we Arab women are capable and skilled."

4.5 The Need for Culturally Adapted Supervision and Training

Participants were unequivocal in identifying the inadequacy of existing supervision and training structures for Arab social workers in Israel. Their expressed needs coalesced around three requirements: supervision conducted in Arabic by professionals with lived knowledge of the Arab social context; practical tools directly applicable to the specific crisis configurations encountered in Arab communities; and protected space for processing therapists' own emotional states.

Sameh argued for the necessity of Arab supervisors with grounded field experience:

"Whoever delivers the training should be Arab. That's a requirement for me. Such supervisors come from the field and can speak about real cases they themselves handled.

Beyond that, training needs to be culturally adapted and adapted to the field at the local level—today I face different challenges than a social worker working in a different village."

Diana added a further dimension regarding the identity of the supervisor, raising the importance of receiving supervision from someone outside the employing organization:

"Supervision needs to be received from a supervisor outside the system, outside the organization. I want to bring myself as I am, without fear of judgment from within the system. Sometimes internal supervisors have a strong relationship with management, and then things get mixed up—I can't bring myself honestly when I'm afraid my words will be passed on to management. Trust is critical here."

Samira noted the importance of receiving tools adapted to the community, and emphasized the difference between supervision delivered by Arab workers and that delivered by Jewish professionals:

"We need to receive guidance and have our voice heard as Arabs, as a minority in this country, we need to receive tools adapted to our culture. The responses currently offered, for example a shelter for at-risk girls, aren't adapted to the needs of our society or its values. Supervision also needs to be delivered by an Arab professional—with them I can talk about the involvement of the extended family, whereas the Jewish worker would think of it as a privacy violation because he thinks in terms of Jewish society and not Arab society."

Participants further emphasized the importance of practical tools over purely theoretical instruction. Arin emphasized the need for practical supervision that helps the therapist cope with complex reality:

"I need to receive tools to deal with the cases that come to me, I have to find these tools that will help me, not just theoretical talk. At the start of the war we received a lot of material and a lot of training on how to cope with trauma, but it was at the level of theoretical knowledge, not the level of tools."

Nahed referenced the tools she still lacks:

"Today I have no tools to deal with the rising crime in Arab society, I have no tools to deal with families with orphans, I have no tools for how to conduct a conversation with families whose loved ones were murdered, I have no tools for how to conduct myself in such situations."

Several participants also raised the need for training that addresses not only the client but the therapist's own emotional state and capacity to process their experiences—raising the need for a space in which they can express personal feelings and understand what strengthens them in the face of trauma. Manar emphasized therapists' need for a safe space for emotional expression, at a distance from management:

"Therapists need their voices to be heard, need to speak, express themselves, share even personal things, share their feelings. Sometimes the office provides training, but that's not where you can find the things that will really help you."

Iyad addressed the issue of voice within mixed teams:

"We all know that in order to cope with trauma and the challenges of our work, we need to feel that our voice is heard. And that's not what happens. Today, you come to a team meeting of Jews and Arabs, your voice as an Arab isn't heard. This deeply harms your resilience as a person. Sometimes the feeling is that I'm choking."

In summary, participants' accounts indicate that professional supervision perceived as relevant for therapists in Arab society is supervision conducted in Arabic, grounded in familiarity with the communal and cultural context, and providing practical tools for coping with crisis situations and ongoing trauma.

5. Discussion

This study set out to examine the resources through which Arab social workers and trauma therapists in Israel withstand and recover from secondary traumatization—the cumulative emotional and psychological toll of sustained exposure to clients' trauma. The findings, discussed below, demonstrate that this resilience is not reducible to individual coping technique but is constituted through layered cultural, familial, religious, and communal resources specific to the professionals' status as members of a minority community.

5.1 Culturally Specific Protective Resources and the Expansion of CFR

The findings reveal that Arab social workers draw on culturally specific protective resources—religious practice, theological meaning-making, extended family solidarity, and Arab professional community belonging—that function analogously to, and in some respects more powerfully than, the self-care and social support variables identified in the original CFR model. The findings additionally identify collegial coping strategies—particularly shared humor—as a distinct and previously undertheorized protective mechanism. Unlike individual self-care practices, team humor functions as a collective

regulatory strategy, generated and sustained interpersonally rather than practiced in isolation; this suggests that the CFR model's self-care and social-support variables, typically conceived as analytically separate, may in practice converge in ways that merit dedicated theoretical treatment.

We propose that the CFR model requires cultural supplementation to address non-Western contexts. Specifically, the self-care variable should be expanded to encompass culturally embedded practices—prayer, communal ritual, extended family support, religiously grounded meaning-making, and collegial humor—that serve equivalent regulatory functions to Western self-care strategies. The social support variable should be differentiated to distinguish between culturally homogeneous professional community support (particularly efficacious for minority therapists) and cross-cultural professional support (which may impose additional translational demands, and, under conditions of national crisis, may become a source of active suppression rather than support, as documented in a companion article). This distinction is independently corroborated by research on Palestinian-Israeli and Jewish-Israeli social workers navigating digital communication during the events of May 2021, which found that political crisis reshaped mixed professional spaces into arenas of strategic silence and power asymmetry rather than of collegial support (Ali-Saleh Darawshy et al., 2025)—a pattern consistent with, and external to, our own participants' preference for ethnically homogeneous professional community.

5.2 Self-Efficacy in Minority Professional Contexts

The integration of Self-Efficacy Theory with CFR produces a richer account of resilience than either framework provides alone. Arab social workers in this study demonstrated that professional self-efficacy is not merely a cognitive trait but a socially constituted and culturally specific achievement, built through accumulated mastery experiences, sustained by communal professional belonging, and expressed through the perception of one's work as a social mission with moral-religious dimensions. The findings add two further dimensions to this account: first, the corrosive effect of legal constraints that conflict with therapists' moral and cultural convictions, which functions as a distinct source of efficacy erosion beyond the ethical dissonance already identified; and second, the motivating role of proving one's worth—both individually and as a representative of a historically marginalized group—which several participants, particularly women,

described as a powerful and distinctly collective source of professional confidence not captured within Bandura's original individual-level framework.

6. Conclusions and Implications

This study set out to identify the resources that enable Arab social workers and trauma therapists in Israel to withstand and recover from secondary traumatization, and to understand how those resources are culturally and structurally distinctive to their position as practitioners from a minority community. The findings carry both theoretical and practical implications for how secondary traumatization is understood and addressed within minority and collectivist professional contexts.

6.1 Theoretical Contributions

This article makes two primary theoretical contributions. First, it demonstrates that culturally specific resources—religious practice, theological meaning-making frameworks, extended family solidarity, ethnoculturally homogeneous professional community, and collegial coping strategies such as shared humor—function as effective STS protective factors not yet adequately theorized within the CFR model. Second, it shows that professional self-efficacy among minority therapists is socially constituted through culturally specific pathways—including the drive to prove one's worth against collective marginalization—that extend Bandura's foundational framework into collectivist and minority cultural contexts.

6.2 Practical Implications

Three recommendations emerge from these findings with particular urgency.

Culturally adapted supervision. Supervision for Arab social workers should be conducted in Arabic by supervisors—ideally external to the employing organization—with lived professional experience within Arab communities in Israel, addressing the specific socio-political and cultural realities that shape therapists' work.

Arab professional community infrastructure. The development of organized, Arab-specific professional communities of practice should be prioritized as both a STS protective measure and a self-efficacy-building resource. This recommendation parallels calls emerging from other institutional domains serving Arab citizens of Israel during periods of national crisis—for instance, the establishment of dedicated safe spaces and culturally attuned support structures recommended for Arab students and faculty within Israeli academic institutions during wartime (Hager et al., 2025)—suggesting that the need

for ethnically dedicated professional infrastructure during collective trauma is not specific to the therapeutic field but extends across institutional settings in which Arab professionals and clients or students operate under conditions of structural marginalization.

Integration of religious and cultural resources in training. Professional training for Arab therapists should explicitly address the integration of religious and cultural resources into self-care practices and therapeutic approaches, while providing frameworks for navigating ethical dissonance between religious, cultural, and legal-professional value systems.

6.3 Limitations and Future Directions

This study's qualitative design and specific population limit generalizability. Future research should develop quantitative measures for culturally specific STS protective factors, examine analogous resource configurations among therapists from other minority or collectivist communities, and investigate longitudinal patterns of resilience among Arab therapists across career stages.

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