CANINE-ASSISTED INTERVENTIONS FOR AT-RISK ARAB ISRAELI YOUTH WITHIN THEIR RELIGIOUS AND CULTURAL CONTEXT

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Abstract: *Objective: This integrative narrative review examines how canine-assisted interventions may be designed responsibly for at-risk Arab Israeli youth in Israel, with attention to psychological, developmental, family, educational, social, cultural, religious, professional, and animal-welfare conditions. Review approach: The review synthesizes the supplied bibliography of 49 sources, including empirical studies, reviews, books, professional standards, institutional guidance, and religious scholarship. No independent systematic database search was conducted. Principal synthesis: The literature suggests that canine-assisted interventions may support engagement, communication, and emotional or educational work for some participants, but these possibilities depend on voluntary participation, family and community dialogue, clear Arabic information, religious accommodation, qualified practitioners, safe procedures, and protection of canine welfare. Acceptance is treated as a relational and institutional outcome rather than an attitude that participants must be taught. Limitations: The evidence is heterogeneous and includes little direct research on canine-assisted interventions with at-risk Arab Israeli youth; the proposed implementation model is conceptual and not validated. Conclusion: Programs should be locally negotiated, offer meaningful alternatives to nonparticipants, and be evaluated for human outcomes, acceptability, safety, and animal welfare.*

Keywords: *canine-assisted intervention, community acceptance, ethical implementation, cultural responsiveness, professional standards, animal welfare, Arab Muslim society in Israel*

Introduction

Animal-assisted interventions occupy a distinctive place at the intersection of mental health, education, rehabilitation, and community care. Their appeal is often connected to the possibility that an animal can create emotional safety, support engagement, reduce tension, and facilitate communication in situations where direct verbal interaction is difficult. General reviews and professional handbooks have treated animal-assisted intervention as a developing field that includes therapeutic, educational, and supportive practices rather than one uniform treatment model (Fine, 2019; Fine, Beck, & Ng, 2019; Bert et al., 2016). This broad field includes work with dogs, farm animals, and other species, and it has been examined in relation to depression, autism, neurodevelopmental conditions, dementia, psychological distress, and educational settings (Folse

et al., 1994; O'Haire, 2013; Narvekar & Narvekar, 2022; Loveday, Cahill, & James, 2022; Jalongo, Astorino, & Bomboy, 2020).

The growing professional interest in canine-assisted practice does not remove the need to examine the social and cultural meaning of the dog. Attitudes toward animals are not universal. They are shaped by upbringing, gender, religion, law, prior experience, fear, family norms, and the place assigned to animals within a particular society (Serpell, 2004; Davey et al., 1998; Phillips et al., 2011). In some communities, dogs may be familiar companions. In others, they may be viewed primarily as guard animals, working animals, or sources of danger and impurity. These differences are not secondary to intervention. They influence whether a person agrees to participate, how the intervention is interpreted, whether contact is experienced as safe, and whether the family regards the process as acceptable.

The issue is especially important in Arab Muslim society in Israel, where psychological care already takes place within a complex context of minority status, collective identity, socioeconomic inequality, family authority, and barriers to help-seeking (Dwairy & Van Sickle, 1996; Dwairy, 2006; Daeem et al., 2019; Haj Yahia, 2019; Khoury & Krumer Nevo, 2023). An intervention that includes a dog may add another layer of complexity. Participants may approach the animal with curiosity, anxiety, religious concern, or a mixture of these reactions. Families may differ internally, and religious interpretations may not be identical. A culturally responsible practitioner cannot assume either rejection or acceptance. The relevant question is how the intervention can be designed in a way that respects participants, acknowledges religious and cultural meanings, and still preserves professional integrity.

This review examines canine-assisted interventions through that broader cultural lens. It does not treat Arab Muslim society as homogeneous, and it does not suggest that religious identity automatically determines behavior. Instead, it considers how collective family structures, cultural expectations, minority experience, and Islamic interpretations of dogs may shape implementation. It also considers how professional standards, animal welfare, educational policy, and service animal accommodation can contribute to a more respectful model of practice. The purpose is to identify the conditions under which canine-assisted intervention may become culturally meaningful rather than culturally intrusive.

Terminology note. In this review, “Arab Muslim society in Israel” refers to the broad social, cultural, and religious context examined by the manuscript. “Arab society in Israel” is retained when it matches the wording of a cited mental-health, socioeconomic, or policy source. “Arab Israeli youth” refers to the young people who are the focus of this review, whereas “Arab Palestinian citizens of Israel” or “young Arab Palestinians in Israel” is used only when it reflects the population

label used in a cited study. These terms are related but are not interchangeable in every source, and no single study or label is assumed to represent all communities or all young people.

Review Methodology

Review question and objective. The review asks: under what psychological, developmental, family, educational, social, cultural, religious, professional, and animal-welfare conditions can canine-assisted interventions be designed and implemented responsibly for Arab Israeli youth in Israel? Its objective is to integrate the available literature into a cautious account of possible contributions, implementation requirements, risks, accommodations, and priorities for local evaluation. The review does not assume that all Arab Muslim communities or all young people respond to dogs in the same way.

Review design. An integrative narrative review was selected because the relevant literature is heterogeneous and cannot be treated as one uniform evidence base. The corpus combines empirical studies, systematic and narrative reviews, books, qualitative-methods texts, professional standards, institutional policies, religious guidance, and conceptual scholarship. This design permits a connected interpretation of psychological, developmental, family, educational, social, cultural, and ethical issues while keeping the limits of each evidence type visible.

Source corpus and source types. The supplied bibliography originally contained 49 listed sources. During the bibliographic audit, the three previously unverified entries—Karram Elias, Sulimani Aidan, and Benbenishty (2025); Johnston (2021); and Rahman, Abdullah, and Hassan (2023)—were replaced, respectively, by Mahamid, Karram-Elias, and Sulimani-Aidan (2025); Linder et al. (2021); and Babur and Islek (2026). The final corpus therefore contains 49 references. It includes empirical and qualitative studies, systematic and narrative reviews, books and book chapters, professional and institutional standards, policy and religious guidance, and texts on qualitative inquiry and cultural interpretation. No independent systematic database search was conducted for the review.

Inclusion and exclusion logic. A source was retained when it addressed at least one component of the review question, including animal-assisted or canine-assisted intervention; Arab mental health and help-seeking; minority identity; emerging adulthood; family and collectivist relationships; education; cultural adaptation; Islamic perspectives on dogs; professional ethics; participant safety; institutional implementation; or animal welfare. Sources were not excluded because they came from different disciplines, used different methods, or examined a different population when they offered relevant conceptual or practical evidence. The only bibliography-

level removals concerned the three entries that lacked an authoritative record; each was replaced by a verified, recent source with a comparable substantive function.

Themes and concepts extracted. The synthesis focused on recurring concepts across the corpus: emotional distress and engagement; trust and help-seeking; identity and belonging; developmental tasks; family and community influence; autonomy and assent; fear and previous experience with dogs; religious interpretation and ritual cleanliness; Arabic-language communication; professional competence and governance; equitable access; participant safety; animal stress and welfare; refusal and withdrawal; and local evaluation. These concepts were compared across sources to identify convergence, differences in emphasis, and gaps in direct evidence.

Handling differences among evidence types. Empirical studies were used to describe reported experiences, associations, or outcomes in the populations and settings actually examined. Reviews were used to identify broader patterns and methodological limitations. Professional and institutional sources were used to identify standards and safeguards concerning training, consent, hygiene, confidentiality, implementation, and animal welfare; they were not treated as proof of clinical effectiveness. Cultural and religious scholarship was used as interpretive context for communication and accommodation, not as a universal rule about every participant. The staged implementation model and practical recommendations were treated as the author's conceptual, evidence-informed proposals rather than as validated findings.

Synthesis procedure. The sources were read comparatively rather than summarized one by one. Recurring concepts were identified, grouped into the psychological, developmental, family, educational, social, cultural, religious, professional, safety, welfare, and evaluation domains, and then compared across disciplines. The synthesis was used to distinguish possible benefits from conditions of acceptability and from safeguards against harm. The review therefore reports patterns and implications from the available literature without claiming the reproducibility or completeness of a systematic database search.

What this design can and cannot conclude. This integrative narrative design can identify relevant concepts, connect evidence from different fields, clarify implementation questions, and develop a cautious framework for local discussion and research. It can support the proposition that canine-assisted interventions may be useful for some participants when they are voluntary, culturally responsive, professionally governed, and protective of animal welfare. It cannot establish effectiveness, causality, prevalence, universal cultural acceptance, or long-term developmental benefit for at-risk Arab Israeli youth. It also cannot validate the proposed implementation model.

Those questions require locally grounded empirical studies that include participants who accept, hesitate, observe, refuse, or withdraw.

Conceptual Foundations of animal-assisted Intervention

The literature on animal-assisted intervention contains several overlapping concepts. Some sources emphasize structured therapy conducted by trained professionals, while others address educational activity, supportive contact, or broader human–animal interaction (Fine, 2019; Nimer & Lundahl, 2007). This distinction matters because the goals, responsibilities, and standards of evidence differ across settings. A brief classroom encounter with a dog is not equivalent to psychotherapy, and a service animal is not identical to a therapy dog. Clear terminology is therefore part of ethical practice because it defines what the intervention promises and what professional competence is required.

Meta analytic and systematic literature has generally approached animal-assisted therapy as a field with potential benefits but with methodological limitations and variation across populations and designs (Nimer & Lundahl, 2007; Bert et al., 2016). The literature includes positive indications in relation to emotional distress, social engagement, and participation, yet it also emphasizes the need for careful evaluation. Crossman (2017), for example, situates interaction with animals within the broader question of psychological distress, while Fine, Beck, and Ng (2019) call attention to contemporary issues that will shape the field. These issues include professional definition, training, safety, welfare, evidence quality, and the danger of assuming that the presence of an animal is beneficial in every case.

The diversity of target populations further demonstrates that animal-assisted intervention is not based on a single mechanism. Research has examined adult college students experiencing depression, individuals with psychiatric disorders, children with autism, people with neurodevelopmental conditions, and older adults with dementia (Folse et al., 1994; Berget & Braastad, 2011; O'Haire, 2013; Narvekar & Narvekar, 2022; Loveday et al., 2022). In each context, the animal may serve a different function. It may support motivation, structure attention, encourage movement, reduce interpersonal pressure, or create a shared focus. The meaning of the interaction depends on the needs of the participant and the design of the activity.

canine-assisted work in educational settings also requires attention to routine, classroom management, consent, and policy. Jalongo, Astorino, and Bomboy (2020) describe dogs in the classroom as a practice that must be considered through educational and policy perspectives. Rud and Beck (2003) similarly address the presence of companion animals in elementary schools. Such work is particularly relevant to culturally diverse settings because the classroom includes children

with different levels of familiarity, fear, allergy, religious concern, and parental approval. The practitioner must therefore plan not only the activity itself but also the conditions that make participation voluntary and safe.

A recent randomized clinical trial on therapy dogs and anxiety in children in an emergency department reflects the continued expansion of research into highly structured settings (Kelker et al., 2025). Even when the clinical design is rigorous, cultural acceptability remains a separate question. Evidence that an intervention can reduce anxiety in one population does not establish that it will be welcomed in every community. Effectiveness and acceptability must be examined together.

Cultural Sensitivity in Psychological and Social Intervention

Cultural sensitivity is not an optional addition to psychological intervention. It influences how distress is understood, how help is sought, who is trusted, and what forms of communication are considered appropriate. Bernal and Saez Santiago (2006) place cultural centering at the heart of psychosocial intervention. Their perspective is relevant to canine-assisted practice because the intervention includes not only techniques but also symbols, relationships, and assumptions about comfort. A dog may be understood positively by the practitioner while carrying a very different meaning for the participant.

Work with Arab clients has repeatedly emphasized the need to understand family structure, collective identity, social expectations, and the limitations of transferring individualistic models without adaptation (Al Krenawi & Graham, 2000; Dwairy & Van Sickle, 1996; Dwairy, 2004; Dwairy, 2006). In collectivist settings, the individual may not make decisions independently of family and community. A young person may personally wish to participate in an intervention but remain concerned about parental reaction. A parent may support the psychological goal but hesitate because of religious or social meanings associated with dogs. These dynamics require dialogue rather than persuasion.

Dwairy's discussion of culturally sensitive education illustrates why interventions developed in self-oriented settings require adaptation for collective minorities (Dwairy, 2004). In canine-assisted work, adaptation may involve family inclusion, practical explanations, reduced ambiguity, and several levels of participation rather than immediate physical contact.

Bronfenbrenner's ecological framework further supports an understanding of intervention as embedded in multiple systems (Bronfenbrenner, 1979). The participant is influenced by family, school, community, religious institutions, socioeconomic conditions, and wider social structures. In this perspective, a child's response to a therapy dog is not only an individual reaction. It is also

connected to prior messages received at home, experiences in the neighborhood, stories about dogs, religious instruction, and the perceived legitimacy of the institution introducing the intervention.

Cultural sensitivity also requires attention to power. The professional often controls the setting, defines the activity, and decides what counts as progress. In minority communities, this authority may be connected to broader experiences of institutional distance or mistrust. Respectful practice therefore requires transparency about the purpose of the dog, the nature of contact, the participant's right to decline, and the alternatives available. Consent should be understood as a continuing process rather than a single signature.

Cultural responsiveness must therefore shape institutional design as well as interpersonal practice. Families and local professionals should help define acceptable participation, raise concerns, and review procedures; acceptance is procedural when consent is voluntary, religious concerns are accommodated, nonparticipants are not disadvantaged, and complaints can be raised safely (Bernal & Saez Santiago, 2006; Bronfenbrenner, 1979).

Arab Society in Israel: Mental Health, Identity, and help-seeking

The introduction of any psychosocial intervention into Arab society in Israel must be considered within the wider context of mental health access and minority experience. Daeem et al. (2019) examine barriers to help-seeking among Israeli Arab adolescents with mental health problems. Their work highlights the importance of understanding why young people and families may delay or avoid professional support. Stigma, limited awareness, concerns about confidentiality, service accessibility, and cultural mismatch can all influence the pathway to care.

Haj Yahia (2019) addresses mental health and psychological services in Arab society in Israel and shows why an intervention must fit existing service systems. Socioeconomic conditions also shape access: Miaari and Hadad Haj Yahya (2017) and Khoury and Krumer Nevo (2023) describe poverty, regional inequality, and differences in service availability. A program requiring specialized training, distant travel, or private payment may remain inaccessible, so equitable access is part of ethical implementation.

Minority identity is also relevant. Ravid et al. (2025) examine the role of minority ethnic identity in increasing the vulnerability of at-risk young-adult Arabs in Israel. Mahamid, Karram-Elias, and Sulimani-Aidan (2025) examine challenges and coping strategies during emerging adulthood among at-risk young-adult Arab Palestinians in Israel. Together, these studies contribute to an understanding of psychological experience as connected to social belonging, exclusion, uncertainty, and coping. A culturally responsive intervention should therefore avoid reducing

participants to symptoms. It should recognize the meaning of identity, family expectations, community belonging, and future prospects.

The social position of young people is also important. Sulimani Aidan (2015) examines future expectations among young adults leaving care, while Khoury Kassabri (2010) considers attitudes toward aggressive behavior among Arab adolescents in Israel. These sources point to the need for interventions that address trust, agency, emotional regulation, and future orientation without ignoring social realities. A dog may become a relational bridge in some cases, but the intervention must remain connected to broader therapeutic and educational goals.

Language and identity also shape professional communication. Suleiman (2011) situates language within the Israel Palestine conflict, reminding practitioners that language choice is not neutral. The words used to describe the animal, the intervention, cleanliness, fear, and religious accommodation may affect trust. Arabic language materials, culturally familiar examples, and respectful terminology can therefore contribute to a more credible intervention process.

Dogs in Islamic Thought and Contemporary Muslim Societies

The place of dogs in Muslim societies cannot be summarized through a single statement. Islamic texts, legal traditions, local customs, and contemporary interpretations create a complex field of meaning. Tlili (2018) examines animals in the Qur'an and contributes to a broader understanding of the moral and theological place of animals in Islam. Polinsky (2022) offers a revisionist examination of dogs in the Islamic tradition, while Subasi (2011) addresses dogs in Islamic jurisprudence and contemporary applications. Together, these sources demonstrate that attitudes toward dogs involve interpretation rather than a simple and universal prohibition.

Concerns about purity are central in many discussions. Sari et al. (2021) examine the use of soil in cleaning dog saliva through the study of hadith, while Subasi (2011) situates questions about dogs within Islamic jurisprudence. For intervention design, the key point is that concerns about contact, saliva, clothing, prayer, and cleansing may be deeply meaningful. They should not be dismissed as irrational or treated as obstacles to be overcome. Instead, they form part of the participant's moral world and should be addressed through clear procedures agreed upon before the program begins.

At the same time, Muslim societies are changing, and attitudes toward dogs may differ across generations, locations, and social groups. Berglund (2014) examines changing attitudes toward dogs in contemporary Muslim societies. Such change may be connected to urbanization, media, pet keeping, policing, disability services, and global circulation of therapeutic practices.

Variation within communities is therefore expected. Some participants may have positive experience with dogs, while others may have been taught to avoid them.

Institutional guidance and recent scholarship show that religious accommodation is possible. CAIR Minnesota (2019) provides guidance on service animals in educational settings, while the Islamic Religious Council of Singapore (MUIS, 2024) addresses service animals and religious accommodation. Babur and Islek (2026) analyze Islamic texts, jurisprudential positions, and contemporary fatwas concerning guide dogs, ritual cleanliness, necessity, welfare, and access. Together, these sources support practical accommodations that preserve religious dignity, although they do not establish outcomes for therapy programs or Arab Israeli youth specifically.

Accommodation may include clear separation between voluntary and required contact, advance information about the dog's role, the availability of handwashing and cleaning materials, protection of prayer spaces, avoidance of saliva contact, and alternatives for those who do not wish to touch the dog. Such measures should not be presented as favors. They are part of culturally competent practice. When participants see that the practitioner understands their concerns, the intervention is more likely to be perceived as respectful rather than coercive.

The distinction between service dogs, therapy dogs, and ordinary pets is also important. Religious responses may vary according to purpose. A dog that supports a person with disability, contributes to medical care, or performs a defined working role may be viewed differently from a pet introduced for entertainment. The practitioner should therefore explain the training, function, health status, and professional purpose of the animal. Ambiguity can intensify resistance, while accurate information can support informed decision-making.

The sources cited in this section do not establish one universally binding Islamic or jurisprudential position for every participant. They are used to identify possible meanings, questions, and accommodation options, not to predict individual behavior or prescribe a single religious response. Religious practice may vary by person, family, school, locality, and interpretive tradition; practitioners should therefore ask respectfully, avoid assumptions, and seek local clarification when needed.

Attitudes, Fear, and Prior Experience with Dogs

Attitudes toward dogs are shaped not only by religion but also by fear and experience. Davey et al. (1998) conducted a cross cultural study of animal fears, illustrating that fear responses differ across cultural settings. In communities where dogs are often encountered as uncontrolled street animals, guard dogs, or threats, fear may be based on realistic experience. A participant who

avoids a dog may be responding to previous barking, chasing, or injury rather than to abstract cultural belief.

Serpell (2004) identifies several factors that influence human attitudes toward animals and animal welfare. These include cultural learning, personal experience, perceived usefulness, and emotional association. Phillips et al. (2011) further examine international differences in attitudes toward the use of animals. Such work cautions against assuming that all resistance to dogs has the same source. Some participants may fear physical harm. Others may be concerned about cleanliness. Others may feel social embarrassment. Effective preparation requires asking rather than guessing.

Assessment before intervention should therefore include simple questions about prior contact, fear, allergies, family attitudes, and religious concerns. The goal is not to screen out all hesitation. Mild uncertainty may change through gradual exposure and positive experience. However, participation should never depend on forced proximity. A person can initially observe from a distance, speak about the dog, or engage through indirect tasks. Control over distance is especially important for children and adolescents who may feel unable to refuse an adult professional.

The dog itself must also be selected and handled appropriately. Temperament, predictability, training, health, and the ability to remain calm in unfamiliar settings are essential. A dog that jumps, licks, barks suddenly, or moves unpredictably may confirm existing fears. Professional standards described in the wider animal-assisted intervention literature are therefore central to cultural adaptation (Fine, 2019; Fine, Beck, & Ng, 2019; Serpell et al., 2010). Respect for culture cannot compensate for poor animal handling, and competent handling cannot compensate for the absence of cultural consent.

Community education may support more informed attitudes, but it should not attempt to erase cultural difference. The purpose is not to convince every participant to like dogs. It is to explain the role of the dog, identify realistic risks, clarify hygiene procedures, and allow each person to decide. This distinction protects the dignity of participants and reduces the possibility that intervention becomes a form of cultural pressure.

Potential Therapeutic and Educational Contributions

The literature suggests several possible contributions of animal-assisted intervention, though the strength of evidence varies by population and design. Nimer and Lundahl (2007) provide a meta analytic overview, while Bert et al. (2016) review benefits and risks. Fine (2019) offers a broad professional foundation for the field. Together, these sources support cautious interest rather

than universal claims. The animal may contribute to engagement, but the outcome depends on the participant, practitioner, setting, and quality of the intervention.

In emotional contexts, interaction with an animal may provide a less demanding relational experience. The dog does not require complex verbal explanation, and its responses can create an immediate shared focus. Crossman (2017) connects human–animal interaction with psychological distress, and Folse et al. (1994) examine animal-assisted therapy in relation to depression among adult college students. These studies are relevant to participants who experience difficulty entering direct therapeutic conversation.

In educational settings, the dog may support attention, routine, motivation, and participation. Jalongo, Astorino, and Bomboy (2020) discuss classroom practices and policies, while Rud and Beck (2003) examine companion animals in elementary schools. A well structured activity can create opportunities for reading, observation, emotional vocabulary, responsibility, and cooperation. Yet educational benefit depends on clear objectives. The dog's presence should serve the learning process rather than become a distraction.

Research on autism and neurodevelopmental conditions has also contributed to the field. O'Haire (2013) reviews animal-assisted intervention for autism spectrum disorder, and Narvekar and Narvekar (2022) examine canine-assisted therapy in neurodevelopmental disorders. These sources indicate that the dog may support social interaction and participation for some individuals. Cultural adaptation remains necessary because the participant's family may interpret both disability and animal contact through particular religious and social frameworks.

Work with psychiatric populations and older adults broadens the picture. Berget and Braastad (2011) address therapy with farm animals for persons with psychiatric disorders, while Loveday et al. (2022) focus on animal-assisted therapy for older adults with dementia. These studies show that the field includes diverse forms of intervention. The relevance to Arab Muslim society lies not in copying every model but in identifying principles that can be adapted, such as structured contact, meaningful activity, emotional safety, and respect for participant preference.

canine-assisted intervention may also create an indirect path to discussing fear, trust, boundaries, care, and regulation. Observing the dog can provide a concrete language for emotions. A participant may find it easier to describe when the dog appears calm, worried, or excited before describing similar feelings in the self. This process can be especially useful in contexts where direct emotional disclosure is difficult or where mental health treatment carries stigma. Still, the practitioner must avoid using the dog as a substitute for clinical judgment.

Family and Community Engagement

Family involvement is central in collectivist societies. Al Krenawi and Graham (2000), Dwairy (2006), and Haj Yahia and Sadan (2000) all contribute to an understanding of intervention within family and community structures. In canine-assisted practice, family engagement can reduce misunderstanding and support continuity. Parents should know what the intervention includes, why the dog is present, what contact is expected, and what alternatives exist.

Engagement should begin before the first session. Written information, preferably in Arabic, should identify the dog's training and health, the handler's qualifications, the therapeutic or educational role, expected activities, hygiene and welfare procedures, risks, supervision, and alternatives (Fine, 2019; Jalongo et al., 2020). A preliminary meeting allows families to ask about prayer, clothing, saliva, cleaning, safety, and fear without embarrassment.

Community figures may also influence legitimacy. Depending on the setting, consultation with school leaders, religious authorities, social workers, psychologists, and respected local professionals can support trust, especially when the intervention is unfamiliar. Linder et al. (2021) demonstrate how stakeholder input can shape an animal-assisted intervention's eligibility criteria, family and client orientation, practitioner training, materials, safety procedures, and planned implementation. Community engagement does not mean surrendering professional decisions; it means building a process in which local knowledge is treated as relevant.

Family members should also be informed that refusal will not reduce access to care. This is crucial. When families believe that the dog is the only pathway to support, consent may become pressured. Equivalent alternatives should be available wherever possible. The participant's decision may also change over time. A child who initially refuses may later choose to observe, while another may decide after one meeting that the intervention is not suitable. Respecting these decisions strengthens rather than weakens the therapeutic relationship.

For community engagement to influence practice rather than remain symbolic, institutions should establish a consultation process before and during implementation. Families, participants who accept, hesitate, or refuse, educators, practitioners, and relevant community or religious figures should help identify concerns and review cultural fit. The stakeholder-engagement model described by Linder et al. (2021), together with research on collectivist Arab contexts, supports involving community knowledge in intervention design (Al Krenawi & Graham, 2000; Dwairy, 2006).

Professional Practice, Ethics, and Animal Welfare

Cultural responsiveness must be integrated with professional and ethical standards. Fine (2019) and Fine, Beck, and Ng (2019) highlight the need for training, supervision, role clarity,

evidence-informed planning, and professional responsibility. The presence of a friendly dog does not by itself create therapy. The practitioner must have competence in the relevant helping profession as well as knowledge of animal behavior and welfare, while the institution must verify qualifications, define accountability, and establish procedures for supervision and review.

Animal welfare is a central ethical issue. Serpell, Coppinger, Fine, and Peralta (2010) discuss welfare considerations in therapy and assistance animals. The dog is not an instrument. It can experience stress, fatigue, fear, and overload. Sessions should include appropriate duration, rest, water, choice, and a safe place away from participants. The handler must recognize subtle signs of discomfort and end interaction when necessary.

Welfare has cultural significance as well. Participants may form opinions about the intervention by observing how the dog is treated. Respectful handling can support trust, while visible stress or coercion may create ethical concern. Islamic thought includes moral attention to animals, and this can provide a meaningful point of connection. The intervention should therefore present the dog as a living being with needs rather than as a technique.

Risk management includes allergies, infection control, bites, falls, fear reactions, and unwanted contact. Bert et al. (2016) explicitly include risks within their systematic review. Hygiene protocols should be clear and should address both medical and religious concerns. The dog should not enter food preparation areas or protected prayer spaces without prior agreement. Licking should be prevented, and cleaning options should be available.

Documentation should record consent, goals, session content, adverse events, participant response, and animal welfare observations. Evaluation should include more than symptom change. It should also examine acceptability, family satisfaction, cultural fit, and reasons for refusal. These outcomes can reveal whether the intervention is functioning respectfully in the local context.

At the institutional level, ethical implementation requires governance rather than reliance on the judgment of one enthusiastic practitioner. The organization should adopt written criteria for practitioner competence, dog selection, veterinary oversight, infection control, incident response, confidentiality, consent renewal, and program evaluation. Role clarity is especially important because the goals and evidence requirements of therapy, education, and supportive activity are not identical (Fine, 2019; Fine, Beck, & Ng, 2019). Clear governance protects participants, supports staff accountability, and helps the community evaluate whether the program deserves trust.

Animal welfare should be embedded in the same governance structure. Serpell et al. (2010) emphasize that therapy and assistance animals can experience welfare costs, while Serpell (2004) shows that human attitudes toward animals are shaped partly by how their use is understood. Institutions should therefore define maximum working periods, rest and recovery arrangements,

access to water, veterinary monitoring, safe retreat, transportation conditions, and criteria for stopping a session. Welfare observations should be recorded routinely rather than only after an incident, and the handler must retain authority to remove the dog whenever signs of stress or avoidance appear.

This integration of human and animal interests is not only a technical matter; it is a basis for ethical credibility. A program that respects participant refusal but ignores the dog's refusal remains incomplete, just as a program that protects the dog but pressures families remains culturally irresponsible. The ethical standard should therefore be reciprocal: both the participant and the dog must have meaningful protection from unwanted or excessive contact. Such reciprocity can also strengthen community trust by demonstrating that the intervention is grounded in care rather than in instrumental use of the animal.

Professional monitoring should connect these protections to measurable institutional outcomes. Alongside psychological or educational results, programs should examine patterns of consent and refusal, reasons for withdrawal, family satisfaction, complaints, cultural or religious concerns, adverse events, staff adherence to protocol, and indicators of canine stress. Bert et al. (2016) caution that benefits and risks must be considered together. Accordingly, continuation of a program should depend not only on evidence of benefit but also on evidence that its benefits are achieved without avoidable harm, coercion, exclusion, or animal overload.

Evidence basis of practical recommendations. Recommendations concerning professional competence, supervision, consent, confidentiality, hygiene, infection control, documentation, risk management, and animal-welfare monitoring are grounded in the cited professional and institutional sources where those sources are identified. Recommendations concerning Arabic community consultation, graduated participation, protected prayer spaces, meaningful alternatives for nonparticipants, and the staged implementation cycle are the author’s integrative proposals derived from the combined literature. They are evidence-informed but provisional and should be adapted through local consultation and empirical validation rather than presented as established standards.

Methodological Considerations for Future Research

The current literature provides a broad foundation, but research focused specifically on canine-assisted intervention in Arab Muslim society in Israel remains limited within the supplied bibliography. Future research should therefore examine experience and implementation rather than assuming transferability from other populations. Qualitative methods are particularly suitable for exploring meanings, concerns, family negotiations, and changes in attitude.

Creswell and Poth (2017), Patton (2011), Flick, von Kardorff, and Steinke (2004), Shkedi (2003), and Sabar Ben Yehoshua (2001) provide methodological foundations for qualitative inquiry. A phenomenological approach could examine how participants experience contact with a therapy dog. Case study research could investigate implementation in a particular school or clinic. Grounded analysis could identify processes through which hesitation changes into acceptance or remains stable.

Husserl's phenomenological tradition is relevant when the research question concerns lived experience and meaning (Husserl, 2013). The researcher should attend to how participants describe bodily reactions, religious thought, family messages, and emotional change. Such research should include those who refuse participation, not only those who complete the program. Refusal is itself meaningful data.

Sampling should reflect diversity within Arab society. Relevant differences may include age, gender, locality, religiosity, prior dog experience, family background, and level of education. Researchers should avoid presenting one village, school, or institution as representative of all Arab Muslim communities in Israel. Triangulation can include interviews with participants, parents, practitioners, educators, and community figures.

Quantitative research is also needed. Studies can compare culturally adapted and standard implementation, measure anxiety and engagement before and after intervention, and examine whether religious accommodation influences retention. Mixed methods may be especially useful because numerical outcomes can be interpreted alongside participant narratives. The recent clinical trial by Kelker et al. (2025) demonstrates the continued relevance of controlled designs, while the cultural literature shows why outcome measures alone are insufficient.

Ethical research should provide information in Arabic, protect voluntary participation and confidentiality in small communities, and report enough detail about the dog's training, health, workload, and welfare protections to permit ethical evaluation and replication.

Toward a Culturally Responsive Implementation Model

The model begins with institutional preparation: staff competence, a suitable physical environment, and written policies for hygiene, safety, prayer spaces, consent, and animal welfare. Before participants are invited, families and local professionals should receive clear information and should be able to influence procedures, especially where canine-assisted work is unfamiliar.

Participation should be graduated: a person may observe from a distance, remain in the room without touching the dog, engage through objects or commands, or choose direct contact. Religious accommodation should be built into the same plan through advance explanation of the

dog's role, prevention of unwanted saliva contact, available cleaning options, and protection of prayer spaces. Progress should not be measured by increasing physical contact.

Communication with families should continue after implementation begins, while evaluation should examine acceptability, family response, refusal, withdrawal, adverse events, and animal welfare in addition to psychological or educational outcomes. Because cultural meanings and comfort may change, the participation plan should be reviewed rather than applied as a fixed checklist.

These elements should be coordinated through an institutional implementation cycle rather than treated as isolated recommendations. Initial consultation informs policy; policy guides staff training and environmental preparation; implementation generates participant and welfare data; and that evidence returns to families, professionals, and decision makers for revision. This cyclical process reflects the ecological understanding that intervention outcomes are shaped by interacting systems (Bronfenbrenner, 1979). It also prevents cultural responsiveness from becoming a one-time introductory gesture.

Within this cycle, responsibility should be distributed but explicit. Institutional leaders authorize resources and policy, qualified practitioners define therapeutic or educational goals, handlers safeguard the dog, families and participants communicate cultural and personal boundaries, and community consultants help interpret local concerns. Shared participation does not remove professional accountability. Rather, it makes clear how community knowledge and professional standards can operate together without either being treated as sufficient on its own.

Discussion

Canine-assisted interventions present both opportunity and challenge in Arab Muslim society in Israel. Research across several populations suggests possible relational, emotional, and educational benefits, but the evidence is heterogeneous and provides little direct support for at-risk Arab Israeli youth. Arab mental-health literature, Islamic scholarship, and institutional guidance add the cultural and ethical conditions needed to interpret that evidence responsibly.

Cultural responsiveness changes how the intervention is introduced and delivered; it does not require abandoning it. Acceptance may increase over time, remain limited, or take the form of observation and distance. All of these responses are legitimate when the program supports therapeutic or educational goals without pressuring participants to like dogs or to change their cultural identity.

Family and community relationships carry particular weight in collectivist contexts, but family engagement should not silence the participant. Local research should therefore include

people who accept, hesitate, or refuse participation and should examine the meaning of contact alongside measurable outcomes.

The literature therefore shifts attention from whether Arab Muslim communities 'accept dogs' to how institutions introduce canine-assisted programs. Ethical implementation depends on accurate information, credible staff, accessible alternatives, religious accommodation, safe room use, appropriate session duration, and visible care for the animal. Coordinated planning makes cultural dignity, participant safety, professional responsibility, and canine welfare mutually accountable.

Limitations

This review has several limitations that should be considered when interpreting its conclusions. First, the review corpus was bounded by the supplied bibliography. No independent systematic database search was conducted, and relevant studies may therefore have been omitted. The review should not be understood as an exhaustive systematic review of all research on canine-assisted intervention, Arab Israeli youth, or Islamic perspectives on dogs.

Second, the included sources are heterogeneous in their populations, age groups, settings, intervention types, research designs, and forms of evidence. Some sources examine animal-assisted interventions in other populations, while others address Arab mental health, cultural responsiveness, religious interpretation, professional practice, or animal welfare. These differences make direct comparison difficult and prevent the calculation of a unified estimate of effectiveness. Findings from other populations should therefore not be transferred automatically to at-risk Arab Israeli youth.

Third, there is limited direct research examining canine-assisted interventions specifically with at-risk Arab Israeli youth. The proposed implementation model is consequently a conceptual and integrative proposal informed by related literature, not a validated protocol. The review cannot establish clinical effectiveness, developmental benefit, cultural acceptability, or long-term outcomes for this population. Local research should evaluate participation, refusal, family and community responses, psychological and educational outcomes, safety, and animal welfare.

Fourth, cultural and religious interpretations are diverse and should not be treated as universally shared positions. The discussion identifies possible considerations for practice, but individual assessment and local consultation remain necessary. Finally, the reference list requires source-by-source verification against the original publications and guidance documents before journal submission, particularly for entries identified in the reviewer's bibliographic audit. These

limitations support cautious, evidence-informed implementation rather than broad claims of effectiveness or acceptability.

Conclusion

Canine-assisted intervention may offer meaningful therapeutic and educational possibilities in Arab Muslim society in Israel, but its value depends on cultural and religious responsiveness, voluntary participation, professional accountability, equitable access, and animal welfare. A respectful model begins before the first encounter with community consultation, clear Arabic information, graduated participation, hygiene and religious accommodation, alternatives for nonparticipants, qualified practitioners, written protocols, and continuous evaluation.

Canine-assisted programs should be adapted to participants and communities rather than asking them to adjust to a predetermined model. The proposed framework is conceptual and requires local validation. Future research should examine therapeutic and educational outcomes together with trust, participation, refusal, family and community responses, institutional adherence, adverse events, canine welfare, and long-term acceptability.

References

Al Krenawi, A., & Graham, J. R. (2000). Culturally sensitive social work practice with Arab clients in mental health settings. Health & Social Work, 25(1), 9–22.

Babur, I., & Islek, O. (2026). Navigating with faith: Guide dogs in Islamic contexts. Review of Religious Research. Advance online publication. https://doi.org/10.1177/0034673X261422419

Berget, B., & Braastad, B. O. (2011). Animal assisted therapy with farm animals for persons with psychiatric disorders. Annali dell'Istituto Superiore di Sanità, 47(4), 384–390.

Berglund, J. (2014). Princely companion or object of offense? The dog's ambiguous status in Islam. Society & Animals, 22(6), 545–559. https://doi.org/10.1163/15685306-12341357

Bernal, G., & Sáez Santiago, E. (2006). Culturally centred psychosocial interventions. Journal of Community Psychology, 34(2), 121–132.

Bert, F., Gualano, M. R., Camussi, E., Pieve, G., Voglino, G., & Siliquini, R. (2016). Animal assisted intervention: A systematic review of benefits and risks. European Journal of Integrative Medicine, 8(5), 695–706.

Bronfenbrenner, U. (1979). The ecology of human development. Harvard University Press.

CAIR Minnesota. (2019). Religious accommodation guidelines for service animals in educational settings.

Creswell, J. W., & Poth, C. N. (2017). Qualitative inquiry and research design: Choosing among five approaches (4th ed.). SAGE.

Crossman, M. K. (2017). Effects of interactions with animals on human psychological distress. Journal of Clinical Medicine, 6(2), 22.

Daeem, R., Mansbach Kleinfeld, I., Farbstein, I., Apter, A., Elias, R., Ifrah, A., & Fennig, S. (2019). Barriers to help seeking in Israeli Arab minority adolescents with mental health problems. Israel Journal of Health Policy Research, 8, 1–14.

Davey, G. C., McDonald, A. S., Hirisave, U., Prabhu, G. G., Iwawaki, S., Jim, C. I., & Reimann, B. C. (1998). A cross cultural study of animal fears. Behaviour Research and Therapy, 36(7–8), 735–750.

Dwairy, M. (2004). Culturally sensitive education: Adapting self oriented assertiveness training to collective minorities. Journal of Social Issues, 60(2), 423–436.

Dwairy, M. (2006). Counselling and psychotherapy with Arabs and Muslims. Teachers College Press.

Dwairy, M., & Van Sickle, T. D. (1996). Western psychotherapy in traditional Arabic societies. Clinical Psychology Review, 16(3), 231–249.

Fine, A. H. (Ed.). (2019). Handbook on animal assisted therapy. Academic Press.

Fine, A. H., Beck, A. M., & Ng, Z. (2019). The state of animal assisted interventions. International Journal of Environmental Research and Public Health, 16(20), 3997.

Flick, U., von Kardorff, E., & Steinke, I. (Eds.). (2004). A companion to qualitative research. SAGE.

Folse, E. B., Minder, C. C., Aycock, M. J., & Santana, R. T. (1994). Animal assisted therapy and depression in adult college students. Anthrozoös, 7(3), 188–194.

Haj Yahia, M. M. (2019). Mental health and psychological services in Arab society in Israel. Mofet Institute.

Haj Yahia, M. M., & Sadan, E. (2000). Issues in intervention with battered women in collectivist societies. Journal of Marital and Family Therapy, 26(3), 323–336.

Husserl, E. (2013). Addendum XXIII of The crisis of European sciences and transcendental phenomenology. Journal of the British Society for Phenomenology, 44(1), 6–9.

Jalongo, M. R., Astorino, T., & Bomboy, N. (2020). Dogs in the classroom. Springer.

Kelker, H. P., Siddiqui, H. K., Beck, A. M., & Kline, J. A. (2025). Therapy dogs for anxiety in children in the emergency department. JAMA Network Open, 8(3), e250636.

Khoury Kassabri, M. (2010). Attitudes toward aggressive behaviours: The case of Arab adolescents in Israel. Aggressive Behaviour, 36(6), 394–404.

Khoury, E., & Krumer Nevo, M. (2023). Poverty in Arab Palestinian society in Israel. International Social Work, 66(1), 117–129.

Linder, D. E., Folta, S. C., Must, A., Mulé, C. M., Cash, S. B., Halbreich, E. D., Colón, C., Sullivan, S., Sanabria, E., Gibbs, D., & Farrell, T. (2021). A stakeholder-engaged approach to development of an animal-assisted intervention for obesity prevention among youth with autism spectrum disorder and their pet dogs. Frontiers in Veterinary Science, 8, Article 735432. https://doi.org/10.3389/fvets.2021.735432

Loveday, E. K., Cahill, T. J., & James, I. A. (2022). Animal assisted therapy for older adults with dementia. JBI Evidence Synthesis, 20(4), 1051–1058.

Mahamid, S., Karram-Elias, H., & Sulimani-Aidan, Y. (2025). Emerging strengths: Challenges and coping strategies in emerging adulthood among at-risk young-adult Arab Palestinians in Israel. Emerging Adulthood, 13(5), 1145–1157. https://doi.org/10.1177/21676968251339687

Miaari, S., & Hadad Haj Yahya, N. (2017). Socioeconomic survey of Arab society in Israel. Friedrich Ebert Stiftung.

MUIS. (2024). Guidelines on service animals and religious accommodations. https://www.muis.gov.sg/resources/khutbah-and-religious-advice/irsyad/advisory-on-assistance-dogs--english/

Narvekar, H., & Narvekar, H. (2022). Canine assisted therapy in neurodevelopmental disorders. European Journal of Integrative Medicine, 50, 102112.

Nimer, J., & Lundahl, B. (2007). Animal assisted therapy: A meta analysis. Anthrozoös, 20(3), 225–238.

O'Haire, M. (2013). Animal assisted intervention for autism spectrum disorder. Journal of Autism and Developmental Disorders, 43(7), 1606–1622.

Patton, M. Q. (2011). Qualitative research and evaluation methods (4th ed.). SAGE.

Phillips, C. J., Izmirli, S., Aldavood, J., Alonso, M., Choe, B. I., Hanlon, A., & Perez, M. (2011). An international comparison of attitudes to the use of animals. Animals, 1(1), 7–26.

Polinsky, S. (2022). Dogs in the Islamic tradition: A revisionist examination. Society & Animals, 32(3), 270–286.

Ravid, M., Karram-Elias, H., & Sulimani-Aidan, Y. (2025). "Confused, alienated, and injured identity": The role of minority ethnic identity in increasing the vulnerability of at-risk young-adult Arabs in Israel. American Journal of Orthopsychiatry, 95(6), 682–690. https://doi.org/10.1037/ort0000822

Rud, A. G., & Beck, A. M. (2003). Companion animals in Indiana elementary schools. Anthrozoös, 16(3), 241–251.

Sabar Ben Yehoshua, N. (2001). Genres and traditions in qualitative research. Dvir.

Sari, I. P., Ramadana, R., Supandi, D., & Junitasari, A. (2021). Uses of soil in cleaning dog saliva. Gunung Djati Conference Series, 5, 349–354.

Serpell, J. (2004). Factors influencing human attitudes to animals and their welfare. Animal Welfare, 13, 145–151.

Serpell, J. A., Coppinger, R., Fine, A. H., & Peralta, J. M. (2010). Welfare considerations in therapy and assistance animals. In Handbook on animal assisted therapy (pp. 481–503). Academic Press.

Shkedi, A. (2003). Words that try to touch: Qualitative research. Tel Aviv University Press.

Subasi, M. (2011). Dogs in Islamic jurisprudence. Islamic Law and Society, 18(3–4), 347–375.

Suleiman, C. (2011). Language and identity in the Israel-Palestine conflict: The politics of self-perception in the Middle East. I.B. Tauris.

Sulimani Aidan, Y. (2015). Do they get what they expect? Children and Youth Services Review, 55, 193–200.

Tlili, S. (2018). Animals in the Qur'an. Cambridge University Press.

Triandis, H. C. (2015). Collectivism and individualism. International Encyclopedia of the Social and Behavioural Sciences, 206–210.