

An Integrated Model for Working with At-Risk Youth—An Emphasis on Girls from Ethiopia

Simcha Getahun^{1,2}

¹Faculty of Education, The Kibbutzim Seminar, Tel-Aviv, Israel

²The College of Management Academic Studies, Rishon LeZion, Israel

Email: mamar.simcha@gmail.com

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Abstract

Immigration is a complicated and lengthy transition, and the integration process in the destination country encompasses changes at the individual, community, and societal levels. Immigration signifies a shift in geographic location and an intercultural transition that comprises significant transformations and upheavals in diverse life areas. A combination of the immigration and adolescence crises forms the basis for mental stress and relegation to the fringes of society. Namely, the fusion between physical, social, and cultural changes surrounding the migration process and the distinct signs of puberty make immigrant adolescents a viable population at risk. The number of at-risk youth of Ethiopian origin is substantial concerning the percentage of the Ethiopian community in Israel. Immigration and the challenges of integration affect their assimilation into society and force them to deal with various difficulties in addition to the changes of puberty. The study emphasizes that, unlike other populations, boys and particularly girls of Ethiopian descent lack diverse integration models. Hence, they tend to feel alienation, deprivation, detachment, discrimination, and racism. Therefore, the paper's purpose is to outline possible ways of dealing with the feeling of alienation and lack of trust in the system. The distress of girls of Ethiopian descent created panic and led to the establishment of a defined intervention plan. The study describes the program's goals and its various aspects. It focuses on the intervention model, its characteristics, the intervention process, and its implementation. Moreover, it provides tools to effectively deal with the problems of integration and the difficulties of adolescence.

Keywords

Immigration, At-Risk Youth, Intervention Model, Ethiopian Girls

1. Introduction

Immigration is a prevalent phenomenon in the globalized world that creates a multicultural and multilingual mosaic consisting of immigrants, deep-rooted residents, and natives. It is a complex and lengthy process of transition and assimilation in the destination country, which involves changes at the individual, community, and societal levels (Haim, 2013). Immigration expresses a change in geographic location and symbolizes an intercultural transition that entails fundamental fluctuations and upheavals in diverse life areas. These adjustments include acquiring a language, adapting to a new social and cultural system, absorbing and acclimating to different values and norms of behavior, acclimatization to the labor market, and dealing with psychological and emotional aspects that accompany the physical and mental transition (Haim, 2013; Ben-David, Aviad, & Levy, 2014). A fusion between the immigration and adolescence crises is fertile ground for mental stress and deterioration to the margins of society.

“Youth at risk” is a broad term for an assortment of circumstances that situate young people at greater vulnerability for problematic behaviors, like substance abuse, academic failure, and delinquency, along with mental health disorders, such as depression and anxiety (LeCroy & Anthony, 2018). The combination of the physiological, sociological, and cultural changes inherent in the migration process and the distinct characteristics of adolescence make immigrant adolescents a possible at-risk population. Many young immigrants face adjustment difficulties that affect their everyday behaviors and lifestyles. The acclimatization period in a new country is characterized by anxiety, developmental regression, confusion, anger, erosion in the perception of self-worth, and uncertainty about desires and values. The difficulty manifests in dropping out of school, social problems, and involvement in violent incidents (Leshem, 1992; Goltzman & Frug, 2010; Mirsky & Kaushansky, 1989).

The number of at-risk youth from Ethiopia is vast regarding the size of the Ethiopian community in Israel. According to *Israel National Council for the Child* (2019), 28.6% of immigrant students under the care of probation officers are of Ethiopian descent. Additionally, 17.7% of youth treated in 2016 by the youth services system were immigrants or children of immigrants, of which 38.7% were Ethiopians. Teenagers and young immigrants comprise a fifth of all participants at the Youth Sponsorship Authority; 34% are of Ethiopian origin. Thus, the immigration processes and the integration challenges affected and continue to impact their assimilation in Israel. They are forced to face various difficulties in addition to the changes of puberty. Pedagogical expectations among the teaching staff of Ethiopian immigrants are low, parental involvement in daily life and studies is minimal, they are more exposed to adverse experiences at school, and suffer from discrimination, exclusion, and cultural alienation (Kahan-Stravchinsky et al., 2017; Getahun & Keynan, 2020). The paper highlights that, unlike other populations, adolescents and especially adolescent girls from the Ethiopian community, lack diverse integration models. They feel alienated, deprived, marginalized,

and discriminated against due to their skin color. Therefore, the study's purpose is to present possible ways of dealing with the feeling of alienation and lack of trust in the system.

Growing up is more complicated and difficult among girls and is expressed in powerful ambivalent feelings, sadness, and a sense of loneliness (Muuss, 1988). Compared to boys, they show more symptoms of mental disorders, eating disorders, anxiety, self-harm, depression, and suicidal thoughts (Kahan-Stravchinsky et al., 2005; Dagan-Buzaglo & Hasson, 2016). Adolescent immigrants are an at-risk group because migration and adolescence may create a sense of loss, raise questions about belonging and lead to a struggle to form an identity (Berger, 1999). Girls of Ethiopian descent must cope simultaneously with puberty-related problems such as emotional and physical upheavals and sexual identity and with hardships stemming from immigration processes like parental supervision, family background, and a sense of shame and rejection. The distress of girls of Ethiopian origin, which is reflected in an increasing number of girls removed from educational settings and their parents' homes, created a sense of urgency and led to the establishment of a unique intervention program. The paper reviews the program's purpose and its various aspects. It focuses on the intervention model, its characteristics, the intervention process, and its implementation. It provides tools to effectively cope with the difficulties of integration and the rebellion of adolescence.

Teenagers grow and develop in a tangled and complex hive that includes family, friends, community, society, and culture. Therefore, the paper outlines and describes a comprehensive intervention process revolving around different aspects of life. It provides therapists with tools and ways of dealing with adolescents with difficulty functioning in normative frameworks. It accompanies them from detection and diagnosis until the end of treatment and follow-up.

2. Literature Review

2.1. The Integration of Ethiopian Jews in Israel

The population of Ethiopian descent in Israel at the end of 2021 was around 164.4 thousand inhabitants. 90.6 thousand were born in Ethiopia, and 73.8 thousand were born in Israel, whose father was born in Ethiopia (Central Bureau of Statistics, 2021). The immigration of Ethiopian Jews to Israel began in the late seventies and continues to this day. The immigration process involves risks and sometimes even personal and family traumas. The uniqueness of the Ethiopian aliyah is expressed in the radical transition from a traditional, rural-agricultural society to a modern, industrialized, pluralistic, and urban society. In Ethiopia, the Jews lived in rural communities that included several households. Hierarchical relationships describe the community structure. The Jewish family was characterized by patriarchy when the head of the family was the authority and by patri-locality when the woman moved to live with her husband's family after marriage. In Israel, community members encountered a different way of life, expressed in

gender equality, the centrality of children in family life, urban and crowded residences, and the intervention of external formal systems.

The changes and differences in lifestyles combined with the difficulties of immigration and integration, lack of quality occupational and professional horizons, a complicated economic situation, and a shaky and disintegrating social, family and community system exacerbated the aliyah crisis. The hardships made it difficult for many community members to integrate into Israeli society. Furthermore, the immigration processes and assimilation challenges affected and continue to affect the integration of Ethiopian youth in Israel since they have to deal with various difficulties in addition to the changes of puberty.

2.2. Adolescents of Ethiopian Descent

Nowadays, roughly 32,000 children and teenagers of Ethiopian descent live in Israel (including children born in Israel). Lifshitz and Haviv (1998) assert that most children and adolescents learn in the Ministry of Education's educational frameworks (96%). The Israel Central Bureau of Statistics (2019) states that in 2017/2018, 32,137 students of Ethiopian descent attended elementary schools and high schools. They constituted 2.4% of the students in the Hebrew educational system. It is noteworthy that since the 1980s, more than 90% aged 12 - 18 were sent to "Youth Aliyah" boarding schools, especially to religious boarding schools for lower-class students (Schmid, 2006). In Ethiopia, boys over the age of eleven and girls over nine were not viewed as kids but as youngsters. The adolescent had obligation and liability toward the family, and the household had set boundaries and instructions compelling the teen to assist the family's livelihood and perform domestic tasks (Bodovsky et al., 1994; Yaron, 1985). In Israel, adolescence is quite different; hence, adolescents of Ethiopian descent lack a role model while maturing.

Several processes affect Ethiopian descent adolescents: 1) the prolonged stay in the refugee camps in Addis Ababa. 2) Crises and traumatic events during the journey to Israel. 3) A different skin color generates stereotypes and misconceptions among the white community. 4) Subversion of the patriarchal structure. 5) The enhanced integration of teenagers into Israeli society leads to intergenerational gaps and conflicting messages. 6) The parents' immigration and integration hardships limit their ability to monitor and increase their dependence on the kids (Dotan, 1998). Therefore, maturing while immigrating generates a complex reality. The familial, social, and communal anchors are not sound; adolescents struggle to find firm and positive support.

Despite extensive efforts invested in incorporating adolescents of Ethiopian descent into the educational system, many experience adjustment difficulties that lead to dysfunction in educational frameworks and apparent and latent dropouts (according to the Association of Ethiopian Jews estimation, the number of dropouts is approximately 2500). The obstacles derive from difficulties understanding the material, lack of parental assistance, inability to pay for private lessons,

problems assimilating socially, the need to assist the family's livelihood, and household density that impacts concentration. Moreover, the educational system suffers from insufficient knowledge and prejudice among students and teachers regarding the Ethiopian community. Teachers struggle to communicate with the parents, and discrimination prevails in schools.

The Israeli society's conduct and approach toward Ethiopian immigrants are also intricate and affect teenagers' developmental processes. There is sympathy, solidarity, and a desire to help and assist due to recognizing the migrants' particular needs and hardships. However, with that said, lack of knowledge, shortage of awareness and familiarity, and Xenophobia still exist. Occasionally, the establishment and the society's conduct toward the Ethiopian community is paternalistic and leads to the break of traditional support systems customary in Ethiopia (Edelstein, 2001).

Ethiopian Jews in Israel preserve social, familial, and cooperative ideals and cultivate assimilation processes in diverse settings. The integration between Ethiopian and Israeli cultures also predominates in the younger generation. Adolescents perceive themselves as community representatives and act out of responsibility to Ethiopian society. Nevertheless, adolescents live in a culture that promotes individualism, independence, autonomy, and assertiveness. Finding the balance between cultures and values is a complicated challenge that generates ambivalent discourse about identity. On the one hand, teenagers want to fit in and feel equal. On the other hand, they strive to preserve their communal identity signifying solidarity and belongingness (Tur-Kaspa, Mikulincer, & Peleg, 2004).

Girls of Ethiopian descent have to master adolescence dilemmas and migration hardships simultaneously. As mentioned above, female immigrant adolescents are recognized as at-risk since migration and puberty are inclusive life transitions that might cause a sense of loss, raise reflections about belonging, and advance identity formation struggles. Therefore, the following paragraphs focus on the distinct challenges of female adolescents of Ethiopian descent.

3. Girls of Ethiopian Descent at an Intersection of Risks

“Woman even if she knows everything, she needs a man to finish (namely, come to a decision).” (An Ethiopian idiom)

Immigrant girls concurrently cope with problems relating to puberty and hardships concerning migration processes. Forming a sound identity in financial difficulties and parental status subversion enhances risks and vulnerabilities. Thus, the pressures from both procedures augment and intensify their severity. Berger and Shechter (1989) argue that distressed girls are at an intersection of risks: adolescence, femininity, and socio-economic hardships. Therefore, young female immigrants are considered at risk due to a lack of mental maturity and rebellion against a parental assistant. A parental assistant may be a support source in dealing with integration and assimilation difficulties. Ultimately, the girls are detached

from their parents and simultaneously removed from their friends back home who could help them overcome adolescence's stresses (Berger, 1999). The difficulties and distress drive the girls out of educational programs and into the street and its dangers. The girls form a sub-culture of latent or apparent dropping out of schools, working in casual jobs, vagrancy, consumption of alcohol, violence, and crime (Lahav, 2002).

In addition to the difficulties experienced by teenagers of Ethiopian descent, Ethiopian girls have to cope with unique problems. In Ethiopia, biological sex has a crucial implication denoting emotional and social coping mechanisms in adolescence. Contrary to modern society, which differentiates between social and sexual maturity, adolescents in Ethiopia were generally acknowledged socially as adults with sexual maturation (Friedman et al., 2004). Gender, to a great extent, determines an individual function (Minutzin-Itzikson et al., 1997; Dotan, 1998). Girls in their early teens were married, and the control over them transferred from their father to the husband's family and later to the husband. The woman was perceived as the husband's property. She focused on physical work and house maintenance and depended on others (Minutzin-Itzikson et al., 1997).

The traditional society's customs stand out when one examines the expectations of women in the western world. In modern, achievement-oriented culture, a woman is expected to develop characteristics such as assertiveness and ambition to cope with the demanding reality. However, in a traditional culture, these features are perceived as unfeminine and stigmatic (Even-Zahav, 1999). This contradiction leads girls of Ethiopian descent into an internal conflict about their female identity. Thus, although most girls live in an open environment, meet boys, marry their chosen loved ones, and acquire a sense of independence (Higar, 1990), they still lack focus and self-control. These features were not necessary for the Ethiopian village but are significant when you reside in an urban Israeli society.

The Ethiopian community in Israel tends to inflict more supervision on girls than boys. Therefore, some conflicts stem from the girls' desire to fit in, which clashes with the community's expectation of preserving traditional values and customs. The different generational pace of assimilation and integration threatens familial harmony and imperils the adults who want to maintain tradition and the young who aspire to acclimate. There is a tendency to expect girls to stay connected to the family and execute traditional gender roles (Pinchasi & Korin-Langer, 1998; Mirkin, 1994). However, the girls' desire to adopt new social norms enhances family struggles, whereas the mother interprets the changes as a rebellion against her and the family's values.

Female adolescents of Ethiopian descent experience difficulties in social integration, academic struggles, feelings of loneliness, financial problems, and fights with their parents. The complicated relations between the adolescent and her parents derive from the generational gap. The parents are anchored in tradition

while the girls assimilate into Israeli society and culture. The traditional-hierarchical perception of familial relations prevents efficient interpersonal communication. Sometimes, confrontations lead to shame, distrust, violence, rejection of the girl, and running away from home. Clashes could also cause social denial due to the girls' unacceptable behavior (Zaslavsky, After, & Idan, 2002). **Table 1** depicts the main differences between Ethiopia and Israel regarding puberty.

Table 1. Cultural differences in maturation.

	Adolescence in Ethiopia	Adolescence in Israel
Sexual maturation	A sexually mature girl marries an older man. Usually, a girl aged 18 is a mother to a child or more children. Girls in their teens are not allowed to marry.	Every decade, the age of marriage increases. Women serve in the army or volunteer in an alternative national service.
Encounters with the other sex	Encounters with the other sex are forbidden. The girl meets her husband on their wedding day. The wedding day signifies the first time she meets a man that does not belong to her family.	Encounters with the other sex are ordinary and customary. Settings such as schools, youth movements, and classes include both genders.
Intercourse and birth control	Intercourse is taboo and is only allowed after marriage. Virginity is sacred, and the girl's sexual needs are denied. Birth control is not acknowledged.	Some girls have sex before marriage and use birth control.
Attire	Clothes are modest. Generally, women cover their heads with a headpiece after marriage. Parents buy the wardrobe, and there are unique clothes for family events.	Religious girls wear modest clothes that cover most of their bodies. Other girls choose their wardrobe and may wear tight and revealing clothes. Some girls like to wear expensive labels and want to buy the clothes they desire to wear.
Food	Homemade food is the only option. Dishes depend on a schedule or festive dinners.	Cuisines are diverse; hence traditional food is not the only option. Some girls only want to eat western food.
Entertainment	The girl accompanies her family to extended family events in the village. The girls stay in a specific territory, and the family knows where they are. Sometimes, the girl talks and plays with her friends.	Girls meet other teens, including boys from the community. They watch movies, hang out in malls and city centers, and attend parties. Sometimes they go out late and party till sunrise. The parents do not know the girl's whereabouts or when she will return. Moreover, the girl might not introduce her friends to her parents.
Studies	Girls usually attend elementary schools and do not proceed to higher education. In the village, girls do not attend school. The community understands the value of education but thinks girls should help with the households (e.g. cooking, babysitting, bringing water from the well, gathering twigs).	Parents and girls understand the value and importance of education. Education is a goal and the key to success and profession. Nevertheless, girls are still expected to help with the household.
Poverty and deficiency	The economic status was different. Yet even in times of shortage, the Jews were not poor.	Money has meaning. Teens live in the Israeli reality and experience shortages and deficits. The economic situation enhances the gap between immigrants and veterans and increases the sense of discrimination and poverty.

Continued

Decision-making	Girls did not have to make decisions. Instead, their lives reflected their parent's and extended family's decisions and mirrored the Ethiopian tradition. Parents raised their daughters to be good wives and mothers and chose their significant others.	Girls must make decisions about friends, school, military service, and spouses.
Perception of the parents	Fathers constitute the authority and mandate. Therefore, you cannot disobey them since they are the family's pride. The father provides for the family; hence the child has to abide.	Parents are perceived as rigid and strict. They are viewed as incapable of adopting new norms or understanding the teen's needs. Therefore, they are recognized as vulnerable.
Communication with the parents	There is a clear hierarchy. The girl avoids consulting her father. Communication is scarce from top to bottom. Girls were educated to be polite, modest, and reserved. They prefer to consult their older sisters and mother. Lastly, the mother informs the father. The interaction is indirect; the girl does not look her father in the eyes and does not refuse him.	Girls know their rights. They are exposed to direct communication at school and with friends. The parents' integration difficulties turn the girls into mediators; hence they adopt assertive and direct communication. Girls exploit language barriers to exclude their parents.
Ask for help	In times of distress, girls turn to their extended family or deny help. The conflict was resolved inside the family or the village.	Girls know their rights and meet healthcare professionals in schools and boarding schools. However, due to the family and the community's subversion, girls turn for help to guides, social workers, counselors, and the police.

All girls experience social changes as a by-product of immigration, yet they are not a unified unit. The girls coping mechanisms and interaction with Israeli society are diverse and cast on their incorporation. Every girl's nature and disposition can be placed on an assortment of behaviors that range from isolation and seclusion to integration and assimilation into marginal groups. The varied coping styles have different intensities and ways of expression: 1) isolated and secluded girls tend to adopt the community's patterns, namely, the traditional adult values. Thus, they experience difficulties integrating into social, educational, and cultural frameworks. 2) "Double agents" girls that preserve traditional values at home and adopt new norms outside to assimilate into Israeli society. 3) Marginalized girls reject the Ethiopian identity and struggle to fit in contemporary social settings.

The girls' distress manifested in a growing number of detached teens, namely adolescents who felt disconnected from their families and educational frameworks. Hence a particular intervention program was established.

4. An Intervention Model for At-Risk Ethiopian Girls

"For those who don't know, even the plain (where the Ethiopian knows how to find his way without any problem) is a forest" (where one gets lost.) (An Ethiopian idiom)

The intervention program was initially implemented in 1996 within designated service units at the Ministry of Labor and Welfare. The program is based on a

systemic approach that promotes a holistic intervention incorporating work with families and systemic community work. The program aims to locate, diagnose and contact at-risk girls of Ethiopian descent to strengthen them and return them to normative frameworks. The purpose is to find suitable frameworks for the girls' needs, provide pedagogical assistance and help, improve their relationship with their families, prepare them for the military framework or national service, and enhance their sense of capability while strengthening the family and the community.

The program's target population is girls between 13 and 23 who were born in Ethiopia, have been in Israel for over eight years, and are fluent in Hebrew. Most girls are from families with complex structures, such as a stepfather, second and third marriages, an elderly father, and a young orphaned mother. Additionally, most (80%) come from families with many children or single parents (28% live with the mother). Ultimately, the girls participating in the program experience emotional, social, behavioral, family, academic, and health difficulties.

The program is based on four fundamental assumptions: 1) The work from designated service units enables a supportive and guiding framework for the social worker and advances the coordination and pooling of resources, activities, and interventions. 2) Treatment of girls of Ethiopian descent requires implementing culturally-sensitive approaches and understanding the processes of cultural transition and the integration crisis experienced. Therefore, the program incorporates social workers of Ethiopian origin who know and understand the unique cultural codes, are proficient in language skills, and sensitive to the community's change processes. 3) The intervention emphasizes preventive measures. Some of the difficulties experienced by the girls stem from objective changes resulting from immigrating to Israel. Thus, the program constitutes a "soft platform", allowing continuous transition processes to prevent future crises. 4) The current services rely on knowledge resources related to interventions with Ethiopians and girls of Ethiopian origin in risk situations in particular.

As stated above, the program workers are social workers born in Ethiopia and immigrated to Israel in different immigration waves. The workers receive training and are supervised and closely monitored regarding the project's cultural aspect. They are integrated into the designated units, which offer support, direction, and guidance. The program directors are responsible for the training, guidance, supervision, and development of the program at the national level. Social workers, on behalf of the program, work within the locality to promote the treatment and transformation processes of girls from Ethiopia. They operate simultaneously in several intervention methods: individual, group, family, and community, and are a mediating factor and "advocate" for the girls' needs. Furthermore, the workers participate in community committees to advance community members and meet with various parties working to reach the program's goals.

4.1. The Intervention Process

The initial phase focuses on locating the girls when the intervention begins with

a reaching out process. The reaching out process takes place in different and creative ways while utilizing local and community resources. The therapist can reach the target population through schools, welfare and health services, family members, community activists and leaders, youth information centers, and peer groups. Hence, if the social worker has extensive connections with professional and active parties in the locality, her accessibility to the girls and the ability to locate them increase. After finding the girl, it is important to woo her, strengthen her willpower to participate in the program, and begin her integration into the therapeutic process.

The second stage is the diagnostic stage. The social worker collects information and uses the knowledge obtained from various sources (the girl, teachers, school counselors, home visits, the girl's family, medical information, and psychological diagnosis) to examine the reasons contributing to distress and risk development. Identifying the hardships in the cultural context and understanding the changes resulting from the transition processes help to understand the complexity of the problem and know the girl's unique content world. The diagnosis phase stresses emotional, health, educational, social, behavioral, and family aspects.

The third stage, the intervention stage, symbolizes selecting the appropriate treatment plan. The social worker examines and tests professional methods of action such as preventive intervention, educational assistance, guidance, integration into the framework, family intervention, referral to treatment or follow-up, and considers cultural aspects alongside budget and resource considerations. The treatment plan combines enrichment activities to prevent wandering, develop interests, and strengthen the relationship of the professional staff with the girls and among themselves. **Table 2** describes the intervention process stages.

4.2. Intervention Plans

“Kes bex unkollebaigro yehdel.” (Gradually, the hen’s egg will learn to walk on her feet.) (An Ethiopian idiom)

The program advocates a systemic approach that promotes a comprehensive, integrative and inclusive intervention. It advances individual intervention and group intervention, parental integration, and the inclusion of community initiatives.

4.2.1. Personal-Individual Intervention

The treatment program focuses on withdrawn, isolated, and marginalized girls and includes crisis intervention, tangible support, and mediation. The social worker examines the girl's hardships from a systemic point of view and perceives her as part of a family, social and community system. The intervention's purpose is to improve the girl's function at the personal, educational-professional, social, and family levels, as the fields of intervention are diverse and sensitive to the girl's needs. Occasionally girls in individual care find it difficult to trust and believe in the process of change; therefore, the beginning of the relationship is

Table 2. The stages of the intervention process.

Referral sources and outreach	A friend brings a friend	Visiting the neighborhoods	Activists and community leaders	Youth information centers	Mediators of Ethiopian descent	Extended family or neighbors	Health services	Schools, Welfare principles, and advisors
Diagnostic	Family	Behavior	Society	Emotion	Health	Studies		
	*Communication difficulties and conflicts with parents	*Unprotected sex	* Loneliness	* Self Esteem		* Difficulty in studying and preparing homework.		
	* Reversal of roles in the family	* Acting-out	* Feeling of discrimination and racism	* Body image	* Medical Problems	* Learning disabilities.		
	* Violence	* Wandering and running away from home	* Rejection by the community	* Identity formation	* Unplanned pregnancy	* Hidden dropout		
	*Parents' rejection	* Connecting with marginalized groups	* Relationships with members of the opposite sex	* Post Trauma	* Mental health problems	* Latent dropout.		
	* Death of a parent	* Drug and alcohol use		* Depression		*Difficulties fitting in		
	*Economic difficulty	* Criminality		* Skin color and body image				
				*Harassment or sexual assault				
Intervention	Follow up	Referral for treatment	Educational reinforcement	Integration into a framework	Practical support	Family	Group	Individual
Enrichment		Trips	extracurricular activities	Movies	Youth theater	Summer activities		

End of treatment and Follow up.

characterized as a continuous courtship process through which a relationship of trust is established between the girl and the social worker.

The individual intervention program is suitable for girls who experience difficulties in developing healthy interpersonal relationships with their peers. Namely, girls who suffer from post-trauma need help in integration into educational, occupational, and extra-domestic settings. They require aid and personal guidance due to a mental crisis or an unwanted pregnancy, have difficulty accepting the group framework and rules, or refuse to integrate into group therapy.

4.2.2. Group Intervention

Group intervention gives girls a sense of belonging. The group is an open space to clear the mind. It provides an opportunity for mutual help and assistance, allows feedback, reveals other beneficial coping mechanisms to the participant, serves as a tool to track the patient’s behavior, and monitors the change that the treatment led to (Stewart, Usher, & Allenby, 2009). Furthermore, the group is an important diagnostic tool and acts to transfer information and carry out an effective therapeutic procedure (Hovav, 2012). Therefore, group intervention is a central tool in the social worker’s work with girls and a device for solving problems. The group intervention aims to train the girls to act within social frameworks, where the group serves as a microcosm for the outside world (Bar-On, 1986). Within the group, there is an immediate reference to the girls’ experiences and feelings, allowing them to adapt to group activities and integrate into society. Through group therapy, the process of change takes place. The girls discover that they share the same difficulties and face similar problems and learn

and practice effective coping patterns for different situations. The group is a reference frame for dealing with diverse issues such as frameworks, boundaries, exposure, self-expression, making contact with other girls, dealing with authority, accepting the other, changing parents' perceptions, accepting their skin color, and adopting cultural characteristics. In the group process, the girls support and are being supported; they strengthen their sense of worth and self-image. Moreover, the group meeting is a diagnostic tool for the social worker in whom she is exposed to the girls' difficulties, such as dealing with frameworks and problems with communication and interaction.

Group intervention tools are diverse and include self-defense classes, drama workshops, sex education, assertiveness training, learning groups, horseback riding, Ethiopian tradition courses, music classes, "me and my body" groups, etc. The group's contents constitute a space where the girls connect with everyday experiences and are exposed to ways of dealing with their difficulties. Most of the girls who participate in the group intervention are "integrated" girls who function in the school and family framework, and the group functions as a "prevention group". Girls who "fit in" are the core of the group. Sometimes girls who suffer from social isolation or "marginalized girls" join for empowerment, so the group can help them function in social settings and interpersonal relationships.

4.2.3. Family Intervention Involving the Girl's Parents in the Treatment Process

"Bashta minim baigdil beit yagodi" (even if the disease does not kill, it destroys the house.) (An Ethiopian idiom)

The internal intervention program realized that in light of the difficulties of the transition and the intergenerational gaps created by immigration to Israel, there is a need to provide help and assistance to parents and support them in educating and caring for girls. The immigration processes affected the definition of the traditional parental role. Ethiopian parents encounter difficulties challenging the extended family or breaking the authority of the nuclear family. Furthermore, they face language barriers and livelihood difficulties and find it difficult to understand and accept the patterns of behavior used in Israeli society (Bodovsky et al., 1994).

The parents' assimilation and integration into Israeli society are slower than the girls hence the gap between them. The difficulties, gaps, and challenges of integration created three parenting styles: 1) Isolated parents, parents who are worried about their daughter adopting the customs and values of Israeli society and trying to "keep" her from being assimilated into the receiving society. Namely, the parents expect the girl to function according to the tribe's traditional patterns and act according to the educational models accepted in Ethiopia.

2) Integrating parents, parents who internalize an educational approach compatible with the Israeli reality despite the difficulties involved. They are willing to change and exhibit flexibility in case of a gap between them and the girl's wishes. The families implement effective interaction based on understanding and com-

munication. Parents try to avoid power struggles and the use of authority to educate and instill discipline.

3) Surrendering parents, the parents experience the gap between them and the girls as unbridgeable. After failing to take care of the girls according to the intervention style implemented in Ethiopia, they “give up”. The parents feel helpless and leave the task of education to external frameworks. The renunciation is expressed in a lack of communication and interest, requests to send the girl to boarding schools, an appeal to the welfare authorities, and even rejecting the girl and refusing to accept her into the family framework. It is worth noting that in the past, the institutional integration bodies reinforced this message by sending the youth to out-of-home settings, and conveying hidden messages about the irrelevance of education, as was customary in Ethiopia.

The differences in parenting styles, the distance and estrangement between the parents and the girls, and the parents’ lack of understanding of puberty make family intervention a central element in meeting the girls’ needs. The focus of the intervention is the need to strengthen parental responsibility in education and care, implement effective communication to solve difficulties, improve the connection and relations between the parties, provide information on the acceptable and unacceptable methods of education in Israel, build a structured daily routine for girls adapted to the characteristics of Israeli society, and empower the customs of the community while adapting them to the Israeli lifestyle.

The family intervention method is carried out in two ways: personal meetings of the social worker with the girl’s parents and group meetings. The personal and intimate encounters with the girl’s parents allow the social worker to diagnose the problem by getting a broader picture. The family meeting lets the therapist know about the family in everyday life, reveals the living conditions, and may alleviate the girl’s hardships. The social worker creates a personal relationship with the parents through the meetings. She stays at their home, includes them in the treatment process, reveals herself to them and shares information about herself, gives them the respect they deserve, and involves the girl in the conversation with her parents. Intervention within the family includes various contents adapted to the girl’s difficulties, such as: instructing parents on effective communication, giving advice, establishing agreements, and creating a parental supervision framework acceptable to both parties.

The group meetings are structured according to the content the parents and group facilitators determined in advance. Usually, between 10 and 15 sessions are held, with each meeting lasting between two to three hours. The meeting duration has a fundamental meaning; its goal is to convey patience, interest, and respect toward the participants. The meeting is conducted in Amharic or Tigrinya, which are indirect languages, where a central part of the group communication takes place with the help of stories and allegories. The opportunity given to parents to refer to the past and present is a central component of the group process. It gives the participants the feeling that they are acknowledged and receiving appropriate aid.

The group intervention purpose is to: 1) increase motivation and deepen parental involvement in education and care, 2) review and explain the institutional support frameworks that exist in Israel, 3) forge a relationship between parents and the education system, 4) strengthen listening to others, 5) solve communication problems and conflicts, 6) emphasize the differences in the educational concept in Ethiopia and Israel, and 7) find ways to incorporate heritage and Ethiopian roots in the relationship between parents and children. The groups are guided by the program's social worker and an external facilitator from Ethiopia. They focus on giving parents a place to express their difficulties while providing guidance and advice. The group intervention emphasizes sensitivity to the culture of origin, is characterized by flexibility of time, and, as mentioned, makes use of concepts and tales familiar to the girls' parents from their lives in Ethiopia. The use of stories and metaphors illustrates to parents how crises and disconnection develop and reflects the importance of parental authority in raising children. The folktale and metaphor are from the world of concepts familiar to the Ethiopian immigrant and express pictorially or visually the treatment process. The drawings, tales, and metaphors also help to describe the parents' sources of support in conflict situations with the children. They demonstrate the difference between Ethiopian and Israeli society and strengthen parents' awareness of the difference. With their assistance, the therapist encourages the parents to contact professional sources of help and support while turning to family and community sources that are essential pillars in raising and educating children.

4.2.4. Community Intervention and Initiatives

The various intervention programs correspond to the girls' needs; however, the ability of social workers to respond to the entire population of girls of Ethiopian descent is limited. Therefore, the systemic concept of the program, which emphasizes environmental impact, requires community intervention and the formation of a community support source. The program aims to make the community understand the difficulties experienced by the girls. There is an acknowledgment that "one-on-one" intervention does not always help; thus, there is a need to intervene on a systemic level. The program's social workers meet with activists and leaders in the local Ethiopian community and with various entities and services in the locality to create connections and build trust. The goals of the meetings are to reveal the program and its marketing, coordinate interventions, raise resources, and promote the objects of the community in general and girls from Ethiopia in particular. It should be noted that in some of the localities, the program workers initiated community intervention in collaboration with the managers of the designated welfare units, for example, establishing school steering committees, community associations, or local steering committees.

5. Integration of Ethiopian Social Workers/Proficient in the Language in an Intervention with Girls of the Same Origin

"The country's scutch grass should be plowed with the ox of the land." (An

Ethiopian idiom)

In the past, the “melting pot” policy was central to examining immigrant integration into Israeli society. Therefore, deep-rooted Israeli workers carried out social and educational interventions without distinguishing between the various target populations or matching the origin of the immigrant with the roots of the welfare workers. The understanding that immigrants find it difficult to get help and use state services or feel difficulties integrating into society and assisting its institutions led to adopting culturally sensitive work patterns and employing professional and semi-professional workers from the same cultural groups. Moreover, social services began to consult with leaders from different origins, incorporated translators with the same cultural background, included sectarian and religious leaders in outreach processes and the construction of intervention plans, worked to reduce bureaucratic mechanisms, implemented culturally supported intervention plans, and considered the broader social system (Rogler et al., 1987).

Nowadays, welfare services tend to adopt an approach that advocates the connection between the cultural and ethnic correlation between the therapist and the client. At the base of the concept, there is a perception that therapists and patients of the same origin attach added value to the treatment process and can offer support and assistance for hardships. The aliyah of Ethiopian Jews sharpens the need for culturally sensitive intervention in light of the difference between the culture of origin and the Israeli culture. The ability to help the community of Ethiopian immigrants depends on the therapist’s competence in understanding the culture, knowing the structure of the community and family, realizing the coping patterns with difficulties and crises in Ethiopia, grasping the accepted ways of assistance in times of crisis, and embracing the transition and change processes experienced by the individual in the move to Israel. Therefore, based on the assumptions stated above, the intervention program with girls of Ethiopian origin is managed by social workers from the community.

The correlation between the social worker’s origin and the girl contributes to the success of the intervention process. The sectarian correlation that leads to the achievements of the program stems from 1) a shared worldview that includes thinking patterns, feelings, and sensitivities related to verbal and non-verbal communication, 2) a similar appearance and shared language, 3) familiarity with the culture that encompasses cultural codes, values, rituals, tradition, relations between the sexes and idioms unique to Ethiopians, 4) understanding of the community’s hierarchical structure and the girl’s extended family, 5) grasping the challenges of integration and the difficulties of immigration where the social worker represents a model for effective integration and smooth transition from Ethiopia to Israel, 6) the social worker constitutes a bridge between Israeli culture and Ethiopian culture and 7) demonstrating sensitivity to interventions that the Ethiopian community may interpret as labeling or offensive.

Furthermore, integrating a social worker of Ethiopian descent into the inter-

vention program contributes to professional development among the veteran Israeli staff. The worker is a source of knowledge about Ethiopian culture and tradition, exposes the social workers to Ethiopian immigrants' thinking and behavior patterns, and increases openness and sensitivity toward youth from the community. The social workers of Ethiopian origin teach the workers how to deal with the difference. They bring unique cultural characteristics and innovative ideas about existing work styles and sometimes challenge the accepted Western thinking patterns of working with teenagers. The social workers are also viewed as representatives of the community and its "ambassadors". They exemplify the community's ability to integrate into Israeli society and help the veteran workers gain the community's trust.

6. Discussion

6.1. The Success of the Personal and Group Interventions

"At first, the girl refused to talk to me. I went into her room and started talking while she was lying in bed and covering her head with a blanket. I explained to her who I was and my desire to help her. However, I made it clear that only if she helped me could I help her. After another visit, she agreed to talk with me, and we decided that she would return to the boarding school. After her return, the girl became difficult, refused to study, and her condition worsened. She tried to set fire to the boarding school at one point, and a miracle avoided a disaster. The girl returned home, but tough fights broke out between her and her mother due to her refusal to obey instructions and rules, and in response, she began to wander and sleep outside the house. As a result, the mother locked her in the house and called me. I arrived and found her sad and desperate, with a pocketknife in her hand. The girl integrated well into the new boarding school, and I met with her once every two weeks. The meetings' purpose was to strengthen her to cope with the difficulties she experienced and to give her a place of warmth and understanding. During the conversations, I clarified that although her mother has difficulty functioning, she is a loving and caring mother. Simultaneously, I met with the mother and supported her. Today, the mother sees me as a support source, and we talk about how to deal with raising children. The relationship between the mother and the girl improved, and she began coming home for vacations and even showed the mother the report card she received from the boarding school. The girl successfully finished the year and asked to join a non-therapeutic boarding school next year."

The example unites and illustrates the study's various aspects, starting with the hurdles of immigration and the difficulties of puberty, through the intergenerational gaps, and finally, the multiple dimensions of the intervention process and its success. At the beginning of the therapeutic relationship, the girls express a lack of trust in institutional factors. Distrust is the "starting point" and not a permanent state. Therefore, the social worker should convey confidence to the girls and emphasize that the intervention is for their benefit. She must persis-

tently court the girls to signal the seriousness of her intentions and to highlight the girl's importance and centrality. The intervention process reveals new sides and angles to the girls. They discover that they can sit down, talk to their parents and understand the essence of the intergenerational gap. The girls realize that they must respect their bodies, be exposed to Ethiopian culture and tradition, learn to talk about themselves and their fields of interest, and strive to broaden their horizons. The girls strengthen their positive and effective qualities, skills, and abilities through the therapeutic procedure and try to overcome harmful behavior and negative personality patterns.

6.2. The Accomplishments of the Family Intervention

Ethiopian immigrant parents sometimes project helplessness and doubt their function as parents. Therefore, the social worker must strengthen the parent's presence in the educational and therapeutic process and convey that they are "part of the story". She should be a model for parents not to give up and deal with difficult situations and feelings of helplessness. The following example expresses the need for family intervention as part of the intervention plan: "I wanted to tell you about the Ethiopian youth, about the frustration, as someone who has been in such situations. The causes of frustration are varied, but mostly the frustration comes from the home, and no one can know that because only those who go through it can tell you. You can provide tools for a solution to wandering youth in the streets who are addicted to the street and its implications. I often thought in this direction too, but I received help and support, and you can say I was saved. It is important to understand the root of the problem: the parents are frustrated and aggravating the girls. In addition, in our community, it is forbidden to rise against the father; it is something that cannot be done. Hence, the children prefer to be silent rather than fight out of fear and frustration".

The intervention program strengthens parental responsibility and teaches them how to manage effective communication to solve problems and difficulties. At the procedure's root is an understanding that the parents feel they have been left behind while the girls are integrating into Israeli society. The parallel treatment of girls and parents weaves a bond between the parties and prevents a feeling of alienation and distance. Additionally, the therapy establishes the importance of parental authority in raising children, encourages them to seek help when needed, and gives them back control over a role that has taken a central place in Ethiopia.

6.3. Case Study—A Success Story

In summary, we will conclude with a success story that illustrates the program's success. "All the transitions were not easy for me. It started to be very difficult at home; there were difficulties between my stepfather and me. At some point, he left the house. However, even before he left, there was a lack of a father figure,

and my mother had to take care of everything. At the same time, my maternal grandmother passed away, and my mother went through a crisis. It wasn't easy. There were financial difficulties and numerous demands on me at home. I felt that there was no warmth and love. Also, many things happened at home that hurt my brother and me. I felt abandoned, and staying at home became unbearable. An 11 - 12-year-old girl should not do all the housework and look after the children. I couldn't focus, not even do homework. I decided I wasn't ready to take it anymore, so I got up and left. I started wandering the streets, not knowing where I was going, even at night. At night, I slept on the roof of the house. I was very closed and introverted, and I didn't tell anyone about the difficulties and problems I had at home. I decided to tell the youth counselor about my problems, and she directed me to welfare. At some point, I met the program's social worker. It turned out that he was my relative, and I decided I was not returning home. It's hard not to go back because there is nowhere like home, no matter how hard it is. I came to a foster family that provided me with a private tutor, and today my grades are completely different. All the problems at home did not allow me to concentrate on my studies. The head was elsewhere. I would sit in class, and my head was at home, in trouble, and what would happen to me? I continued to meet with the social worker once a week. In the conversations, we talked about my problems at home and my studies. At one point, I was asked about my dream and said I would like to be a singer, so they suggested I join the theater. Integrating into the group (the theater) made it easier for me. It gave me a positive feeling that I belong; there is no difference between the genders; it doesn't matter where I come from, but who I am. My mother was very hurt and upset that I left home, but today my relationship with her is much better. Today she understands me better and sees what is happening. I come home once a week and on holiday. I like to come to my family, to be with my mother and brothers. I think it's good to have a social worker from your community because it makes things easier. He knows the origin and the difficulties and understands the parents and their mentality. He comprehends the parents' difficulties in accepting the girls' behavior. It is important that he speaks Amharic. The social worker contacted my mother, although she is still angry with him because she thinks he convinced me to move out. It is more difficult for a girl in the community than a boy. In my opinion, there is nothing like communication. It is important (for the social worker) to talk to a person and be able to get to him. It is also significant for the social worker to convey hope."

The example proves the effectiveness of the program. The intervention procedure affects girls who surrender and give up. It manages to peel off the protection layers, break down the walls and understand the hardships, frustration, and problems the girls experience. The intervention program radiates reliability, warmth, availability, caring, and tenderness. The girls feel they have someone to talk to, consult, and turn to in need. Also, the inclusion of social workers of Ethiopian origin in the intervention procedure "breaks the ice" between the par-

ties. The worker knows the mentality, language, and customs and gives the girl a feeling of closeness, authenticity, affinity, and intimacy.

7. Conclusion

The paper is a kind of guidebook and training for social workers. It provides the therapist with tools and ways of dealing with teenagers with difficulty functioning in normative frameworks. For example, youth that has dropped out of school, run away from home, wandered the street, or fallen into drugs and violence. The study accompanies the therapist from the detection and diagnosis process to the end of treatment and follow-up. It reviews professional approaches and theories, characterizes Ethiopian girls in distress, describes diverse intervention processes, provides effective and practical advice, and presents realistic cases.

Conflicts of Interest

The author declares no conflicts of interest regarding the publication of this paper.

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