



# “They Call Me the Girl from Residential Care”: Risks and Stressors of Care Leavers in Arab Society in Israel

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## Abstract

Young adults leaving care constitute a particularly vulnerable population, encountering multiple challenges as they navigate this transition in the absence of familial support and broader social resources. The study’s aim was to explore the risks experienced by at-risk young adult Arabs in Israel as they transition out of care, with particular attention to how their minority status and cultural context shapes their journey as care leavers. Semi-structured interviews with open-ended questions were conducted with 18 Arab care leavers. Data were analyzed using Braun and Clarke’s (2019) six-phase thematic analysis approach. Three main themes were identified: family risk cycles; children of care; and loss and unbelonging after leaving care. The study highlights the profound experiences of social exclusion and marginalization faced by care leavers from ethnic minority backgrounds. Implications for practice include the development of gender-responsive interventions, contextually informed programs, and mentoring initiatives that promote social inclusion and reduce stigma and labelling among care leavers from ethnic minority backgrounds.

**Keywords** Care leavers · Ethnic minority · Arab society · Social exclusion · Risks · Young adulthood · Stigma

## Introduction

Global research has highlighted the salient adverse outcomes experienced by care leavers during their transition from out-of-home care to independent living upon reaching the legal age of emancipation (Dickens, 2018; Kääriälä & Hiilamo, 2017; Okpych & Courtney, 2019; Sulimani-Aidan & Kovach, 2024; Van Breda, 2025). Care leavers are often burdened by multiple negative trajectories, including limited life skills, higher rates of unemployment, low educational attainment, poverty, poor mental health, early parenthood,

and homelessness (Häggman-Laitila et al., 2020; Kelly et al., 2024; Paulsen et al., 2023).

This bleak picture is further compounded for care leavers from ethnic minority backgrounds (Barn, 2010; Sulimani-Aidan, 2020b). For example, previous research has revealed that ethnic minority care leavers often experience a sense of disconnection from their social identity as a result of their care placements. They commonly have low levels of confidence, a weakened sense of belonging, and feelings of isolation and marginalization, all of which hinder their ability to cope with experiences of racial discrimination (Barn, 2010). Further, Lensvelt et al. (2021) found that Black care leavers, in addition to the typical challenges associated with transitioning out of care, encountered further difficulties related to their minority status, such as racial discrimination, a lack of ethnic socialization, and feelings of alienation and disconnection from their cultural heritage. These findings support the argument that care leavers from marginalized ethnic backgrounds have unique and cultural vulnerabilities, which merit a deeper empirical investigation and culturally responsive policy responses. Nevertheless, the global literature on ethnic minority care leavers’ experiences and risks remains limited, particularly with respect to Arab minority care leavers in Israel.

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## Young Adult Arabs Leaving Care in Israel

The cohort under study – namely, young adult Arabs leaving care in Israel – is part of the country’s largest ethnic minority group, comprising approximately 21% of the total population (Israeli Central Bureau of Statistics [ICBS], 2022). As part of an ethnic minority, young adult Arabs in general are confronted with challenges that operate across sociopolitical, sociocultural, and interpersonal dimensions (Mahamid et al., 2025; Sulimani-Aidan, 2020a). They experience systemic discrimination, social exclusion, and marginalization within Israeli social policy frameworks (Jamal, 2020). This social and structural exclusion is reflected in disproportionately high poverty rates, limited access to employment opportunities, and low levels of educational attainment (Sulimani-Aidan, 2020a).

Arab society is characterized by a collectivist and traditional orientation marked by strong family interdependence, low levels of individuation, and a collective family identity in which the importance of family values and respect for the family’s honor are emphasized (Khoury-Kassabri, 2016). Within this context, incidents of risk and child neglect within the family tend to be downplayed, underreported, or addressed internally, with families often refraining from seeking support from formal agencies (Alnabilsy et al., 2022). Consequently, placing children in out-of-home care runs counter to prevailing norms of trust in familial, social, and cultural networks. As a result, care leavers in this social context are often not accepted (Attar-Schwartz, 2013). The lack of trust in out-of-home care may also be related to the group’s ethnic minority status as a socially excluded population, potentially fostering a sense of suspicion toward Israeli institutions (Attar-Schwartz, 2013; Haj-Yahia & Attar-Schwartz, 2008).

Additionally, given gendered social norms, women in Arab society are seen as being primarily responsible for domestic work and childcare, and obedience as daughters and wives is emphasized; for their part, men are expected to serve as the primary financial providers for their families (Elias et al., 2019; Meler, 2023; Miaari et al., 2023). Indeed, a preliminary study mapping the challenges of Arab care leavers in Israel revealed that young women often viewed familial and community restrictions as major obstacles to continuing education and entering the labor market after care. In contrast, young men described feeling great pressure to assume the breadwinner role, constraining their autonomy and opportunities for self-realization (Sulimani-Aidan, 2020b).

Moreover, care leavers in Arab society often face cultural expectations that discourage independent living in young adulthood. For example, they are typically expected to return to their parental or extended family homes and remain there

until marriage, which can constrain their autonomy and complicate their transition to independent adulthood (Sulimani-Aidan, 2020b). It should be noted that the influence of a society’s collectivist nature on care leavers is evident in other studies in Middle Eastern countries with sociocultural contexts similar to that of Arab society in Israel. For example, a study conducted in Jordan revealed that care leavers, situated within a patriarchal and collectivist culture where family affiliation is central to self-worth and social support, faced significant social disadvantages and stigma associated with their care-leaver status. This stigma served to perpetuate cycles of vulnerability during their transition to adulthood (Ibrahim, 2016). Similarly, Egyptian care leavers reported investing a great deal of effort in concealing their identities and past background, driven by the perception that disclosure could lead to being treated with pity. They also reported experiencing stigma within their neighborhoods; neighbors often rejected them upon discovering their background in care, assuming they were delinquents or potential threats to their children (Abdel Hafez, 2022).

In addition to these challenges, Arab care leavers in Israel are classified as at-risk young adults who experience persistent difficulties in one or more key domains, including education, employment, skill development, well-being and emotional health, food security, physical health and protection, and social or familial affiliation (Ministry of Labor, Social Affairs, and Social Services, 2020). Available data indicate that approximately 43% of young adult Arabs live with their families in poverty; among them, around 40% are unemployed, and about 20% are not engaged in employment, education, or vocational training (Israeli Central Bureau of Statistics, 2019).

## Out-of-Home Care in Israel

In Israel, out-of-home care placements are administered by the Ministry of Social Services and Social Affairs, which is responsible for implementing preventive programs and providing child protection services for all children and youth nationwide (Israeli Ministry of Social Services and Social Affairs, 2014). Children and youth are placed in out-of-home care through interdisciplinary decision-making committees operating within the framework of the Ministry (Dolev et al., 2009). Placement in out-of-home care is made when family or child-related conditions pose a risk to the child’s physical or emotional safety and may hinder healthy development. The Israeli welfare system provides various forms of out-of-home care with a declared policy advocating for family foster care (De Wilde et al., 2019). The basis of this policy is the perception that children should grow up in a stable and safe environment that is similar to a family

as possible (De Wilde et al., 2019). However, due to practical and historical reasons, of children placed in out-of-home care, approximately 80% reside in residential care, whereas only 20% live with foster families. Thus, residential care in Israel is more prevalent and often preferred over foster care (Rabinowich, 2022).

Israeli services for children and youth at-risk are divided into two main streams: Arab out-of-home care serving Arab youth, and Jewish out-of-home care serving Jewish youth. According to data from national programs for children and youth at risk (Meisel, 2022), there are approximately 261,000 children and youth identified as at-risk in Israel. Nearly half of this population (47%) is Arab, representing about 122,000 Arab children and youth at risk. Arab children and youth face higher levels of risk related to physical safety, health and development, family belonging, social integration, skill acquisition, and protection, compared to Jewish children and youth, underscoring their high vulnerability (Meisel, 2022).

The process of out-of-home care placement within Arab society involves multiple challenges deriving from the sociocultural context. A central challenge arises from the strong cultural emphasis on family unity and continuity, whereby removing a child from the family is often perceived as a threat to family identity and collective solidarity (Nijam-Akhtilat et al., 2018). As a result, out-of-home care placement is frequently delayed until youth approach 17 years of age. An additional challenge relates to the significant shortage of foster care placements within Arab society, including both kinship and non-kin foster families (Meisel, 2022). Although the Arab sociocultural context underscores interdependence and the centrality of extended family networks (Meler, 2017), often positioning kinship care as the culturally preferred form of foster care, out-of-home placement remains widely perceived as taboo and socially unacceptable (Attar-Schwartz, 2013). Parents in Arab society frequently experience shame and social judgement due to a perceived failure in fulfilling parental responsibilities (Eissa & Zeira, 2025). Consequently, kinship placements are not always feasible, and the taboo surrounding out-of-home care may lead some parents to favour geographically distant placements, thereby reducing visibility within their communities and resulting in children being placed far from their regions of origin (Meisel, 2022).

Upon reaching the age of 18, care leavers in Israel receive limited policy and legislative support to address their needs. There are few formal services or programs specifically designed to support individuals during their transition out of care. The primary service available to care leavers is the *Yated* program, which operates through local welfare departments and provides support to young adults at risk.

## Theoretical Framework: Social Exclusion Theory

The social exclusion perspective (Lee & Patton, 2017) offers a particularly apt lens for understanding the post-care trajectories of Arab care leavers in Israel, who navigate this transition as members of a structurally marginalized minority group. Social exclusion is conceptualized as a dynamic and multidimensional process that encompasses "catastrophic detachment" across intersecting economic, social, political, psychological, and spatial dimensions (Taket et al., 2009). This framework draws attention to the ways in which institutional contexts contribute to the accumulation of disadvantages by constraining young adults' access to essential resources and supports. It also highlights how families, schools, welfare agencies, and care systems may themselves be marginalized, lacking the resources or agency to support youth effectively. As a result, care leavers embedded in these institutional networks often experience limited opportunities for development (Lee & Patton, 2017).

Social exclusion is defined by three key elements: relativity, agency, and dynamic (Micklewright, 2002). Relativity refers to the idea that social exclusion occurs in relation to others. Accordingly, the concept of social exclusion emphasizes damaged relationships with society at large and, in some cases, with family members (Bynner, 2001, p. 287). Agency, or lack thereof, refers to processes that prevent individuals from participating fully in society (Axford, 2008). From the perspective of not having agency, social exclusion describes individuals who have not developed the necessary resources to participate as full members of society because families, schools, and institutions have failed to provide adequate support and services (Micklewright, 2002). Finally, the term "dynamic" highlights the notion that social exclusion is not a static condition but a process that unfolds over time (i.e., it's dynamic). Social exclusion is understood as a continuum existing across multiple, inter-related dimensions, such that individuals may experience varying and overlapping forms of exclusion depending on time, context, and circumstances (Taket et al., 2009, p. 13).

## The Study Goals

Guided by the social exclusion framework (Lee & Patton, 2017), in this exploratory study we sought to gain deeper insights into the risks and stressors experienced by young adult Arab care leavers in Israel, from their own perspectives. Accordingly, the main question of the current study was: "How do young adult Arab care leavers perceive the risk situations in their lives?"

**Table 1** Care leavers characteristics ( $N=18$ )

Demographics	<i>N</i>	%
<i>Age</i>		
18–20	13	72.2%
21–25	5	27.8%
<i>Gender</i>		
Female	9	50%
Male	9	50%
<i>Religion</i>		
Muslim	17	94.4%
Christian	1	5.6%
<i>Place of residence</i>		
Mixed city	11	61.1%
Arab city	6	33.3%
Arab village	1	5.6%
<i>Length of placement</i>		
1–6 years	8	44.4%
6–12 years	6	33.3%
12–18 years	4	22.3%
<i>Current framework</i>		
Working	12	66.6%
Unemployed	3	16.7%
Working and studying	3	16.7%
<i>Status</i>		
Single	17	94.4%
Married	1	5.6%

## Method

In the current study, we employed thematic analysis to identify and interpret patterns of meaning across the dataset (Braun & Clarke, 2021). Given the limited theoretical knowledge that exists regarding the risks faced by Arab young adults in Israel during their transition out of care, a reflexive thematic analysis (RTA) approach was adopted (Braun & Clarke, 2019). This approach emphasizes theoretical awareness and transparency, with the researcher remaining fully cognizant of the philosophical sensibilities and theoretical assumptions shaping the analytic process. Within RTA, themes are conceptualized as creative and interpretive accounts of the data, generated through the interaction between the researcher's theoretical assumptions, analytic skills, and the data itself. Theme development occurs through ongoing reflexive and thoughtful engagement with both the data and the analytic process. In addition, in the current study the analysis was conducted deductively, drawing on existing literature and theory to guide interpretation (Braun & Clarke, 2021), specifically social exclusion theory (Lee & Patton, 2017).

## Participants

The study population included 18 young adult Arab care leavers, aged 18–25, who experienced ongoing deprivation

and/or distress in one or more of the following areas: education, employment, and skills; emotional well-being and mental health; physical existence, health, and safety; and social and family belonging (Ministry of Labor, Social Affairs, and Social Services, 2020). The sample consisted of nine young men and nine young women. All participants were single, except for one young woman who was married and the mother of one child. Seventeen participants were Muslim, and one was Christian. Eleven lived in mixed cities (localities where Jews and Arabs live together, with a Jewish majority), six lived in Arab cities, and one lived in an Arab village. Three participants were enrolled in higher education, three were unemployed, and twelve were working in temporary or irregular jobs (see Table 1).

## Procedure

After obtaining approval from the authors' academic institution's institutional review board (IRB) and securing formal support from the Ministry of Labor, Social Affairs, and Social Services, the research team recruited 18 Arab care leavers. Participants were recruited through social service agencies and relevant formal programs serving at-risk Arab young adults, including the *Yated* program (the national program for at-risk young adults) and the *Noor Initiative* (a program promoting the advancement of girls and young women in Arab society), operating across Israel. To achieve a purposive sample, we sought at-risk Arab young adults aged 18–25 who had experienced out-of-home care during childhood or adolescence. Such care included residential care, namely, a congregate living space with professional staff who are continuously on-site providing an environment that can meet the functional, medical, personal, social, and housing needs of individuals who have physical, mental, and or developmental disabilities (Galik, 2013). In addition, snowball sampling was employed, whereby interviewed participants were asked to refer other young adults who met the study's inclusion criteria.

Interviews were conducted over a nine-month period beginning in December 2021, utilizing both face-to-face meetings and the Zoom platform. The interviews were carried out by research assistants holding master's degrees in social work, who shared similar linguistic and ethnic backgrounds with the participants. All interviews were conducted in Arabic, in accordance with the participants' native language, and lasted approximately 1 to 1.5 h. Each interview was transcribed and analyzed in Arabic. Only the quotations selected for inclusion in the article were carefully translated into English, and all names used are pseudonyms. The research questions addressed how at-risk young adult Arabs perceived the risk situations in their lives, and how

they viewed the challenges they faced as care leavers from an ethnic minority.

### Data Analysis

We followed Braun and Clarke's (2021) six-phase approach to thematic analysis. First, we immersed ourselves in the data by compiling, reading, and rereading the interview transcripts to generate initial insights. Next, we conducted a preliminary systematic coding of the entire data set. In the third phase, we organized these codes into potential themes. We then reviewed and refined the themes by creating a thematic map to visualize our analysis. In the fifth step, we further defined and named each theme, clarifying their specifics. Finally, we compiled our findings by selecting illustrative excerpts from participants' narratives. We then revisited our research questions and the relevant literature to compose the final manuscript.

### Trustworthiness

To ensure the rigor and trustworthiness of the data analysis and findings, we followed the guidelines for thematic analysis trustworthiness proposed by Nowell et al. (2017). Throughout the analytic process, we documented our theoretical and reflexive insights that emerged through sustained immersion in the data, including our values, perspectives, and evolving understandings of the risks experienced by Arab care leavers in Israel. Ongoing reflexive writing supported the critical examination of how interpretations developed over time. Peer debriefing was conducted continuously during the coding and theme development phases, alongside the maintenance of a detailed audit trail, enabling transparency and reflexivity in the analytic decisions made (Cutcliffe & McKenna, 1999). Researcher triangulation was undertaken through collaborative engagement among the three authors; the analysis was strengthened by the joint sorting, collating, and refining of the data into themes. Detailed notes were kept regarding the development, hierarchy, and interrelationships of concepts and themes, and these were repeatedly compared against the original data to ensure that interpretations and conclusions were firmly grounded in participants' stories. Further, in line with the Nowell et al. (2017) recommendation, the research team also revisited and refined theme names to ensure that they closely reflected participants' language and meanings. Finally, the credibility of the analysis was further enhanced by situating the findings within the existing literature, using prior research to confirm, extend, or challenge current understandings, thereby strengthening the coherence and validity of the analytic narrative (Tuckett, 2005).

## Findings

The findings illustrate how care leavers from Arab society in Israel experience multiple forms of risk within their environments as they transition to adulthood. The young adults in the study revealed how their vulnerability as care leavers was exacerbated by their broader sociofamilial and socio-cultural marginalization, the stigma associated with their status as care leavers of institutional care, and the stark discontinuity between life within care and life after exiting the system.

### Family Risk Cycles

The Arab care leavers frequently described the ongoing and continuing risks that originated within their family environments. Although placement in care provided a temporary distance from these challenges, participants reported that these risks persisted and often resurfaced upon returning home after care. They emphasized that these family-related vulnerabilities intensified in young adulthood, a period marked by identity formation and the pursuit of future goals (Arnett & Mitra, 2020). Specifically, participants spoke of a cyclical return to risks and adversity including limited familial resources, inadequate parental support, and restrictive sociocultural expectations.

The role of the family as a primary source of risk is illustrated in the account of Aseel, a 23-year-old female Muslim care leaver from an Arab village, who was neither employed nor in an educational framework, and had spent two years in out-of-home care. She stated:

When I think of why my life has been delayed and difficult, I can say that it is because my family, the environment I grew up in, affected me. Even though I want to progress, still I feel imprisoned, because always I want to return to my history, to who I am, to who my parents are, to how much my environment and my parents' circumstances limit me. I don't feel safe, never, it doesn't exist in me, this is the big difficulty in my life, it is very difficult, because without confidence and safety it is a very hard thing to do in life. I have not felt safe since my birth. I have tried to build [a sense of safety] but I cannot. This broke me and affects me.

Persistent familial risks were also evident in the statement of a young adult male care leaver, highlighting how stressors within the family continued to affect him even after leaving care. Muhammad, a 22-year-old young Muslim man from Jerusalem who left care after intermittent placements

in residential care, and who was currently employed in temporary work as a restaurant waiter, stated:

The family difficulties, these are very difficult things I confront. These are the same reasons I was placed in residential care. There are a lot of stories, what happened, I'm not talking about problems that occurred for a day or a year; I'm talking about problems that went on for six years, I saw very little change, I was placed in care and exited, and then I returned to residential care. The problems don't change, and stay as they are.

Aya, a 22-year-old Arab-Christian young woman living in a mixed city, left care after spending six years in residential care. She was currently employed and pursuing a bachelor's degree, and described in a more in-depth account how the stressful and conflictual atmosphere within her family shaped her post-care experience. She also highlighted the impact of traditional familial and collective expectations, which further compounded her stress:

My family itself is not healthy. The relationship between my parents is not healthy. When there are problems it affects me. When there is no quiet at home, it is difficult for me to learn. They don't know what it is to study, how much energy I need in order to sit and learn, and the environment I need for this. When I had classes on Zoom, I suffered a lot.

This participant further explained that, due to both cultural expectations and her family's circumstances, she was pressured to marry shortly after leaving care. The following statement clearly reflects traditional gender roles within a patriarchal culture, in which young women are expected to marry at an early age and are perceived primarily as belonging within the domestic sphere. Within this framework, marriage, motherhood, and household responsibilities are positioned as central to a young woman's identity, often taking precedence over personal aspirations and individual development (Meler & Marnin-Distelfeld, 2024). Accordingly, the experience of leaving care within a collectivist and patriarchal cultural context is closely intertwined with these gendered expectations, as illustrated in the following quotation:

My parents also wanted me to get married. Girls are expected to get married at a certain age, and maybe because of our circumstances, they were all the time putting pressure on me to get married. This occurred when I was out of care and returned home.

Additionally, experiences of gender-based violence and patriarchal social structures emerged as significant sources of risk intersecting with the process of leaving care. Empirical evidence indicates that, due to intersecting social, cultural, and political factors, young Arab women are exposed to higher rates of physical, verbal, and social forms of domestic violence than are Jewish women (Daoud et al., 2020). These disparities have been attributed both to structural and political constraints (Erez et al., 2015) and to entrenched traditional norms within Arab society that encourage women to endure and normalize experiences of violence (Haj-Yahia, 2002).

Nadeen, a 25-year-old Muslim woman from Jerusalem, who was currently neither employed nor in the education system, left care after experiencing multiple placements in both foster families and residential care. After leaving care, she married and entered a violent relationship, and she described how this experience further exacerbated her vulnerability:

I have experienced a lot of grief in my life. My whole life I have been a girl without parents and without siblings, thrown out. My parents didn't care for me and they still don't care. They agreed that I should take sedatives. And now I don't know how to set limits for my husband and mother-in-law; they beat me in my room for three hours. They took my phone. I tried to commit suicide in order to get out. They wouldn't give me a key so I could exit the house.

An additional cultural challenge was reflected in the wearing of a head covering, which symbolizes Muslim women's attachment to their cultural and religious identity (Arar & Shapira, 2016). A substantial proportion of Muslim women in Israel wear the hijab. This religious norm may function to render women socially invisible within the public sphere. The following statement reflects on how this cultural expectation may also shape and intensify the risks experienced by young women leaving care. Areej, a 20-year-old Muslim young woman from an Arab village, had been in care for three years. Currently, she was neither employed nor in school, and she said the following:

My family is the source of every obstacle in my life. When I was in care, they threatened to kidnap me. I wanted to do a lot of things, such as acting in the theatre, orgoing out with my friends, or just fulfilling my basic needs, but it was not accepted. When I returned to the village, I was the only girl in the family without a head covering, and they made me cover my head, by force. It was very difficult for me that I couldn't do the

things I wanted. Everything I liked and wanted to do, I couldn't do.

The care leavers also reflected on how their parents' lack of parental skills, the absence of emotional bonds, and the broader sociopolitical context intersected in their transition out of care, shaping their post-care challenges and perceived sources of risk. Abeer, a 22-year-old young Muslim woman from a mixed city who had been in care for 12 years and was currently employed in a temporary job, said:

I returned to my mother but she didn't have the awareness or the skills to guide or help me. I was caught between Palestine and Israel; it was very difficult for me. I had to cope with the difficulty of crossing the boundaries [between Palestine and Israel], in relation to politics. I don't know a lot about this.

She continued:

I feel that I don't have a relationship with my parents. We don't have good communication between us, and that's confuse me. I don't have the emotions that people have in a relationship. I don't have compassion toward them. I don't feel safe enough with them to hug them; I feel that there is a boundary between me and them. Now I know that the source of this distance is because my basic needs in my childhood were never met.

### "Children of Care"

Participants also described experiences of being labeled, as well as stigma, associated with their status as care leavers. These experiences were further shaped and intensified by the traditional sociocultural context in which they lived. Within Arab society in Israel, out of home care are undesirable and unacceptable (Attar-Schwartz, 2013). Also, there is a prevailing perception that seeking assistance from formal authorities for support is often highly stigmatized and perceived as detrimental to family reputation (Elias et al., 2019). Consequently, these sociocultural dynamics appear to influence the experience of leaving care, exposing care leavers to enduring stigma and discrimination linked to their care histories. Many recounted feelings of social alienation and stigmatization due to both their family background and their history in care. One participant said, "They call me the girl from residential care" Such labeling and stigma compounded their sense of vulnerability and contributed to social exclusion during their transition to adulthood.

Nada, a 20-year-old woman born in Jerusalem, spent 13 years in out-of-home care. She was currently employed as a

guide for children in residential care, and she described how both her family and society negatively labeled her specifically because of her identity as a care leaver:

Adapting in society when you leave care, the way society perceives you, and how you perceive society – the most difficult thing is how society perceives you. They see you as a girl from residential care, and they expect negative things from you. They attribute these negative things to all care leavers. For example, they say, "She comes home very late because she was in care." Or "she doesn't know this or that, because she was in care." Or, when my family introduced me to people, they would ask where I was living, and if my family said that I was in care, it was hard for me. It was very difficult for me to explain that I was in care. When I go to a wedding they look at me, and often they look at me with compassion and pity. Now I've started an [educational] course and I don't tell my peers that I used to be in care.

From a similar perspective, Ahmad, a 23-year-old young adult Muslim man, who lived in a mixed city and worked in a supermarket, and who had spent ten years in residential care, shared how his family's history of criminal violence, along with his placement in care, posed significant barriers to marriage, the creation of a family, and the maintenance of positive relationships with relatives. He stated:

The story of my parents. If I want to marry a potential bride, they begin to ask who is my family, they begin to say that my father killed my mother, and because of this they will not agree. That's how people think in Arab society. In my society they always talk about my father being a criminal. Also, once I went to my mother's family, and when I met my uncle, he wouldn't agree to see me, because he said that my father killed his sister (my mother).

Moreover, Raghad, a 26-year-old Muslim woman from a mixed city, who spent several years in out-of-home care and was currently employed in a factory, described how she experienced social labeling, which was shaped by the intersection of her identity as a care leaver, a woman, and a member of Arab society:

It's very difficult and hard that I'm a girl from Arab society and lived in out-of-home care. And when they ask me where I live, I tell them that I live in out-of-home care in Jaffa. I hear a lot about that. Sometimes I succeed in getting them to shut up, and sometimes I don't know how to shut them up.

Experiences of stigma and labeling among Arab care leavers also emerged in the context of employment. Several participants described how their backgrounds as individuals from at-risk families and former care recipients led to discrimination during the job-seeking process. They found that potential employers disregarded their qualifications and focused instead on their personal histories. Fatma, a 22-year-old young Muslim woman from an Arab village, spent two years in residential care and was now employed in temporary jobs. She said:

When I present my CV to an employer, they ignore my skills and begin to ask me where I come from, where I live, who my family is, if I'm from the town or from another town. They forget everything about how I could be good for them, and then focus on marginal things that don't relate to the job. The situation is very hard and keeps repeating itself.

### Loss and Unbelonging after Leaving Care

The third theme pertains to the gap between life in out-of-home care and life after exiting care, including regret about leaving care and the need to adapt to the nature of life outside care. Some care leavers reported regret and guilt that they did not stay in care longer, especially after realizing that life outside care involves multiple challenges and barriers that place them at greater vulnerability. They also described difficulties in adapting and adjusting to life outside care and the need to acquire social skills. Mahmood, a 22-year-old Muslim man from a mixed city who spent 17 years in out-of-home care and was currently employed in construction, stated the following:

In care they gave me the option of continuing there until I was 21, in order to finish my learning and to spend more time in care. But I refused, saying that being in care for 17 years was enough for me. I didn't understand life out of care. I knew that life outside care would be hard, but not to this degree. And I wanted to go back to my family, and when I came, I was in shock. Now I'm ready to go back to care and to stay for more time. I was in shock from what I saw outside care.

He also said:

I'm scared of society outside. I don't know why, but I'm scared. Maybe because I was in a locked framework with a group, and I used to go out with the group. I don't like to go out, I prefer to stay at home. I don't

know the reason for that. Maybe the reason is because I was not a part of society when I was a child.

A lack of adaptation and loss were also evident in the account of Nadeen mentioned earlier:

There is no support now. You don't have anyone to support you. In care, there were people to guide you. Now there is nothing, there are no supportive people to listen to or to take advice from, to guide you. I used to get support from the staff. I would ask them things, talk with them. When I would talk with one of the staff, I would feel relieved, but now and due to the circumstances of my life, I don't have anyone to guide me.

The care leavers also described experiencing difficulties in adapting to society and integrating into life after care, emphasizing the stark contrast between life in care and life after it. Aya, mentioned earlier in the first theme, also talked about the loss of essential resources, particularly emotional support, that had been more readily available when she was in care:

In care, there's a schedule, there's time to sleep, time to learn. The schedule is very important, and there was a mentor who supported me. She was like a mother to me, she cared for me, and asked me if I had eaten, if I had studied. She was a guide for me and she directed me on how to do things, and cared for me. Suddenly when I left care, there was no support. I had to cope with everything on my own. There is no support, no care, and no concern.

From a similar perspective, another care leaver who had spent 13 years in residential care described the challenges of adapting to life outside the system. Hadeel, a 22-year-old Muslim woman from Jerusalem, who was neither employed nor studying, emphasized the difficulty of learning how to interact with society at large after leaving care:

When you're leaving care and returning to society, everything is different than it would be for someone else who had been with her family all those years. It's different. Also the interaction with the family is different. I don't have interactions with people, and then when I leave care, it's like I have to do everything from the beginning. It's like having to start from scratch, being born, like an infant going out into society, because before that I was in care with a specific schedule, with specific laws, everything was different from life outside. I'm confronted with difficulties.

## Discussion

Very few studies have examined the perceived risk circumstances of young adult Arab care leavers in Israel (Sulimani-Aidan, 2020a). In the present study we sought to address this gap, thus contributing to the literature on the experience of leaving care among young adults from ethnic minority groups. Social exclusion (Lee & Patton, 2017) has been conceptualized as a process characterized by a "catastrophic detachment" of individuals from conventional society, involving economic, political, social, and psychological dimensions of exclusion. The findings of this study point to risks rooted in family circumstances, cultural expectations, and the social context that intensifies the social exclusion of Arab care leavers. These risks highlight the vulnerability of Arab care leavers during emerging adulthood, a developmental period marked by the pursuit of key milestones such as education and employment (Arnett & Mittra, 2020). Research in Western societies has widely documented the challenges and inherent risks of leaving care, identifying care leavers as a marginalized population (e.g., Frimpong-Manso, 2018; Schwartz Tayri & Spiro, 2023). The present study adds to this body of work by illustrating how cultural positioning and minority status can introduce additional layers of risk that shape the experience of leaving care and reinforce social exclusion and marginalization (Lee & Patton, 2017).

The first theme highlights the persistent and direct role of the family as a source of risk in young adults' transition out of care. This finding aligns with previous studies indicating that care leavers often confront complex family relationships, weakened social ties, and limited economic and emotional support from their families (Sulimani-Aidan, 2017; Sulimani-Aidan & Melkman, 2018). However, the present study extends this literature by revealing additional layers of family-related risk, including the influence of patriarchal cultural norms and the continued, longstanding, enduring role of the family as a primary source of risk in adulthood, much as it was during the participants' childhoods.

In Arab society, female adolescents and young women are tightly monitored, and they are expected to comply with social values and norms, especially with respect to relationships with men, modesty, obedience and house-keeping skills (Pagorek-Eshel et al., 2021; Meler, 2023). The findings underscore how such expectations, including traditional and patriarchal family norms, shape risks for young women leaving care. Specifically, the study participants described sustained pressure to comply with family expectations, including early marriages that did not reflect their own wishes. They also talked about familial control over social interactions, such as restrictions on leaving the home, as well as expectations regarding dress, including the

wearing of head coverings, reflecting broader traditional norms. Hence, gender-based expectations and the subordinate social status of women within this society may help explain the cumulative risks experienced by women who leave care. These findings can also be interpreted through the lens of intersectionality theory, which conceptualizes how multiple and overlapping axes of inequality such as race, ethnicity, minority status, nationality, gender, class, and other social and cultural structures interact to produce distinct forms of oppression and social exclusion (Atewologun, 2018). This theoretical perspective is highly relevant to understanding the risk experiences of young women leaving care. These women occupy multiple marginalized positions simultaneously: as care leavers, a status that already places them outside dominant social norms; as women within a patriarchal cultural context; and as members of an ethnic minority. The intersection of these three axes of marginalization compounds their exposure to risk and stress, shaping unique and cumulative forms of vulnerability during the transition from care.

In addition, study participants reflected on the depth and continuity of family-related risks, describing how longstanding histories of adversity continued to shape their developmental trajectories and entrenched them in cycles of vulnerability that intensified after they left care. Removal from the home is intended to be a temporary intervention within a holistic care framework, designed to support families and facilitate reunification. However, recent evidence concerning the interactions of Arab families in Israel with social welfare services indicates patterns of limited cooperation and mistrust (Sold et al., 2024). Parents have reported experiencing social workers as dismissive and stigmatizing, being excluded from decision-making processes regarding their children, and a lack of meaningful engagement with welfare authorities. These experiences of disconnection, being unheard, and alienation have been shown to restrict families' access to supportive social interventions during their child's placement in care, thereby undermining efforts toward family support and reunification (Sold et al., 2024). Consequently, the conditions that precipitated placement often remain unaddressed, resulting in young people exiting care with continued exposure to the same familial risks that shaped their early life experiences.

The second theme addresses stigma and labeling by care leavers' families and the wider community, highlighting the complex and marginalized nature of their experiences. Participants described feeling stigmatized within both familial and community contexts, often feeling judged and ashamed once their identity as care leavers became known. They reported being subjected to negative and unfair perceptions associated with their care histories and struggling to cope with these responses. Others noted that their status as care

leavers, together with their family history and backgrounds, hindered full social integration, limiting opportunities to pursue employment and to develop social networks, including forming marital relationships. Within Arab society, there is limited social legitimacy for openly discussing familial difficulties outside the family system, and engagement with social welfare services is often viewed unfavorably, and is characterized by mistrust (Nijam-Akhtilat et al., 2018). Children, adolescents, and care leavers are often framed through norms that stigmatize out-of-home placement and leaving care (Abdel Hafez, 2022; Attar-Schwartz, 2013). In Arab communities, the removal of a child from the family home remains largely taboo, and out-of-home care is associated with significant social shaming and stigma. Minority stress theory (Meyer, 2003) may serve as a useful framework for further understanding these findings. Minority status itself constitutes a source of stress, involving an interaction between distal (external) and proximal (internal) stressors that generate cumulative stress. This tenet posits that experiences of stigma and prejudice can lead individuals to anticipate rejection in their lives, thereby increasing stress and vulnerability (Rivas-Koehl et al., 2023). Furthermore, the theory recognizes that holding multiple minority identities may result in cumulative or “multiple minority stress.” It is reasonable to suggest that the salience of a care-leaver identity, which is itself socially stigmatized, in conjunction with an ethnic minority status in Israel, renders individuals particularly susceptible to multiple, intersecting stressors, including stigma, prejudice, and discrimination. These cumulative stress exposures may engender experiences of alienation, social rejection, and exclusion, thereby amplifying psychological strain and perpetuating patterns of vulnerability and risk among ethnic minority care leavers.

The findings further indicate that the transition from a protected setting to independent living is often accompanied by feelings of regret (over having left care), difficulties in adaptation, and a sense of unpreparedness, reflecting the instability and complexity of this transition. The care leavers in the current study also described experiences of loss related to attachment figures who had previously provided guidance, consultation, attentive listening, and emotional support. These accounts align closely with the concept of “catastrophic detachment” within social exclusion theory (Lee & Patton, 2017), which refers to an abrupt rupture from supportive social relationships. In this regard, the care leavers’ narratives pointed to experiences of disconnection, loneliness, and dissociation from figures and social environments that could otherwise have offered support and responsiveness during the transition from care.

Although participants did not explicitly frame these experiences in relation to minority status, minority-related stressors and structural risks may offer a broader contextual

lens for understanding their difficulties in adjusting to life after care. Research indicates that at-risk young adults in Israel are disproportionately exposed to discrimination, social exclusion, and marginalization (Mahamid et al., 2025; Sulimani-Aidan, 2020a). They also experience pronounced educational gaps, economic hardship, and limited access to healthcare and social services (Faibish, 2024). Within this context, it is easy to understand how these cumulative structural risks intersect with the challenges of leaving care, exacerbating experiences of loss, detachment, and vulnerability during the transition to independent living.

## Study Limitations and Future Studies

This study offers valuable insights into the post-care experiences of at-risk Arab young adults in Israel, particularly in relation to risks and social exclusion. However, several limitations must be acknowledged. The sample consisted primarily of Muslim participants, which limits the ability to generalize findings across the broader Arab population in Israel. Future research should aim to include care leavers from other religious groups, such as Christian and Druze communities, to explore whether and how differing cultural and religious norms shape the transition out of care. These groups may experience fewer constraints due to less rigid traditional expectations, thus offering a comparative perspective. Also, the sample included only young adults who had aged out of residential care. Future studies that include care leavers from foster care and kinship care could shed more light on the varied experiences that are shaped by different contexts and out-of-home settings. Additionally, the findings were based solely on the perspectives of the care leavers themselves which, although offering an authentic and critical lens into their lived experiences, presents only one dimension of a more complex picture. To develop a more nuanced understanding of the challenges faced by care leavers from ethnic minority backgrounds, future studies should also incorporate the views of key stakeholders, including social service professionals and family members. This broader perspective would contribute to a more comprehensive understanding of the structural and relational factors influencing care leavers’ trajectories. Furthermore, information regarding the specific reasons for placement or residential care setting atmosphere were not included in the interview guide. Future studies should address these factors to provide a more comprehensive understanding of care placement experiences. Finally, this study was based on qualitative data from a relatively small sample of 18 participants. Although this approach provides rich, in-depth insights, future research would benefit from larger and more diverse samples, as well as the use of mixed or quantitative methodologies. Such efforts would allow for a more robust

examination of the risks, coping mechanisms, and developmental outcomes among ethnic minority care leavers, particularly within collectivist cultural contexts.

## Conclusion and Implications for Social Work Practice

Arab care leavers in Israel are young adults from an ethnic minority who occupy intersecting positions of social exclusion. Similar to care leavers in other cultural and national contexts, they encounter substantial challenges during their transition to independent living, a process conceptualized by Stein (2006, p. 25) as an abrupt and accelerated move into "instant adulthood." However, the findings of the present study suggest that, within this sociocultural context, these challenges often intensify and transform into concrete risks, driven by culturally embedded factors that heighten vulnerability during the transition from care. Gender-based risks were particularly salient in the experiences of the young women participants, who reported that upon returning to their family homes they were expected to conform to traditional gender roles that emphasized obedience and modesty, often without room for negotiation or dissent. In practical terms, these findings underscore the need for interventions that are culturally sensitive, contextually informed, and embedded within existing community-based support structures. Social workers should support young women leaving care by validating and legitimizing the challenges inherent in navigating patriarchal cultural expectations. Creating safe and supportive spaces in which young women can openly acknowledge experiences of exclusion and gender-based subordination may foster a greater understanding of their struggles and enhance their capacity to navigate risks during the transition from care. Importantly, we also recommend actively involving families as partners in intervention efforts. Such interventions should aim to mediate the dialogue between young adult women and their families, addressing areas of tension, contradiction, and conflict through a structured and professionally facilitated process. Furthermore, the findings indicate that many care leavers return to the same family structures that initially necessitated their removal, suggesting limited improvement in family functioning during the period of out-of-home placement. These findings highlight the need for social workers and placement committees to recognize that out-of-home care should be embedded within a comprehensive, family-centered intervention plan, rather than treated as a standalone solution. Accordingly, social workers should engage families throughout the care period by strengthening parenting capacities through skill development, strategic support, and parental training. Such efforts may enhance families' ability to support young people effectively during the transition

from care and facilitate a safer and more sustainable process of leaving care.

Stigma and labeling emerged as prominent risks for Arab care leavers. In collectivist and traditional cultural contexts, where out-of-home placement may conflict with dominant social norms, care leavers are particularly susceptible to social judgement and marginalization. Social workers should recognize stigma as a significant risk factor for care leavers, validate their experiences of social stigma and exclusion, and create supportive spaces for open dialogue around these stressors. Such practices can strengthen resilience and coping strategies, enabling care leavers to more effectively navigate stigma and to openly acknowledge feelings of rejection and marginalization. Furthermore, to address the enduring effects of stigma, we recommend the implementation of group-based interventions facilitated by social workers. Such interventions can enable care leavers to connect with peers who share similar experiences, fostering a sense of universality and validation while mitigating social isolation and enhancing social support.

Care leavers are frequently described as a population at heightened risk of social exclusion; consequently, social networks play a critical role in promoting social integration and connectedness during the transition from care (Sulimani-Aidan, 2020b). Participants in the present study described experiences of hostility, ambivalence, and disorientation following their exit from care. Their accounts indicate that the loss of stable relationships with professional figures upon leaving care constituted a significant rupture, disrupting attachments to key supportive adults. Drawing on mentoring models (Rhodes et al., 2006), which emphasize the role of mentoring in enhancing social skills, fostering cognitive development through guidance and dialogue, and supporting positive identity formation via role modeling, we recommend the development of structured mentoring interventions for care leavers. In particular, connecting Arab care leavers with mentors who are self-agentic, and leaders from similar ethnic backgrounds, may provide a sense of belonging and trust. From a broader perspective, social policy should prioritize the expansion and tailoring of social service legislation to support contextually informed interventions that address the specific sociopolitical and sociocultural risks faced by ethnic minority care leavers during the transition from care.

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**Data Availability** The data that support the findings of this study are available from the corresponding author upon reasonable request.

## Declarations

**Competing interests** The authors declare no competing interests.

**Ethical Approval** All procedures performed in the study were in accordance with the ethical standards of the authors' academic institutions' institutional review board (IRB).

**Informed Consent** Consent was obtained from all participants included in the study.

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