

مدرسة سيرك فلسطين
Palestinian Circus School

Palestinian Circus School and Psychosocial well-being
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November 2020-August 2022

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Introduction

For decades Palestinians have experienced and understood the feeling of loss, uprootedness, and intergenerational precarity. A lived narrative that continues to unfold, weaving its way through time without an end date. According to the Palestinian Bureau of statistics (PCBS) all of Palestine is under Israeli military control and jurisdiction. Over 60% of Palestine is labeled Area C, meaning that Israel retains full control of legal jurisdiction, planning, and construction. Most of Area C houses illegal Israeli settlements and military outposts and infrastructure; without taking into consideration the effects on Palestinian inhabitants. Palestinians are not authorized to build in Area C without obtaining a permit, which is unattainable to receive given that less than 3% of Palestinians who do apply are approved. Palestine is also laced with numerous Israeli military checkpoints placed within and around its perimeter; cutting off physical proximity between families, villages and towns, and controlling what and who enters through military tactics. Israeli checkpoints are known to cause extreme delay and traffic, due to the time it takes for Israeli security forces to physically search each Palestinian vehicle, along with extended questioning and in some cases interrogation by Israeli military personnel. Moreover, Palestinians of all ages are subjected to Israeli military home raids/arrests including home demolitions; resulting in financial loss, material dispossession, and inevitably, psychological trauma. Interestingly, Israeli military violations of human rights and international humanitarian law has not ceased during the pandemic, but have actually increased, as evidenced by the highest rate of home demolitions conducted on Palestinians in 2020¹. Thus, state political violence and imposed militarized restrictions are a part of the Palestinian lifestyle.

Local and International non-governmental organizations (NGO & INGO) have and continue to be a vital aspect of the Palestinian society. The NGO sector in Palestine began constructing its roots in 1987 during the onset of the first intifada (Jarrar, 2005). Since then, they have been fundamental in

¹ According to OCHA, 2020 witnessed the highest number of demolitions and people displaced by the Israeli authorities in recent years, mainly citing the lack of building permits, which are nearly impossible for Palestinians to obtain, see: <https://www.ochaopt.org/content/overview-october-december-2020>

their intention to promote a sovereign Palestine, through charitable societies, cooperatives, associations, development organizations, and other social interest groups such as unions representing the disabled, women's organizations and youth movements.

The Palestinian Circus School (PCS) is one such organization created to address the emotional and psychosocial needs of Palestinian youth. PCS is a local non-governmental organization created in August 2006, as a small circus group with the intention of combating the negative effects of the aftermath from the second intifada of 2000. Founders Shadi Zmorrod and Jessika Devlieghere's aim was to introduce circus pedagogy to Palestinian youth so as to promote emotional intelligence along with cognitive, physical, and mental stimulation in order to achieve optimal well-being among Palestinian youth "(Palestinian Circus School, n.d.)". PCS operates in five areas within the West Bank-Birzeit, Ramallah, Jenin, Tulkarem, and Jerusalem and hosts around 200-300 children and youth per year. Moreover, PCS operates under the backdrop of inclusion, ensuring participation for children and youth with disabilities. Below is the description of the eligibility criteria for each group:

- Let's Play Group- Mixed gender, Ages 7-9 located in Birzeit, Ramallah, Jerusalem, Tulkarem, and Jenin
- Moon Group- Mixed Gender, Ages 9-12, located in Birzeit
- Sun Group- Mixed Gender, Ages 13-18, located in Birzeit
- Passion Program- Mixed gender for children and youth ages 9-25 diagnosed with intellectual disability (mild, moderate, severe) located in Birzeit and Ramallah
- Inhale Program- All female group, ages 16-18, located in Jenin

PCS begins in the Fall for an annual period that is split into two semesters. The first semester runs from September through December and the second semester begins in January and ends in April. Each group is assigned a group of PCS trainers that teaches and guides participants on various circus movements and motions based off of the PCS circus pedagogy curriculum handbook. Participants receive three assessments throughout the annual period: September (baseline), December (intermediate), and April (final). The purpose of the assessment is to measure participants' level of engagement and to document their strengths, abilities, and any challenges that arise throughout the program. With each assessment, they receive an overall grade equivalent to academic standards (A, B, C, D, F) and the progress and challenges are shared with the

parents/guardians for feedback and follow up. PCS program hours normally operate after school and on weekends, however due to the onset of the Covid-19 pandemic, weekend programs have been canceled with only after school hours remaining. PCS objective is met through the collective effort of maintaining their vision and mission, which are:

- **Vision:** The Palestinian Circus School dreams of a society in which Palestinians engage in a dynamic cultural and artistic life that embraces creativity, freedom of expression and diversity as the main pillars for a just and inclusive society.
- **Mission:** By training Palestinian children and youth in circus arts, the Palestinian Circus School wants to develop a new art form in Palestine and strengthen the creative and physical potential of the Palestinians, seeking to engage and empower them to become constructive actors in society. By creating and performing circus productions, we want to install hope among the population, promote the freedom of expression and raise local and international awareness about the many challenges of the Palestinian society.

Their curriculum is built on the pedagogy of social circus. Social circus is an intervention that combines the use of circus arts and social pedagogy. It is intended to be used for children and youth considered at risk of being marginalized, thus ensuring support and empowerment to mitigate any trauma and or psychosocial harm. It utilizes a strength-based perspective by leveraging participants' self-agency through the increase in self-esteem and the ability to build trust and rapport with others. In addition, participants are able to acquire and improve social skills while increasing their creativity. Hence, the emphasis is placed more on the ability to create societal change through one's self-actualization, rather than the acquisition of physical artistic skills.

Given what we know about PCS and its implementation of circus pedagogy, the following study examined the effects of PCS participation on Palestinian children and youth, specifically as it relates to their psychosocial well-being.

Psychosocial Well-being

Previous studies have shown a correlation between political violence and increased risk for psychological and emotional distress among children and youth, specifically in developing Post Traumatic Stress Disorder (PTSD) (Qouta, Punamäki, & Sarraj, 2003). According to the Diagnostic and Statistical Manual of Mental Disorders (5th ed.; DSM-5; American Psychiatric Association, 2013) PTSD is defined as a psychiatric disorder that occurs in people that have experienced and/or witnessed a traumatic event, resulting in prolonged feelings of sadness, fear, anger, and the inability to connect and form intimate relations with others, thus disrupting social bonds required for a society to function and thrive collectively. Due to the political context Palestinian youth live in, it can be presumed that they may be at a greater risk of experiencing psychological disorders (Wagner et al., 2019). To illustrate this point, according to the Palestinian Central Bureau of Statistics (PCBS), children in Palestine account for 45 percent of the total population with 43 percent in the West Bank, and 48 percent in Gaza. That being said, since the year 2000, over 8000 Palestinian children have been detained, arrested and prosecuted by the Israeli military (Save the Children Sweden and East Jerusalem YMCA Rehabilitation Program, 2012). To complicate the matter even further, Palestinian youth are tried in military court, due to the imposed military jurisdiction rule in the Palestinian areas, which has and continues to expose incarcerated Palestinian youth to extensive abuse within Israeli militarized prisons, that often fail to meet international juvenile justice standards as outlined by evidence gathered from the Working Group on Grave Violations against Children (UNICEF, 2015). It is also crucial to point out that Palestinian youth, who do not experience individual direct exposure to political violence are still at a risk of developing mental health concerns through collective political violence. Namely, Palestinian youth who have witnessed their classmates, friends, and/or neighbors being harassed, physically and verbally assaulted, and detained by the Israeli military, are also at an increased risk of developing psychological trauma. Thus, effects of direct and indirect exposure to political

violence are independent of each other as both contribute to mental health concerns (Giacaman, Shannon, Saab, Arya, & Boyce, 2007). In the following section, well-being, along with psychosocial well-being will be defined and examined.

The World Health Organization (WHO) defines health as ‘a state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity²’ Well-being can be a complex and dynamic concept to define given the intersectionality of its components. For instance, one may be physically healthy, but be living in war-like conditions that do not sustain mental contentment. Therefore, it is imperative to assess well-being from a holistic perspective, that takes into account nature and nurture. Although there is no industry wide agreed definition of the concept, it can be described as the optimal health and functionality of dimensions in: cognitive, behavioral, mental, physical, environmental, spiritual, and social; taking into account the interplay between and amongst these life sustaining aspects. In connection, according to a briefing paper done by Catholic Relief Services, “Well-being is comprised of the full range of what is good for a person: taking a meaningful social role; feeling happy and hopeful; living according to good values-as defined locally; having positive social relations and a supportive environment; coping with challenges through the use of appropriate life skills; and having security, protection, and access to quality services (Bohl, Dzino-Siladjic, & Ryan, 2018).”

Psychosocial well-being can very well be summarized as the relationships between psychological subcomponents such as: emotions, thoughts, behaviors, coping mechanisms; and social and interpersonal relationships manifesting within the context of values, culture, traditions, and community life. Understanding the aspects of psychosocial well-being can then lead to better ways of assessing interventions that are used to address and meet the psychosocial needs of individuals. Accordingly, this study aims to uncover the relationship between PCS program involvement and psychosocial effects on Palestinian participants. In the following section, the methodology of the

² <https://www.who.int/about/who-we-are/constitution>

study will be provided including the approach, design, measurement tools, and the description of the sample.

Methodology

Data collection began in September 2021 as opposed to February 2021. The reason for the change is due to two factors; the first being the closures and measures taken by the Palestinian Authority to manage the outbreak of Covid-19. Nationwide closures along with infections of personnel conducting the research resulted in the decision to push the date up. In addition, September marks the first semester of the program, which provided a baseline measurement to the data.

In order to provide a study that is grounded in the experience of the participants, the research gathered data using quantitative and qualitative methods. Quantitative data ensured inclusivity amongst all participants including their parents, while qualitative data provided an opportunity to explore themes around psychosocial wellness that were unable to be measured through the quantitative tool. The subjects of the study included: the PCS trainers, the parents of the participants, and lastly and most importantly, the participants themselves. Data was collected through the PCS trainers and the researcher. Both quantitative and qualitative tools were translated from Arabic into English.

Quantitative Measures

Questionnaires were administered at all the program sites and collected by the PCS trainers. Sample size was originally for all participants however, due to some students dropping out and new students being added, the same size during the administration of the first measurement was 140 and the second was 114. Males and females were sampled along with the primary and advanced groups. All questionnaires were administered in Arabic. The questionnaire is an internationally used quantitative tool called the Strengths and Difficulties Questionnaire (SDQ). A baseline version of the SDQ was administered in October 2021 (1 month after the curriculum begins) and a follow up SDQ in April 2022 (end of the annual period). The SDQ is a brief behavioral screening questionnaire

that measures sub-components of psychosocial well-being in order to evaluate the effectiveness of a specific intervention³. The following sub-components were measured:

- Emotional (worries, unhappiness, nervousness, and fear)
- Conduct disorders (tantrums, fighting, lying, and stealing)
- Hyperactivity (restlessness, distraction, fidgeting, not thinking before acting)
- Problems with peers (bullied, likes playing with other children or alone, likes being around adults more than children)
- Prosocial scale (shares with others, is helpful to others, is considerate of others, is kind to younger children, volunteers to help others)

For the parents, trainers administered a pre and post questionnaire designed by the researcher. Questions assessed parents' level of satisfaction with the program in regard to effects on their child's mental health and overall wellbeing. The pre questionnaire was conducted in September 2021 upon admission into the program while the post questionnaire was administered in April 2022 upon completion of the program.

Qualitative Measures

The study also relied on qualitative data to offset any limitations from the SDQ and to prevent unnecessary pathological labels and stigmas placed on the participants. Qualitative data was obtained by way of focus groups administered in September 2021, January 2022, June 2022, and August 2022 on the participants, their parents, and the PCS trainers. In September 2021 two focus groups were conducted on participants that were broken up into groups composed of participants between six to eight years old and participants nine years and older. Younger participants were asked to draw a picture of what makes them happy and what makes them sad. Older participants were provided probing questions such as, 'What comes to your mind when you hear the words mental health' and 'What is more important, mental health or physical health' In addition,

³ <https://www.corc.uk.net/outcome-experience-measures/strengths-and-difficulties-questionnaire/>

participants were asked to rank these traits and activities from least to most important: Playing sports, spending time outside, eating fruits and vegetables, drinking lots of water, not smoking, spending time with family & friends, exercising regularly, feeling happy with yourself

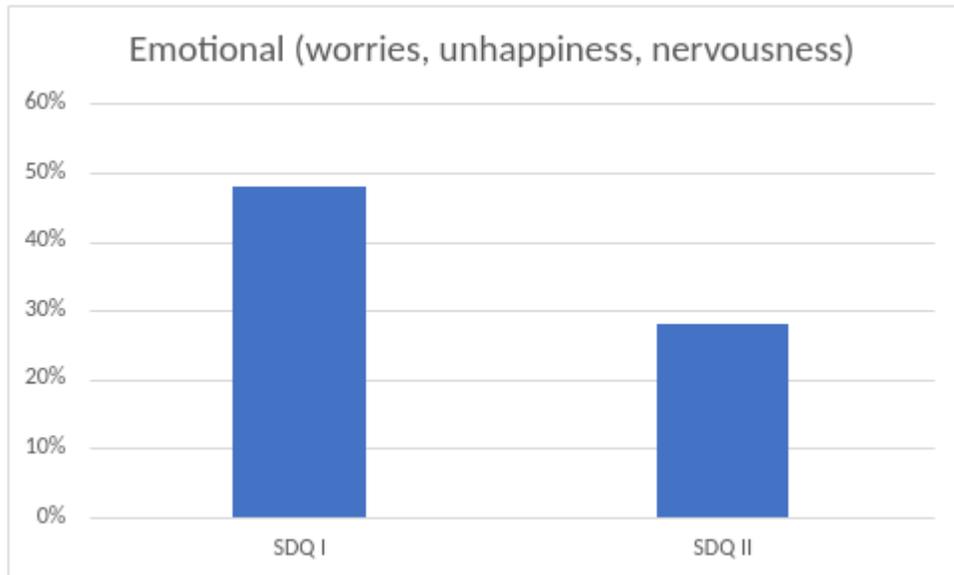
Themes around psychosocial well-being and PCS engagement were explored while providing the space for participants to share their thoughts and challenges about their involvement in the program. Two focus groups facilitated by the researcher on PCS trainers were conducted in January 2022 and June 2022. The intention was to provide a space for trainers to discuss psychosocial well-being and how it relates to participants involved in PCS, thus providing a space for reflection and capacity building amongst the staff. Lastly, one focus group was conducted on the parents in August 2022 to assess their opinions and concerns around their child's psychosocial health and their involvement in PCS.

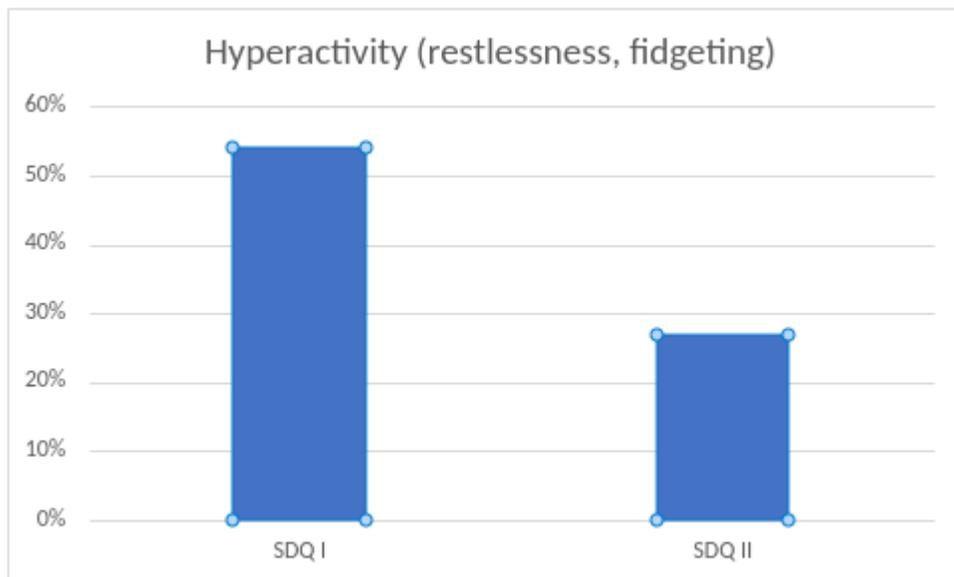
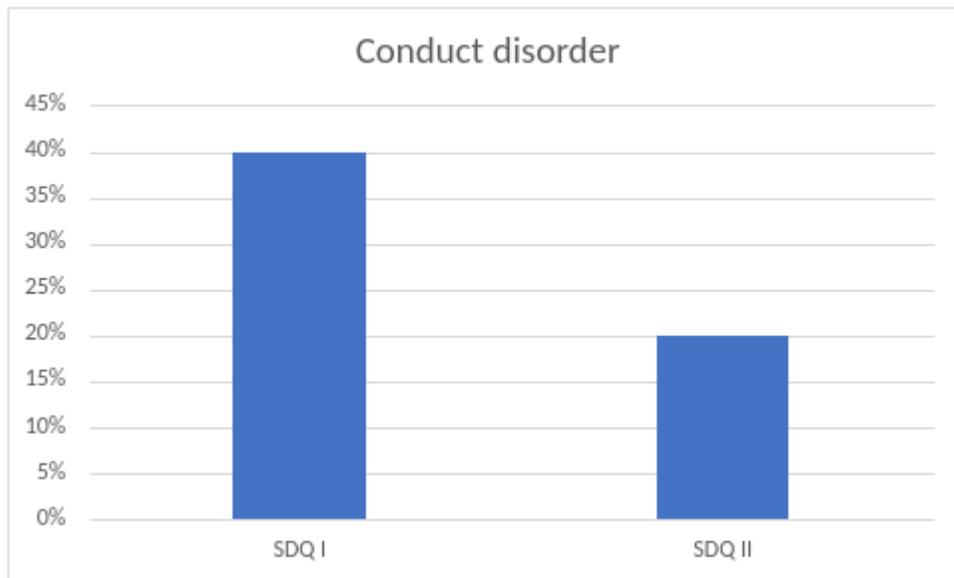


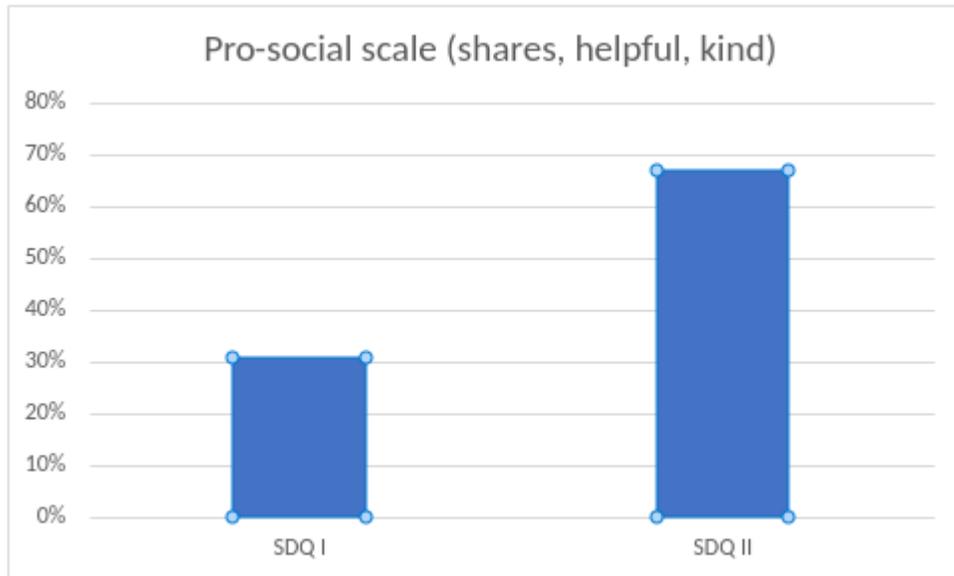
Quantitative Findings

Strengths and Difficulties Questionnaire

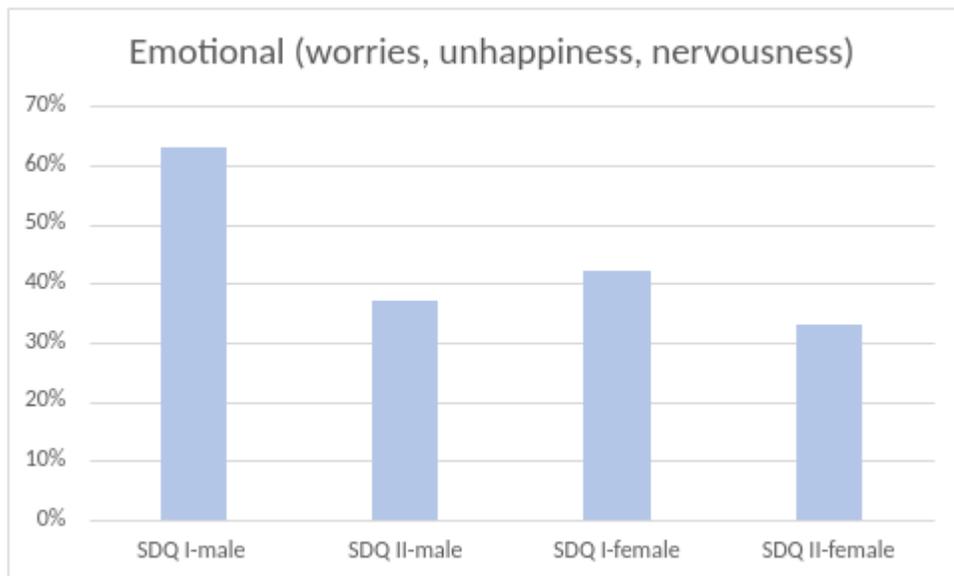
Data was segregated by gender and age examining four subcomponents of the SDQ. Based on the overall findings, data revealed that participants involved in PCS showed a significant decrease in emotional worries, unhappiness, and nervousness along with a decrease in conduct disorder and hyperactivity. In addition, results showed an increase in prosocial behaviors such as cohesiveness, sharing and kindness, even when age and gender was controlled.

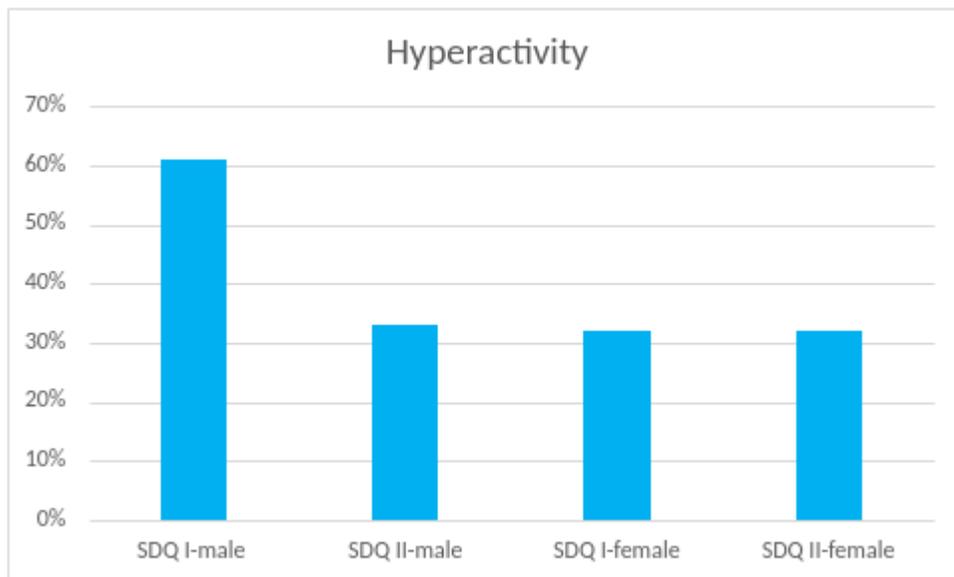
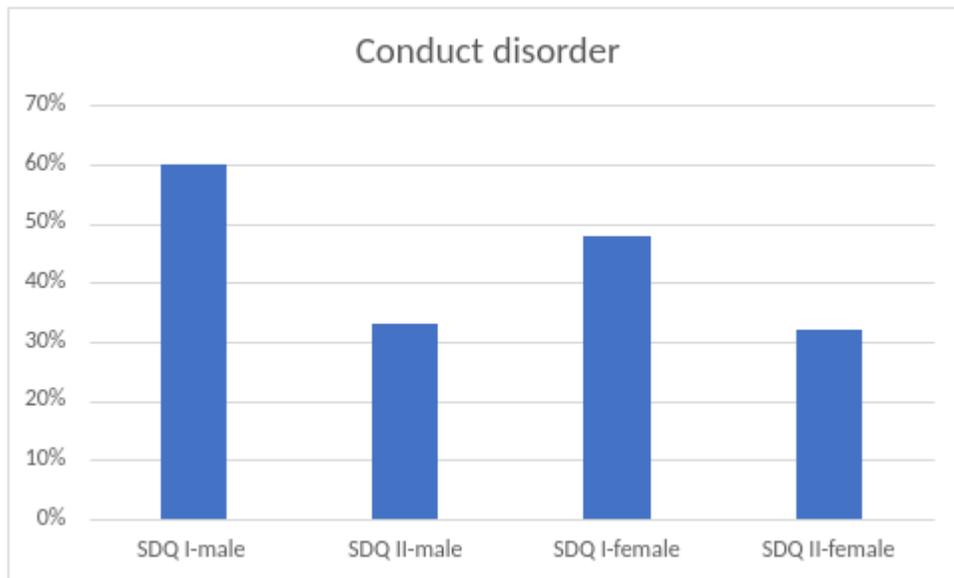


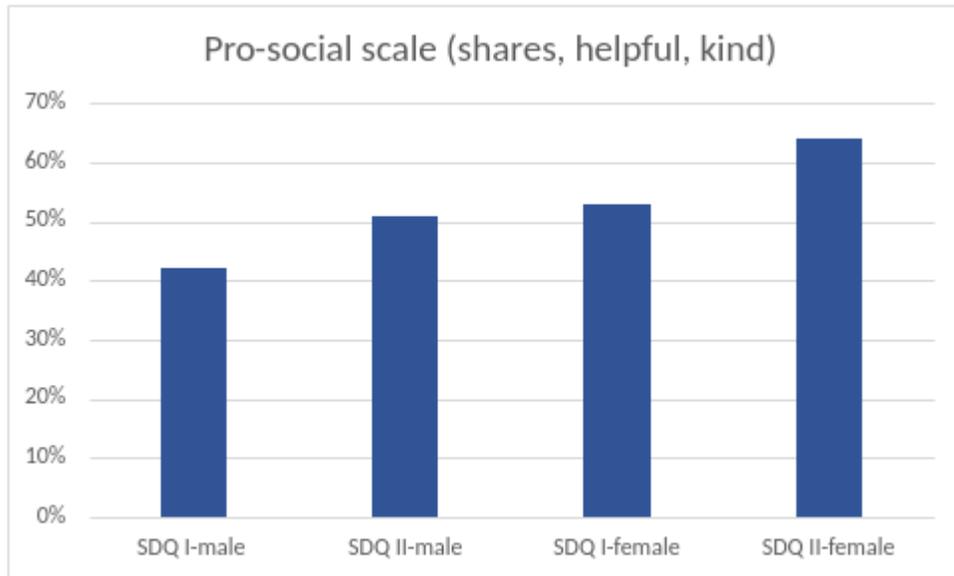




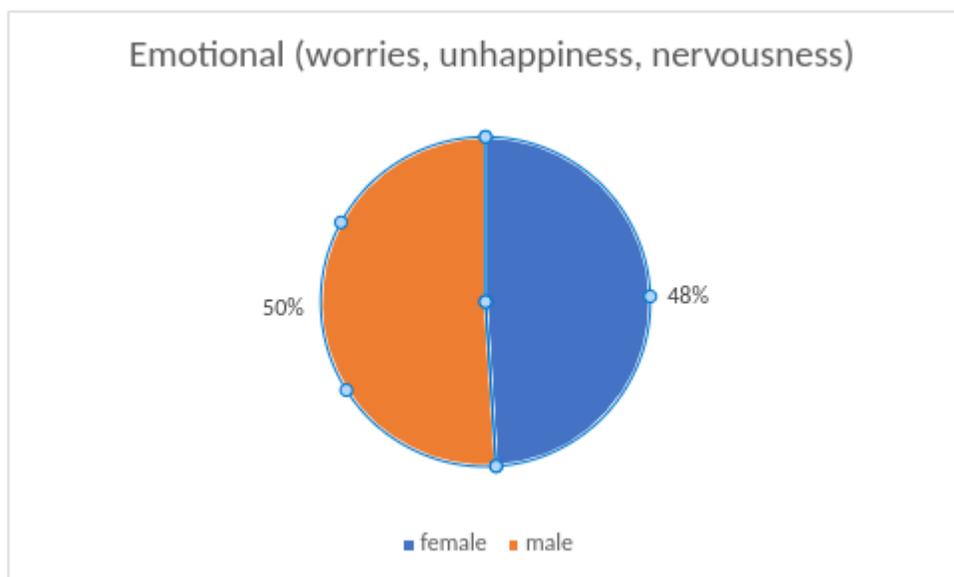
When data was segregated by gender, results showed a significant decrease in both males and females in emotional worries, unhappiness, nervousness, conduct disorder, hyperactivity, and an increase in prosocial behaviors such as sharing and overall social cohesiveness.

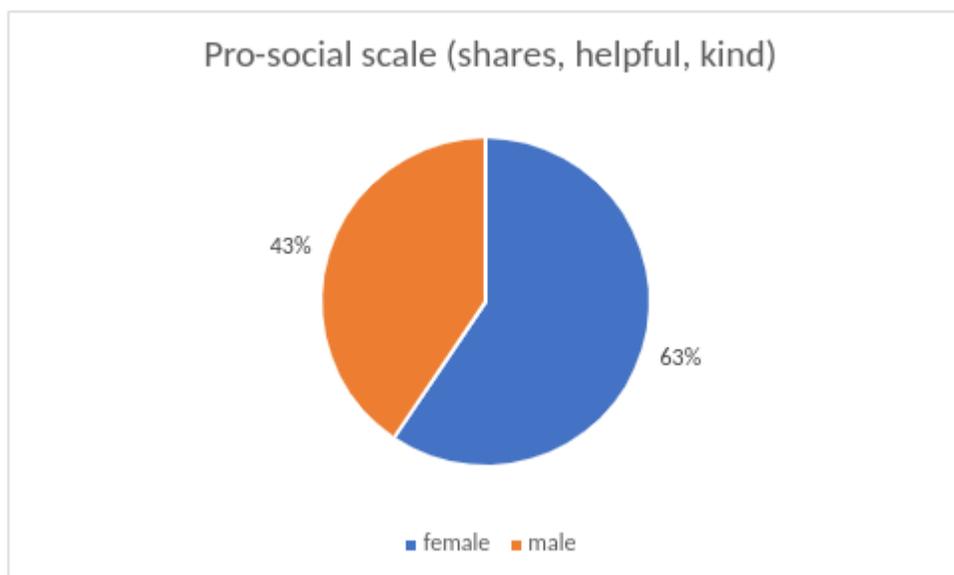
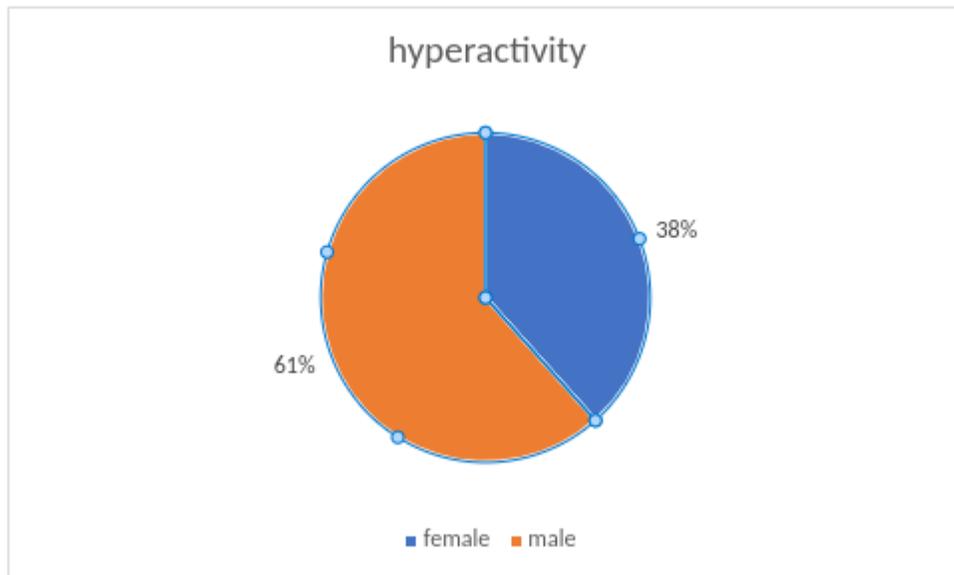
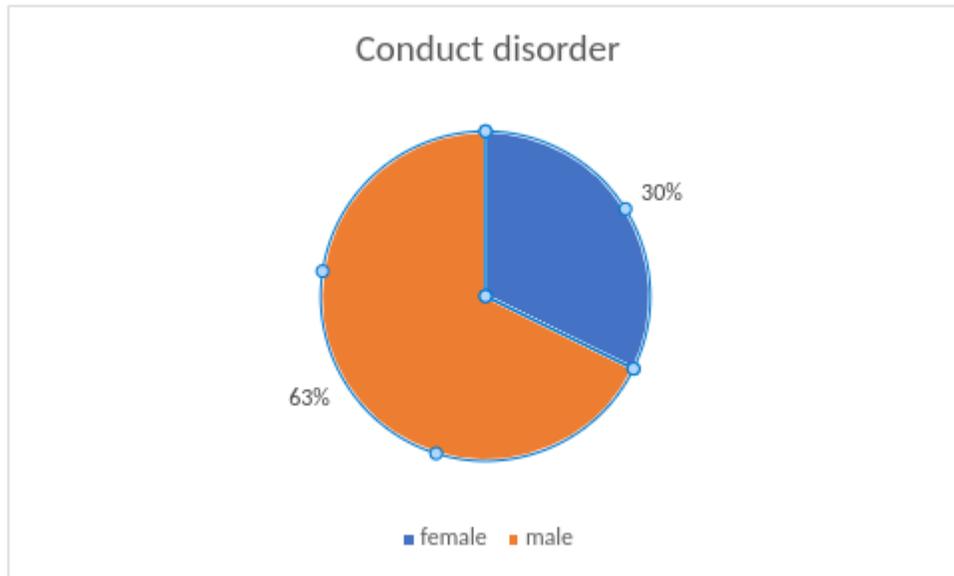




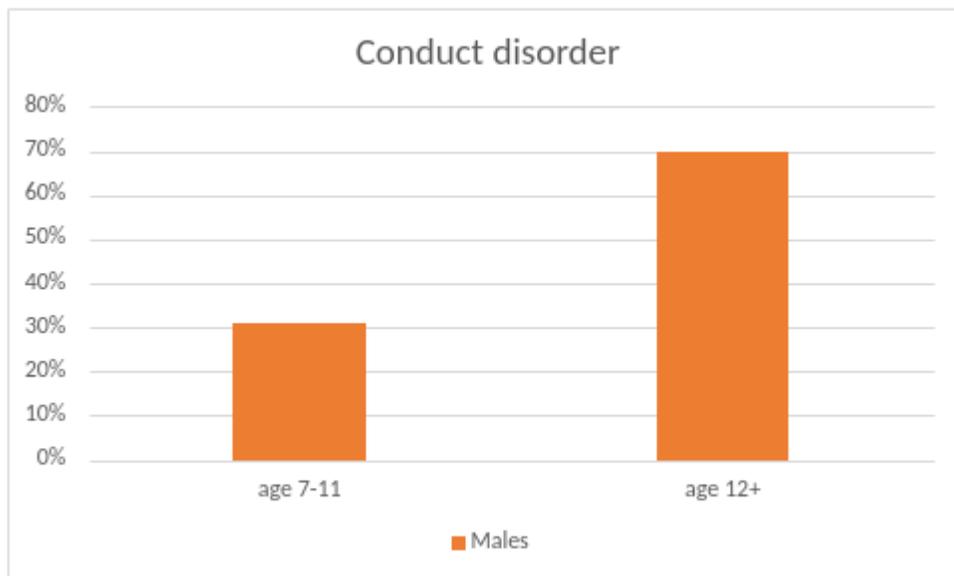
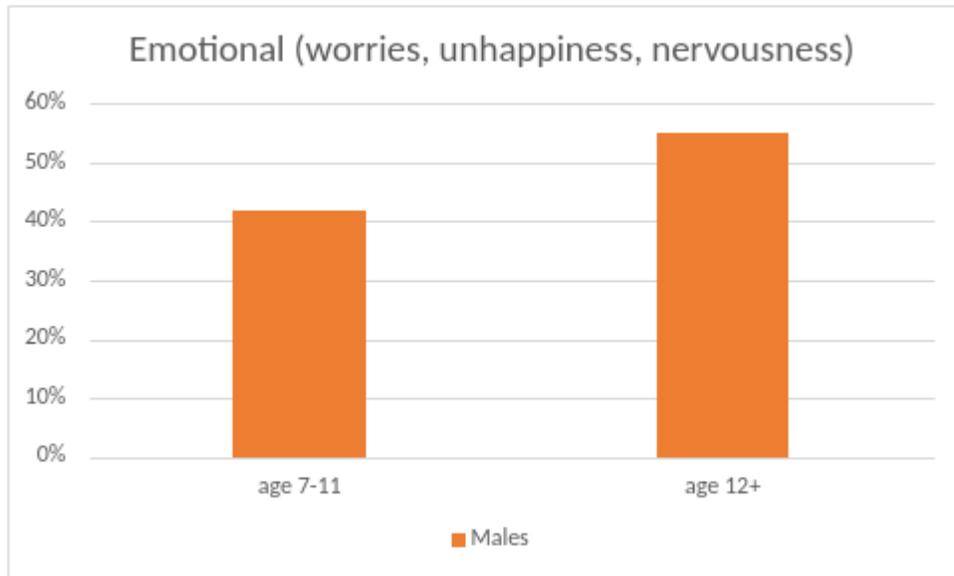


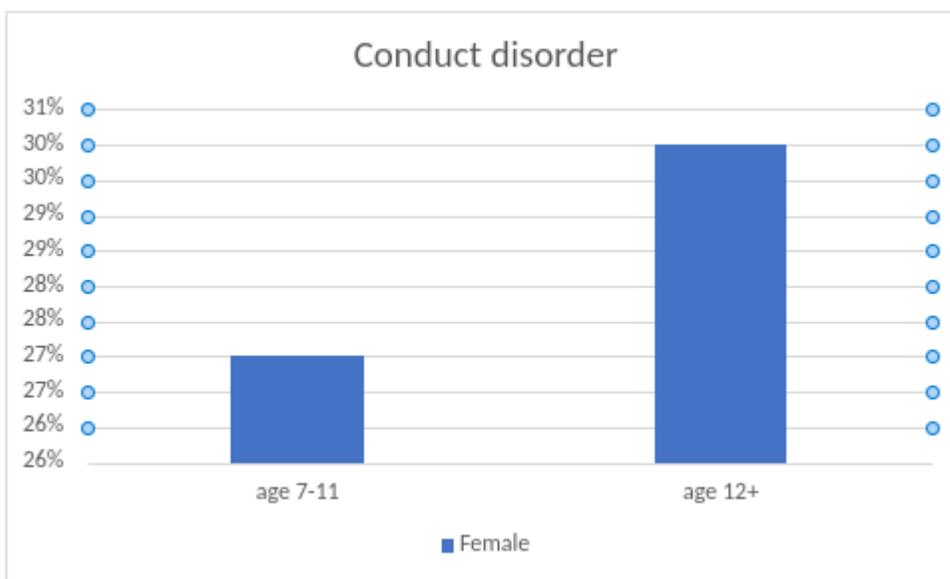
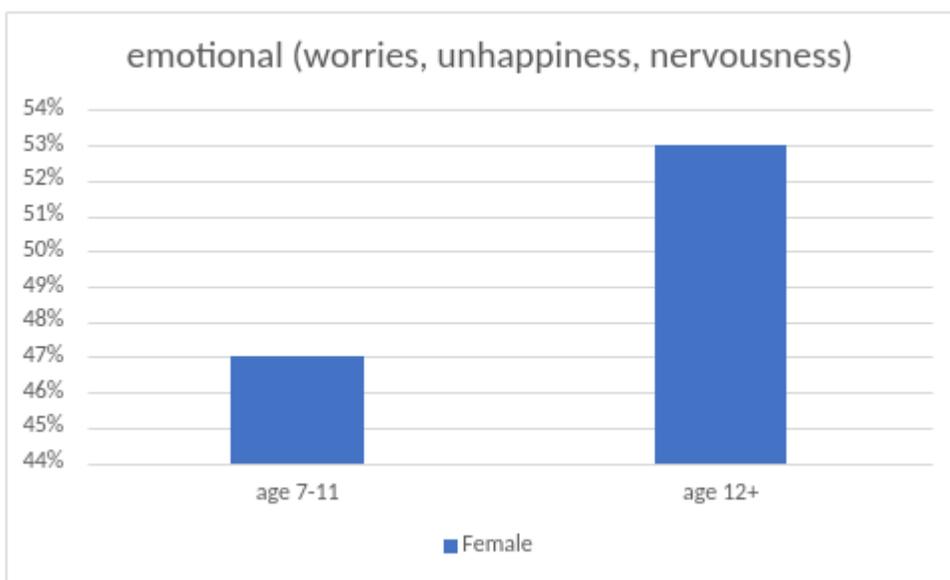
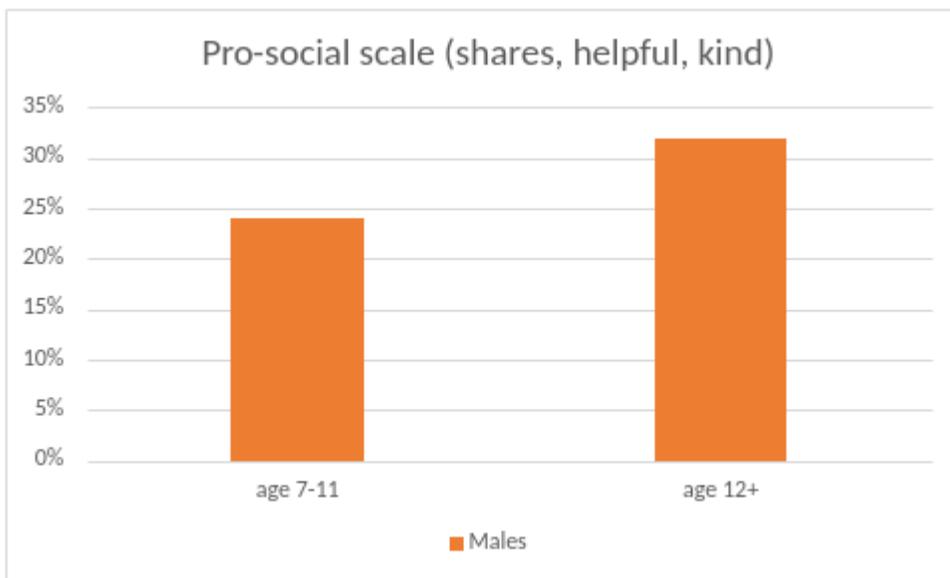
Interestingly male participants were more likely than female participants to encounter emotional worries, unhappiness, and nervousness in addition to conduct disorders and hyperactivity. In contrast, female participants were more likely to experience pro-social attributes such as sharing and cohesiveness. Below you will find the cumulative data for SDQ I and II for the overall measurements within these subcategories.

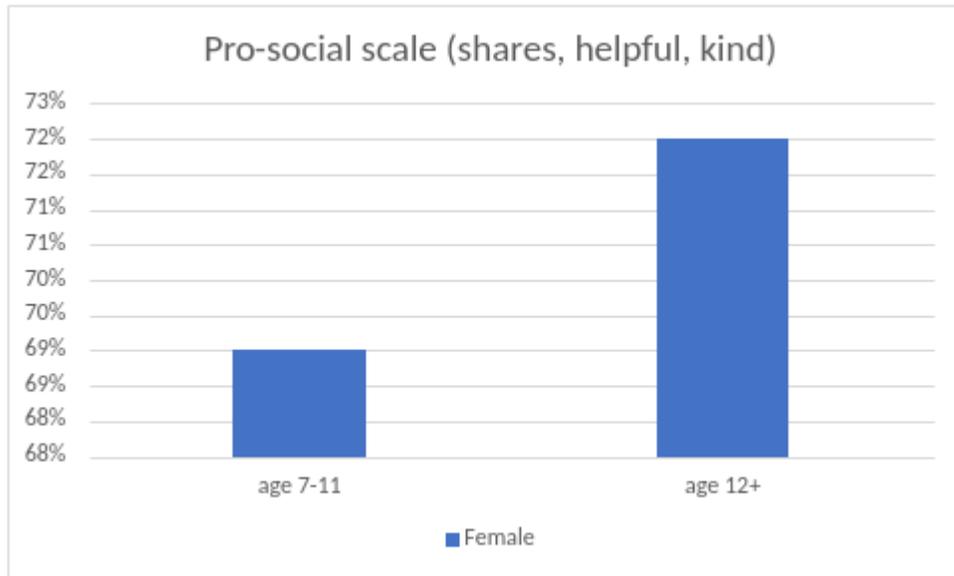




With regards to data by age; male participants 12 years and older exhibited higher traits of emotional worries, conduct disorder and prosocial behaviors as compared to their younger male counterparts. In contrast, female participants 12 years and older experienced higher rates of emotional worries, unhappiness, and nervousness in addition to conduct disorder.







Parent Questionnaire

The parent questionnaires revealed that parents were aware of the importance of their child’s mental health with numbers showing no significant difference between the pre and post measurement: 97% of parents in the pre questionnaire agreed that mental health is a vital component to their child’s overall wellbeing, versus 99% in the post measurement. In contrast, there was a significant difference in parental opinions towards PCS and their child’s involvement in the program showing 76% of parents in the pre questionnaire agreed with the statement that PCS instructors are experts in their field versus 92% when measured in the post questionnaire. In addition, 63% of parents measured in the pre-questionnaire believed that their child will improve their social skills by being enrolled in PCS, versus 94% percent when measured in the post questionnaire. Measurements on opinions of their child’s safety in the program revealed no significant difference, with both pre and post measuring at 99%. In addition, when asked “My child will become physically healthier by being enrolled in PCS” 98% of parents agreed in the pre questionnaire versus 99% in the post questionnaire. Most importantly, pre and post measurements revealed an increase in agreement when asked “By being enrolled in PCS, my child will learn how to control his/her emotions better” with 80% in the pre measurement and 96% in the post measurement.

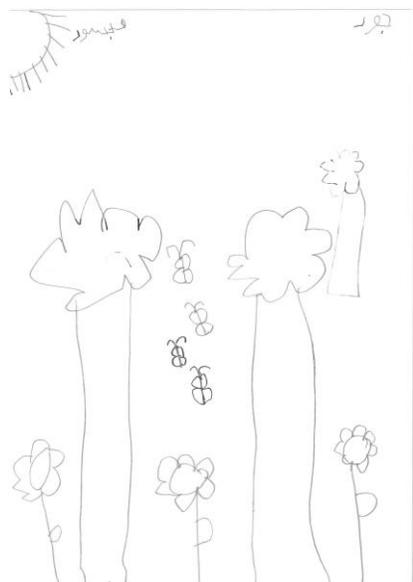
Qualitative Finding's

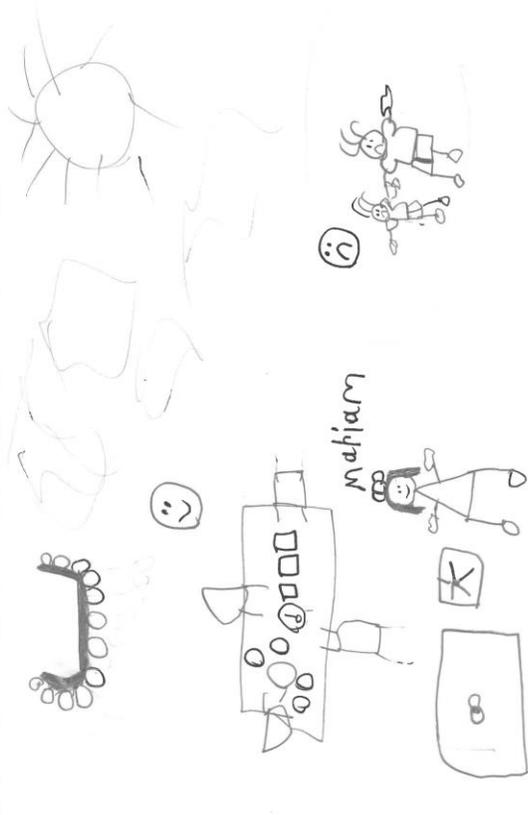
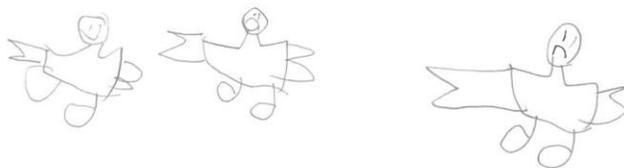
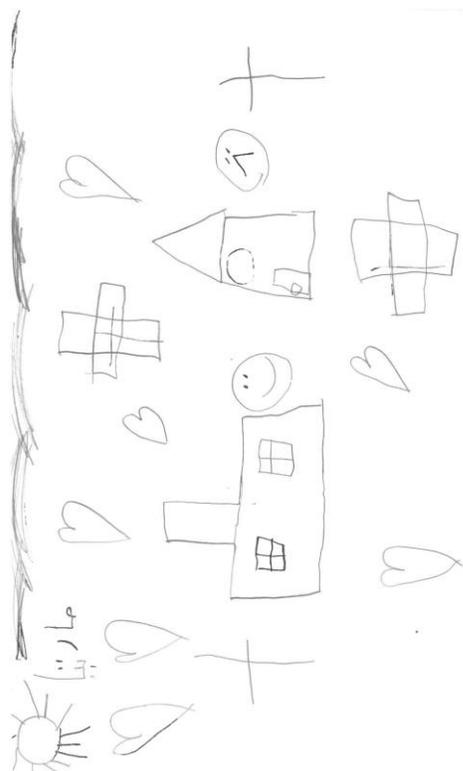
Participant Focus Group

11 participants from the Sun group between the ages 13-18 including males and females engaged in a focus group. Each participant was provided an opportunity to engage verbally in discussion by sharing their knowledge and understanding on the topic of mental health. When asked what is the first thing that comes to your mind when hearing the words mental health, responses focused on the environment, sleep, with one response stating that mental health is not taken seriously in society as physical health is. When asked what is more important mental or physical health, participants unanimously agreed that mental health is more important than physical health “Mental health is way more important”. One participant shared that mental and physical health are equally important. When asked why mental health is more important, one participant stated “I can be a great athlete, but if my mental health is not good, then what's the point, I would prefer to be overweight, but as long as my mental health is good, I am fine with that.” Most importantly when asked what makes you healthy and why, participants shared that having good mental health makes one healthy along with being physically active and consuming nutritious foods. A female participant aged 14 stated “If I lived alone with no one bothering me that would make me healthy.” When asked how you describe your life, participants shared their understanding of how their life is. “There are good qualities to life and negative”. Another participant stated that his life is not good because no one around him is good. Majority of participants agreed that life is a mixture of positive and negative experiences. “It is inevitable that one will encounter negative experiences in life, but also there are positive experiences, life will provide you with challenging moments that you can learn from.” The majority of participants agreed that their family is highly important to them.



For the younger children a focus group was conducted that asked them to draw what makes them happy or sad. Below are some images. Participants agreed that what brings them happiness is their family, being with friends, and spending time outdoors.





PCS Focus Group

4 PCS trainers participated in two focus groups which took place in January 2022 and June 2022. Trainers were provided the space to discuss their concerns around the research and any changes they observed with the participants. Themes explored were around participants' self-esteem and collectivism. There was a unanimous agreement that the research will provide data that will be utilized for future program development. In addition, trainers expressed some challenges with holding emotional space for the participants when they themselves are not trained in mental health. The researcher then asked if mental health training should be part of the staffs professional development with all trainers agreeing that it should “Sometimes I am unclear how to assist a participant when they are emotionally not doing well because I don’t have the training to identify if this is a mental health issue, I think we should have a consistent person that works with the children and staff to handle the mental health aspect of some of our participants.” Trainers also stated that at the end of the program they observed that more female participants took more initiative than male participants. For instance, in the beginning of the program, the females were more apprehensive to volunteer and assist, possibly due to shyness, however towards the end of the program, the female participants were observed taking continuous initiative and being more vocal about their preference on the activities they wanted to partake in.

Parent Focus Group

Nine parents participated in a focus group with one facilitator asking probing questions on mental health and any changes they noticed with their children regarding their overall wellbeing. Responses centered around themes of self-esteem, quality social relationships, and overall psychosocial wellbeing when at home and in the community. One mother stated that she felt that her son prior to attending PCS was unable to communicate his worries and concerns to her, however, after his involvement into the program, she noticed that his confidence increased, which enabled his willingness to communicate his feelings in an effective way. In addition, the mother stated that she noticed he was more hopeful about his life. Another mother shared her anxieties prior to having

her children enrolled into the program “I am the type of mother that is always worried about my child and having someone I don't know taking care of her, however, with PCS I feel completely hopeful and at peace by sending my daughter to your program and this is very important because I feel like I am not overprotecting her and making her feel suffocated by my fears.” Parents also stated that they noticed that their children are happier when they come home from PCS with one mother expressing her opinion that PCS not only benefits her children physically by keeping them active, but also mentally by increasing their life skills which in turn increases their self-efficacy. “When we placed our kids in PCS, we as parents felt that PCS was able to fill the gap that at times, we are not able to and the school is not able to and we noticed that they are able to have better and healthier relationships with people around them thus cultivating more harmonious relationships with others and ultimately themselves.” Parents unanimously agreed that there is a direct correlation between being physically active and mentally stable which plays into positive social relationships that extend into schools, the community, and at home “The PCS community provides a sense of proactiveness and maturity with health and mental health which is a catalyst for academic success. Positive mental health is the key for overall success in every aspect of our children’s life. My children have been involved in PCS for seven years and I am tremendously pleased with the effects of the program.”

When parents were asked what was the first thing they think of when they hear the words mental health, parents shared their understanding as a state of mind where the child has no symptoms of mental unease. “Children are meant to be happy, joyful, and hopeful, and sometimes you come across children that are not, to be honest with you, I observed my children that are involved in PCS as being and having more happiness in their life.” Parents also expressed their appreciation for PCS due to the offset of any negative symptoms that are experienced from living in a conflict area such as Palestine. “The life we have here in Palestine with the war and injustice is very difficult even if you try to protect your child from the events, it is still everywhere, we hear and see it every day, so PCS involvement is a must for their overall wellbeing and their life.”

Data Analysis

Since data results show a decrease in emotional concerns, conduct disorder, hyperactivity, and an increase in pro social behaviors, it can be inferred that PCS participation contributes to psychosocial wellbeing. More notably, results show that both male and female participants, in all age groups, benefit from PCS participation. In this section, we will look at some of the possible reasons as to why the program is a success, with the understanding that further studies may be needed.

With regards to the curriculum used, PCS incorporates lessons using the manipulation and control of bodily movements. This type of work is a form of somatic work which has been studied for its ability to treat various mental illnesses such as anxiety, depression, PTSD, and the overall healing of trauma. It is a type of intervention clinically referred to as somatic psychotherapy. Somatic psychotherapy is a form of treatment for mental health disorders that has been used more frequently over the past few years as scientific research has proven that the human body is capable of storing memories, experiences, and emotions on a cellular level, which if not processed, can manifest into mental distress and/or unease. Somatic interventions can assist children in regulating their emotions and deactivating the stress system to a more restorative mode (Helgeland, Kozłowska, Scher, 2020). Dancing is a form of somatic work which was one of the activities observed by the researcher during a PCS event. Participants were practicing a traditional folklore dance called the *Debkeh* which involved the full movement of their bodies while syncing it up to traditional music. Instruction was provided and one on one support was offered for children needing more physical assistance. Each participant was engaged in the dance and no participant was witnessed expressing their objection to the activity. This activity involved not only the coordination of the body, but the teaching of a centuries old cultural dance which is associated with celebration and joy. Another activity observed was the use of manipulating a mini spinning wheel on a string. It required participants to use their sense of balance while syncing up their eyes and the movement of their hands in order to keep the wheel spinning on the string. One participant, diagnosed with a

disability, has been showcasing this specific talent for years to the Palestinian community during PCS performances. He shared that it makes him feel joy when he sees the expression on peoples faces while he performs “I feel like I have a super talent that not many people have so it makes me feel different in a good way”. These two activities are one of many activities used by PCS that helps instill body confidence through movement, hence may be a reason for the results shown from the study. Further research may want to look at the correlation between the curriculum and how it may contribute to an increase in self efficacy amongst participants.



In the same manner, studies have shown that circus pedagogy has direct effects on the mental, social, and physical wellbeing of children and youth. This is supported by a study done on children diagnosed with autism and the benefits gained while participating in circus training. The qualitative study examined the link between the program and social emotional wellbeing,

concluding that participants, who for the most part feel isolated and stigmatized for their diagnosis, perceived a sense of community bonded by connection and trust. Their confidence increased due to the fact that circus training required them to step outside their comfort zone and push themselves beyond their limiting beliefs. In the same manner, the parents of the participants felt a sense of community amongst themselves as a result of seeing their children thrive. According to the author, “As I have stressed, what makes people feel “outside” is also what can help them gather together. I have seen how through social circus, the bonds that the “outsiders” develop help to create a stronger sense of identity within a community as circus parents, but more than this, I have seen how circus can also change the way autistic children and their parents are perceived by others. Circus gives its community permission to be different, in fact it almost insists upon it.” (Seymour, 2012).

Another important point to mention is the competence of the program trainers. PCS uses a grounded model when it comes to hiring trainers, meaning the trainers were former students of PCS that worked their way up into the program. Using this model ensures that trainers are knowledgeable of circus pedagogy and know how to execute the curriculum to fit each student’s needs. Staff competence is highly crucial for the success of any program with studies showing that there is a direct correlation between the achievement of a student and the competence of the staff (Bohl, N., Dzino-Siladjic, V., & Ryan, M. 2018).

Recommendations

In summary, data results indicate that PCS does have a positive effect on the psychosocial wellbeing of participants. Further research may need to look at what exactly is causing the success, with some understanding that it may have to do with the circus pedagogy curriculum or with the competence of the staff/trainers, or both? In addition, a study looking at the effects of the program for participants with disabilities can also highlight an aspect of the program that involves inclusion. Having a program such as PCS is imperative to the overall wellbeing of the children in Palestine due to the continuous constraints they reside under. PCS along with other community-based organizations can offset or even mitigate mental health symptoms brought on by living in war-like/conflict zone areas. Moving forward, PCS can benefit from establishing a mental health program that is sidelined with the circus pedagogy. This can be in the form of support groups facilitated by a mental health practitioner and administered to participants, parents, and PCS staff. Male participants can benefit greatly from mental health support groups given their higher rate in exhibiting emotional distress, conduct disorder, and hyperactivity as compared to the female participants. Also, based on the results that showed older participants experiencing more emotional worries, one can deduce that the age of adolescents can trigger emotional and psychological concerns that can be offset or mitigated by participating in a mental health support group. Parent support groups would be another great asset to the model of inclusion for PCS. It can provide a space for parents to share and collaborate with PCS staff on what is best for their children in order to increase overall wellbeing and merge the community and home life together. Lastly, support groups for the parents whose child is diagnosed with a disability would be another great extension provided to the Palestinian community in order to cultivate inclusion.

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