

Our mission to Israel to study trauma responses, organized by the Association of Jewish Psychologists & Allies, took place from March 9th to March 16th, 2025 at the Inbal Hotel in Jerusalem.

**Sunday, March 9th: Day 1 – Arrival**



**Monday, March 10th: Day 2 – Jerusalem: PTSD Content at the Hotel**

9:30 AM

*Panel discussion on Sexual Violence & Trauma Pre & Post October 7*



*Dr. Guila Benchimol, criminologist, consultant, educator, and victim advocate*



*Orit Soliciano, CEO of the Association of Rape Crisis Centers in Israel*



*Colonel IDF Attorney Sharon Zagagi Pinhas, former chief military prosecutor of the IDF and an expert on crime victims' rights, who is also the Director of the Dinah Project*

The discussion centered on the harrowing topic of sexual violence, specifically the atrocities perpetrated on October 7th, and the broader issue of conflict-related sexual violence. The panelists grappled with the complex question of evidentiary standards required for international legal proof, acknowledging the profound difficulty survivors face in recounting such traumatic experiences, often leaving critical information privileged and inaccessible.

Their focus was on establishing proof of premeditated sexual violence on October 7, citing evidence such as women found in separate locations bound to trees and sexually assaulted, which suggests a degree of planning and premeditation. Additionally, the discussion touched upon reports of terrorists sexually abusing and seeking to marry hostages, a form of power and control.

From a therapeutic perspective, the panelists emphasized the delicate balance between protecting the community and the individual, while navigating the complexities of global politics. They also explored the potential of forensic psychology, highlighting how the manifestation of PTSD symptoms can serve as a crucial indicator of traumatic incidents, contributing to the broader effort of documenting and addressing these grave violations.



*12:30 PM*

We walked to lunch at Hamesila restaurant.



3:00 PM

*"The Momentum Resilience Protocol: A groundbreaking initiative for war processing in the IDF"*



*Avi Cirt, CEO of Momentum*



*Sharon Slater, Psy.D., CTSS, Momentum facilitator*

The Momentum Resilience Protocol is a structured approach designed to facilitate war processing, particularly during the challenging transition out of military service, but also applicable during active duty.

Dr. Slater noted a parallel process of trauma observed in both Israel and the USA, highlighting the sense of hopelessness experienced by Jews in the diaspora and the universality of these experiences. She also noted one trauma survivor poignantly described their emotional state as feeling like a "cracked vessel," underscoring the profound impact of such events.

The protocol's application is flexible, capable of implementation immediately following an incident, within hours, or even several months later during the post-survival stage, a phase that occurs outside the typical window of Post-Acute Stress Disorder. Crucially, the protocol is not intended as a form of treatment, but rather as a means of facilitating reframing and providing psychoeducation to encourage normalization. During this process, facilitators can observe symptomatic presentations, and assess for suicidality.

The overarching goals are to: increase group/team cohesion, heighten resilience, inoculate against PTSD, prepare for successful reintegration into civilian life or return to duty, and connect to services as needed.

Risk factors for the development of PTSD, which this protocol aims to mitigate, include exposure to traumatic events, isolation, feelings of helplessness (including not being able to

fight), prior trauma history, and moral injury, (e.g., resulting from distance from those experiencing direct combat).

### Momentum Protocol: War Trauma Processing and Reintegration

#### 1. Past: Narrative Reconstruction and Trauma Processing

Goal: Create a coherent narrative of past experiences to reduce fragmentation and promote healing.

- a. Timeline Creation:
  - i. Facilitate individual timelines of significant events.
  - ii. Combine individual narratives into a collective group timeline.
- b. Narrative Chaptering:
  - i. Collaboratively create chapter titles for the combined narrative.
  - ii. Use visual aids (e.g., colored stickers) to identify:
    - Red: Challenging moments.
    - Green: Victorious moments.
    - Yellow: Moral injury moments (actions contradicting personal or group values).
- c. Significant Experience Sharing:
  - i. Provide a structured space for sharing significant experiences related to identified moments.
- d. Resource Identification:
  - i. Facilitate the identification of internal and external resources for overcoming challenges.

#### 2. Present: Transition and Reintegration Focus

Goal: Address current challenges related to reintegration and adaptation to civilian life.

- a. Identity Transition:
  - i. Loss of military identity and the formation of new identities (e.g., father, partner, civilian).
  - ii. Family, Marital, and Parenting:
    - Provide psychoeducation and support for navigating family dynamics and rebuilding relationships.
    - Address concerns about military experiences interfering with family reconnection.
- b. Work and School Adjustment:
  - Identify and address challenges related to focus, motivation, hyperarousal, loss of meaning, and behavioral dysregulation.
- c. Topical Discussion Groups:
  - Facilitate discussions using experiential activities (e.g., "Cross the Line") and sentence prompts (e.g., "The biggest problem is...", "Since the war...").
  - Repetitive writing of key sentences to express and process feelings.

#### 3. Future: Rebuilding and Resilience

Goal: Develop strategies for building a meaningful future and enhancing resilience.

- a. Unit Issues and Cohesion:
- b. Address Unit Stories
  - a. What's good
  - b. What needs to improve

- c. Strengthen unit cohesion by developing a unit contract outlining commitments.
- d. Facilitate individual positive feedback sessions where members express respect and admiration for each other.

#### 4. Main Highlights and Takeaways

Goal: Reinforce key principles and promote long-term well-being.

a. Components:

- o Creating cohesion and affiliation within the group.
- o Focusing on individual self-care.
- o Creating action to combat a sense of helplessness.
- o Using information to teach practical skills.
- o Improving communication.
- o Reducing stigma.

5:00 PM

*Founders of Israel's Collective Action for Resilience (ICAR)*



Gila Tolub



Lisa Silverman



Dr. Eyal Prochter, former head of mental health and hospitals for the IDF (2014)

ICAR's mission centers on bolstering the resilience of Israeli society by addressing the significant disparity between the nation's relatively small number of psychologists (approximately 1,000) and its large population, aiming to democratize trauma first aid through a multi-tiered approach encompassing primary prevention, secondary intervention, psychotherapy treatment, tertiary rehabilitation, and ongoing research and innovation, ultimately equipping all individuals with essential coping skills.



*6:30 PM*  
*Reflective App*



Tevi Hirschhorn, CEO and cofounder of Reflective

The Reflective App encompasses various digital tools designed to promote self-reflection and mental well-being, including journaling, mood tracking, and guided therapy exercises. It aims to enhance personal growth and facilitate therapeutic processes by encouraging users to explore their inner world and track their emotional and behavioral patterns.

We concluded the day with dinner at the hotel at 7:30 PM.

**Tuesday, March 11th: Day 3 – Haifa/Rishpon/Tel Aviv**

We started the day with a 6:30 AM breakfast buffet before meeting in the lobby at 7:15 AM to depart for Haifa.

*10:00 AM*

*Haifa University "Home within the Heart" intervention*

<https://www.homewithintheheart.com/team>

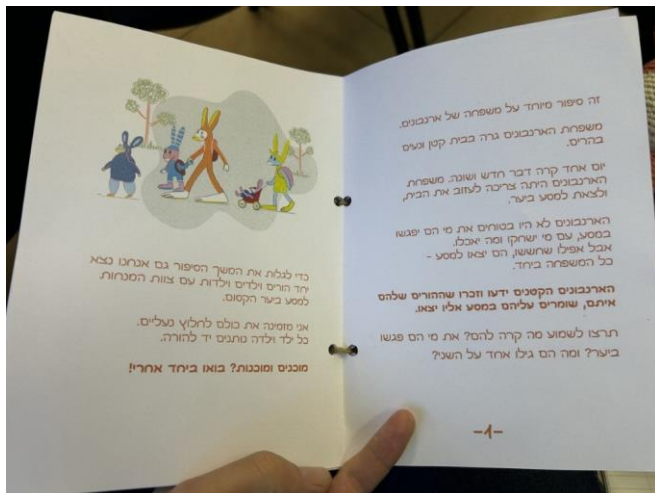


Dr. Yael Enav



Dr. Yael Meir.

The Home Within the Heart program addresses the urgent needs of displaced children and families facing the trauma of forced relocation, ongoing uncertainty, and the stress of parental military service, recognizing that children often exhibit unique trauma symptoms and that attachment and parental capacity are significantly impacted. Through parental-child psychotherapy, the program aims to restore connection by grounding parents, fostering playful interaction with mindful presence, and promoting mentalization and bonding; this is facilitated through narrative play and adapted hero's journey stories, resulting in measurable improvements in parent-child interactions, reduced parental and child anxiety and depression, and increased positive parenting attitudes and communication, ultimately helping over 700 families reconnect and heal.



11:00 AM Working with victims of the October 7th massacre.



Prof. Merav Roth

Dr. Merav Roth's presentation offered a poignant glimpse into the complex psychological landscape of trauma recovery, particularly within the context of hostages released in the initial phase of a devastating event. She shared the story of a female hostage whose experience was uniquely layered, not only enduring her own captivity but also grappling with 14 months of agonizing uncertainty regarding her husband's fate, compounded by the murder of her father.

Dr. Roth depicted the immediate aftermath of the massacre at Kibbutz Beeri, where survivors were left in a state of shock, feeling exiled and burdened by guilt, underscoring the critical need for therapists to establish open connections that could "remobilize their adaptive internal resources" and "restore a sense of control." Drawing upon Freud's concepts of "mourning and melancholy" and the "death of the life instinct," she emphasized a therapeutic approach focused on present and future-oriented acceptance and letting go, rather than attempting to repair the irretrievable past. Dr. Roth highlighted that the traumatic incident represented a moment when survivors were least "themselves," and that reclaiming their identity and control involved allowing themselves to experience joy and positive emotions. For religious individuals, this restoration could manifest in relinquishing control to a higher power. She illustrated the profound impact of internal anchors, such as love, survival instincts for loved ones, solidarity, and ethical values, sharing a powerful example of a hostage who drew strength from his aunt's survival narrative during the Holocaust, demonstrating the enduring influence of collective Jewish resilience in the face of unimaginable adversity, as well as sharing the "Wheat that grows again" poem to give hope.



12:30 PM lunch at the university

*Afternoon  
Healing Space Resiliency Center in Rishpon*



Clinical Director Dr. Rony Berger



Tal Sterlin Halperin

The Rishpon healing space, under the direction of Dr. Ronny Berger, offers a sanctuary for individuals and groups seeking recovery from trauma, loss, and crisis, providing a range of therapeutic interventions that emphasize resilience, empowerment, and reconnection. The Healing Space prioritizes creating a tranquil and supportive environment where individuals can engage in personalized and group therapy, workshops, and retreats, utilizing a holistic approach that integrates psychological, emotional, and physical well-being to facilitate healing and foster a renewed sense of purpose. Dr. Berger and her team employ evidence-based practices, tailored to the unique needs of each participant, to guide them through their journey of healing, fostering a sense of community, and promoting long-term resilience.





5:30 PM



Tal Hochman  
*Chairperson for the Israeli Women's Association in Tel Aviv*  
*Women During the War*

Tal Hochman, head of the Israel Women's Network, presented a "Women at the Front," detailing her work as a social worker partnering with governmental, legal, and media entities, leveraging citizen hotline tips to address gender-related issues in Israel, including the landmark Alice Miller case, which challenged the IDF's exclusion of women from pilot training. She highlighted the organization's role in driving legal action and promoting gender mainstreaming, while also addressing the post-October 7th shift towards proactive outreach amid decreased

hotline calls, revealing a critical need to amplify women's voices. Despite Israel's progressive reputation, Hochman pointed out the persistent underrepresentation of women in leadership roles and the alarming surge in intimate partner violence, emphasizing that true healing cannot occur until all hostages are returned. She further underscored the global dimension of this struggle by referencing a UN Women representative's controversial statement, which seemingly overlooked the advocacy for women's rights beyond Gaza, revealing the complexities of intersectional advocacy in times of crisis.



*Hostage Square- Singing*



### **Wednesday, March 12th: Day 4 – Rehovot/Jerusalem**

Our day began with a 6:30 AM breakfast buffet, and we departed for the Weizmann Institute in Rehovot at 8:00 AM.

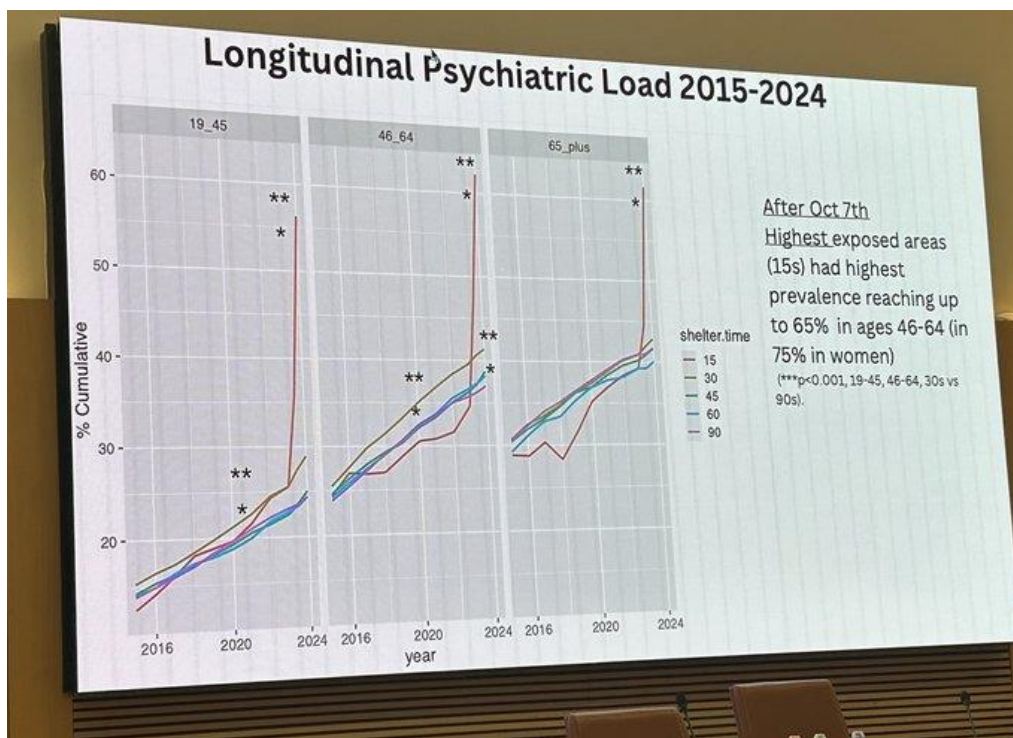


Dr. Maya Sharon Lebow

Dr. Maya Sharon Lebow's lecture focused on exposure-based outcomes in Otef Gaza over the past 20 years. The funding for the project commenced on September 26th, 2023, shortly before the events of October 7th, with the study designed to analyze the impact of historical trauma in the region. The research examined outcomes such as psychiatric diagnosis, medication use, and other relevant markers, with a focus on "psychiatric load," encompassing overall measures of PTSD, adjustment, substance use, and related factors over time. Results indicated moderate exposure rates coinciding with the highest psychiatric load around October 7th, along with the highest use of anxiolytic medication. Outcomes also revealed elevated levels of immune

disorders, pneumonia, and autoimmune conditions, with these conditions generally proportioned with peaks during times of intensity. Furthermore, mortality rates for individuals aged 46 to 64 demonstrated higher death rates during these periods of intensity.

Dr. Lebow also discussed the Ogen program, a program developed using social trauma theory. This program addressed the fact that 20% of children reach PTSD levels, and 53% experience significant emotional and social distress. The goals of the Ogen program were to build connection, bonding, and enhance social networks, which would be achieved through resilience-informed care involving in-school and in-class support. However, outcomes showed that mentors tended to have higher rates of symptoms and shared trauma reality. The program itself involves manuals, training, supportive resources, and 30 different tailored interventions, all designed to teach and help others build resilience. In her discussion, she characterized Israel as a small collectivist society.



Prof. Rony Paz.

Professor Rony Paz, a neuroscientist, discussed his latest project studying the amygdala, an area involved with emotion and memory, in collaboration with the Israeli Institute of Neuroscience and the Center for Mental and Emotional Health. He utilized fMRI and single neuron learning under emotional controls, clarifying that fMRI provides a general overview of brain activity. Professor Paz's work centered on brain computation and learning based on valence events, with a particular interest in human emotional learning, PTSD, and anxiety. He investigated three behavioral learning models, the first being the extinction of memory. He explained that during this process, the amygdala takes over information processing; the memory does not disappear but is extinguished, though spontaneous recovery, or the return of the memory, may occur. Professor Paz noted that, evolutionarily, it is advantageous to inhibit a memory rather than extinguish it. He stated that in PTSD, these experiences do not extinguish, and in approximately 10% of cases, the memory remains unextinguished. He further specified that trauma experienced in an uncertain and surprising environment is harder to extinguish, using the example that soldiers without proper training are at higher risk for PTSD. However, he also mentioned that if the singulate cortex is inhibited, it promotes healthy extinction.

Professor Paz explained the generalization model in learning, contrasting human intelligence with computer limitations. He stated that a smart person knows how to generalize properly, while computers struggle with even slight variations. He used the example of a light-colored lion attack to illustrate how humans are better off over-generalizing risk, suggesting that it's beneficial to fear a darker-haired lion, even before it attacks. According to Professor Paz, the amygdala generally overgeneralizes, and the prefrontal cortex corrects this tendency. He also noted that neurofeedback, focused on a representative trigger, can be used to train individuals to reduce their response to that trigger.

Professor Paz also explored the exploration/exploitation model. He explained that individuals experiencing anxiety tend to explore more, driven by their heightened anxiety about the future and the unknown. This increased exploration, according to Professor Paz, often leads to suboptimal behavior.

We had lunch at the Weizmann Institute. At 1:00 PM, we drove back to Jerusalem. At 2:00 PM, we met with Dr. Dani Brom and Dr. Anna Harwood Gross at the Metiv PsychoTrauma Center at Jerusalem Hospital.



Professor Danny Brom and his colleague Dr. Anna Harwood Gross, a researcher at the METIV Israel Trauma Center, presented a lecture discussing PTSD in Israel. Dr. Gross stated that the general population of Israel has an approximate PTSD rate of 7%. She and Professor Brom differentiated between PTSD involving threat and moral injury, noting that different brain parts are activated in moral injury, which also presents with less avoidance and more depression. They clarified that moral injury involves identity and sense of value, while fear-based PTSD focuses on safety and threat. They discussed programs derived from various trauma theories, detailing their outpatient program. This program involves a step 1 that includes somatic experiencing and prolonged exposure treatment. Step 2 of their program incorporates MDMA-assisted therapy and "SEA-IT," which is an acronym for somatic experiencing, acceptance and commitment therapy, and MDMA-assisted therapy. The MDMA sessions demonstrated positive outcomes after three sessions, showing 86% of patients experiencing symptom reduction, 76% exhibiting symptoms dropping below the diagnostic level, and 46% sustaining improvements to a sub-clinical level.

Professor Danny Brom began his practice in the 1980s in the Netherlands, where they had experienced hijackings and hostage-taking approximately a decade prior. After arriving in Israel, he was initially told that trauma was not prevalent, but he now states that there's a problem with "everyone saying they're traumatized." Dr. Brom discussed survival mode, which involves dysregulation, coping with helplessness, traumatic bonding, and in-group/out-group dynamics. He explained that after a traumatic event, people initially react by connecting and relating to others experiencing similar difficulties.

He mentioned that entering survival mode occurs automatically, and individuals only develop PTSD if they have trouble exiting this mode. He noted that while the DSM presents a binary option of "yes, PTSD" or "no, PTSD," the majority of PTSD cases fall within the lower range of severity. Dr. Brom suggested a course of action involving first assessing the population, then providing first-round therapy, followed by second-line treatments, including MDMA and psychotherapy. He expressed skepticism that the best modalities will work for everyone, stating

that they have been shown to be effective in only 35-45% of cases, indicating that a one-size-fits-all model is not appropriate.

Dr. Brom expressed concern regarding the fear of PTSD within Israeli society and the trend to readily accept any understanding of PTSD, sometimes over-applying the diagnosis. He clarified that while being in a war or under constant threat naturally causes someone to enter survival mode, it is only under persistent and unnecessary circumstances or impaired functioning that it qualifies as a diagnosis. Dr. Brown voiced his opposition to the government supplying therapy to all soldiers, considering it complacent, and emphasized the need for proper vetting in such cases.

We then visited the Haas Promenade view of Jerusalem



At 6:00 PM, we met Ayelet Harel, professor of Political Science at Ben-Gurion University of the Negev. We had dinner at Joy restaurant in a private room at 7:00 PM.



Prof. Ayelet Harel



Professor Ayelet Harel presented a harrowing account of the October 7th terrorist attack on an Israeli military base, focusing on the experiences of women soldiers in the War Room. She described how soldiers were initially gathered in a shelter, with tensions rising as automatic fire erupted outside. The first terrorist entered the shelter, shouting "Allahu Akbar" and began shooting indiscriminately. Harel recounted her personal experience of protecting her fellow soldiers by pushing them down and taking the hit from a grenade, sustaining severe injuries to her left hand, head, and shoulders. She witnessed the brutal murder of many young soldiers, with some managing to escape and others being killed or kidnapped. The presentation highlighted multiple systemic failures in the Israeli military's response. Warnings from both women and men in intelligence units had been systematically ignored by military and political leadership. Hamas had specifically targeted the War Room, understanding its critical importance, and exploited the vulnerabilities in the base's defense. Harel emphasized the traumatic aftermath for families, describing chaotic and insensitive notification processes. Parents were left without information

for days, with some learning about their children's deaths through media or random phone calls. The military's communication was described as disorganized and deeply distressing. The researcher stressed the importance of moving beyond binary narratives of soldiers as either complete victims or absolute heroes. She argued that these were young soldiers, mostly in support roles, who were not adequately protected despite existing warnings. Her research, based on 60 interviews and a 138-page report, aimed to document the events, provide closure to families, and expose the multiple layers of failure in the military's preparedness and response. Harel expressed hope that her work would lead to accountability and systemic changes, though she remained skeptical about immediate government acknowledgment. The presentation served as a powerful testament to the human cost of institutional negligence and the importance of listening to warnings, regardless of who raises them.



Ruth Halperin-Kaddari began her presentation by discussing her initial efforts to seek recognition for the sexual violence committed by Hamas during the October 7 attacks. She recalled reaching out to her former colleagues on the UN CEDAW Committee immediately after the incident, hoping they would issue a statement condemning the atrocities. However, she was deeply disappointed when the committee concluded its session three weeks later with a vague statement that made no mention of Hamas or the sexual violence against Israeli women.

Halperin-Kaddari described the unique challenges in documenting these crimes. Unlike other conflict-related sexual violence cases, such as in Ukraine, the October 7 attacks presented extraordinary difficulties. Most victims had been murdered, and those who survived were either taken hostage or unable to provide testimony. The lack of first-hand survivors and physical forensic evidence made gathering proof exceptionally challenging. She highlighted a critical moment when she consulted with Pramila Patton, the UN Special Representative. Patton's report, published on March 4 of the previous year, was a turning point. The report found reasonable grounds to believe that sexual violence, including rape and gang rape, occurred in at least three different locations. It documented a pattern of bodies, mostly of women, found naked or partially naked in positions that strongly suggested sexual violence prior to murder. Halperin-Kaddari emphasized the importance of this report as a "game changer." It provided credible evidence that even more reasonable observers could not ignore.

When she briefed the UN Security Council in May, nearly half a year after the attacks, most ambassadors referenced Patton's report as a starting point for discussion. The presentation detailed the ongoing efforts of her team, which included collecting evidence, creating a comprehensive matrix of information, and developing legal arguments for potential prosecution. They aimed to prove that the sexual violence was not sporadic but part of a premeditated plan, highlighting the multiplicity of locations, the extent of cruelty, and the short time frame in which these atrocities occurred. Halperin-Kaddari addressed the challenges of gaining international recognition, describing the widespread silence and denial from women's rights organizations and human rights bodies. She spoke about the unique nature of this case, comparing it to historical challenges in prosecuting sexual violence as a war crime.

Throughout her talk, she stressed the importance of continuing to fight for recognition and justice. She argued that Israel cannot isolate itself from the international community and must continue to work to expose the truth about Hamas's actions. When questioned about potential prosecution, Halperin-Kaddari explained that their goal was to convince Israeli authorities to adopt a more progressive approach to understanding sexual violence in conflict. She acknowledged the difficulties but remained hopeful about achieving some form of justice.

The presentation touched on the role of evidence, including eyewitness accounts and the physical evidence of bodies found in compromising positions. She noted the lack of direct video footage of sexual violence, suggesting that perpetrators might have deliberately avoided recording such acts or deleted evidence.

Halperin-Kaddari concluded by emphasizing that this was not just an Israeli or Jewish fight, but a broader struggle against extremism and for human rights. She expressed her commitment to continuing to engage with international bodies, diplomats, and decision-makers to ensure the truth is recognized and justice is pursued. The discussion revealed the complex emotional and legal landscape of documenting and prosecuting sexual violence in conflict, with Halperin-Kaddari presenting a nuanced, determined approach to seeking accountability and recognition for the victims of the October 7 attacks.

#### **Thursday, March 13th: Day 5 – South**

We had a 6:30 AM breakfast buffet and departed south at 7:15 AM. At 9:00 AM, we had a VIP tour at the Yahalom IDF base.



Arnon Chibolet, a Captain in the Army Reserve, discussed the Yahalom Unit of the IDF, the bomb squad, and its activities during Operation Iron Swords.

He detailed how the unit focused on underground threats and used drones and robots in the three weeks following October 7th to clear houses of booby traps, even finding a booby-trapped cradle and backpack. Chibolet noted that every body was stripped, including the bodies of the deceased. Despite the unit's critical role, he stated that it had no protocol for dealing with trauma. Psychologist Dr. Yuval Oded discussed his biofeedback program and shared that soldiers are often more scared of PTSD than they are of getting shot. He described stress inoculation through the regulation of the limbic system, based on Meichenbaum's theory of stress inoculation. Dr. Oded created a program called the "Mental Gym," which targets the vagal nerve and deactivation of the sympathetic nervous system. His program focuses on skill acquisition and practice under stress conditions, which he stated leads to improvements in managing attention, recovery from stress, shifting to emergency focus, and reducing fatigue. Using HRV sensors with the app, he discussed teaching soldiers to "let themselves" engage their parasympathetic system.

Commander Nathaniel, nicknamed "Pecan," discussed his experiences in the army, contrasting the sense of significance and meaning he felt during operations with the challenges of adjusting to regular civilian life. He expressed that occupationally, it was difficult to re-establish a sense of motivation, given the perceived lack of meaning in much of the work available in the civilian sector. He also described experiencing impatience with others, a consequence of the higher adrenaline levels common in the army, which made regular life feel comparatively boring. Lastly, he reflected on relationships, noting that those formed during army activations seemed to overshadow relationships in civilian life, which felt like they were in limbo during his deployments. He had served three deployments and specified activations including going to Kfar

Aza to open locked doors and search for missing victims and had also served in the North of Israel along the Lebanon border.



At 11:30 AM, we visited Sha'ar Ha'Negev & Sapir College and met with social workers at the resilience center.

Social workers (Hofit, Itach, Adi, Adi, Nati, and Nadav) from Sapir College who worked in the Sha'ar HaNegev region presented their experiences post-October 7th, including how they provided services to hostage families. They discussed the helpfulness of being active and engaged with others in order to understand "this trauma." They shared that while there is no safe place, clients can find a "space moment," and therapists can work to widen the sense of safety or the duration of this moment. They reported that there are 3,000 to 5,000 people in therapy of some kind in the region, with the hope to repair these individuals and for them to become better and more resilient. They also discussed the resilience village that will be built, which involves a campus for social services with different organizations housed within it.



We had packed lunch at 1:00 PM. At 1:30 PM, we visited Kibbutz K'far Aza and met with a resident.

In the aftermath of the October 7th Hamas attack, a resident of Kfar Aza shared a profound and heart-wrenching account of survival, loss, and resilience. The speaker, a 50-year-old social worker, stood amidst the devastated kibbutz, recounting stories that would become a testament to human endurance and the community's unbreakable spirit.

He spoke first of Yuri Levine, a young man whose survival seemed nothing short of miraculous. When terrorists invaded his room, Levine initially hid under the bed, listening to the sounds of destruction around him. As the room began to burn, he made a split-second decision that would save his life. Opening the window, he confronted three terrorists - one with a gun, another with a knife, and a third wielding a rake. Through an extraordinary display of courage and quick thinking, Levine managed to escape, running for his life while terrorists fired and shouted behind him. He found refuge in a bush, hiding for three excruciating hours until he was finally rescued by a soldier named Sean.

Another remarkable story involved a young man named Bar and his loyal dog. The dog's alertness prevented terrorists from entering Bar's room, blocking the door and warning of imminent danger. This canine guardian became an unexpected hero in a moment of extreme peril, demonstrating the unpredictable ways survival can manifest.

The speaker's narrative was deeply personal, framing the attack as a "secondary Holocaust." As a social worker and survivor, he felt a profound responsibility to share his story, believing that speaking out was crucial to prevent denial and preserve historical truth. He spoke candidly about his ongoing therapy, the emotional toll of recounting these traumatic experiences, and his commitment to transforming his pain into a mission of remembrance and education.

Political discussions revealed a deep-seated frustration with the Israeli government. The community felt abandoned and unheard, with a significant disconnect between survivors and political leadership. Participants discussed the government's slow response, the failure of military intelligence, and the broader societal implications of the attack. They noted that approximately 3,500 terrorists had infiltrated the area, overwhelming existing defense systems.

Despite the overwhelming trauma, the speaker maintained a nuanced perspective of hope. He spoke about the importance of maintaining light in darkness, drawing inspiration from his background as a social worker and his belief in the power of human resilience. His wife, a second-generation Holocaust survivor, initially suggested fleeing the country, but he remained committed to staying and rebuilding.

The conversation revealed the complex fabric of the Kfar Aza community. Many residents were immigrants from South America, with a strong agricultural background and left-wing political leanings. They had built a community characterized by solidarity, mutual support, and a deep connection to the land.

Participants explored the broader context of the attack, discussing the sophisticated planning by Hamas and the failure of Israel's advanced technological defense systems. They shared stories of brave rescue attempts, the challenges faced by soldiers, and the individual acts of heroism that emerged during those horrific hours.

The speaker's family story added another layer of complexity. His husband, a second-generation Holocaust survivor, initially suggested fleeing to Germany. However, they ultimately compromised by purchasing an apartment in Atuna while remaining committed to their home in Kfar Aza.

Throughout the conversation, personal losses were mourned, and individual stories of survival were honored. The speaker emphasized the importance of remembering, sharing, and understanding individual experiences of collective tragedy. His testimony became a powerful narrative of resilience, hope, and the human capacity to endure and rebuild in the face of unimaginable destruction.

The discussion was more than a recounting of events; it was a profound exploration of human resilience, the power of community, and the ongoing struggle to find meaning and hope in the aftermath of tragedy. Through his words, the Kfar Aza resident transformed personal pain into a universal message of survival and hope.



At 3:00 PM, we paid our respects at the Nova Festival site.



Inbal began by discussing the challenges faced by families affected by the traumatic events, highlighting the mental health struggles of some members who resort to emergency room visits seeking tranquilizing medication due to sleep difficulties and limited access to psychiatric care. She then spoke about Matan, a sound professional and brain researcher who was known for helping people with cancer and those on the autism spectrum. Matan was recognized as a hero during the October 7th terrorist attack. He was among the first to realize the severity of the situation, alerting people to escape when rockets were being fired. Despite having the opportunity to flee with his girlfriend, he chose to stay and help others escape, ultimately being shot in the process.

Shai then shared a deeply personal account of his close friend Nir Forti. They had known each other since their youth, having met in a youth movement and later became extremely close during Nir's community service in Kibbutz Keturah. Shai described Nir as his most trusted confidant, with whom he shared intimate personal details.

On October 7th, Nir and his girlfriend Shai Regev attended the Nova music festival with a group of six friends. Tragically, two couples, including Nir and his girlfriend, did not survive the terrorist attack. Shai recounted the agonizing 16-day period of uncertainty before Nir's body was identified and buried. In the aftermath, Nir's family and friends created memorial events to honor his memory. They initiated an olive-picking tradition at his parents' home, producing 200 liters of olive oil, and established a soccer tournament in his name. Shai emphasized the complex emotional experience of grieving - simultaneously feeling deep sadness while also finding moments of joy and connection in remembering his friend. The narrative powerfully illustrated the personal impact of the October 7th attacks, showcasing individual stories of loss, heroism, and resilience in the face of unimaginable tragedy.

At 5:00 PM, we visited Ripples of Hope, a PTSD healing spa center.



Ripples of Hope is a PTSD healing spa center in Israel. It "works to create processes of healing, balance, and renewal, enabling victims to regain their ability to function and lead optimal lives." Since the beginning of the war, they have provided emergency treatments to over 12,000 victims, including children, adolescents, adults, combat soldiers, and reservists. The visit to this center includes water treatment, a sample meditation, and a therapy session.

Dinner was on our own, and we had a free night to explore the Jerusalem Market & Purim Celebration.



### **Friday, March 14th: Day 6 – Tel Aviv/Jerusalem (Purim)**

At 9:30 AM, we visited the hostage square & headquarters in Tel Aviv.



At 11:00 AM, we met with Amir Blumental MD Lt. Col. from FreeUSnow. Here's a detailed summary of the meeting:



**Prof. Ofrit Shapira Berman**

Professor Ofrit Shapira Berman then shared her profound experiences following the October 7th attacks. She described how her organization, First Line Med, was initially a group of physicians and mental health professionals who supported demonstrators before the attacks.

On October 7th, they immediately mobilized to provide emergency support, with physicians rushing to the south to help and provide medical consultations. Berman recounted several deeply personal stories that illustrated the trauma experienced during the attacks. She described breaking the news of a father's death to his young children, supporting a traumatized young soldier who felt immense guilt for surviving, and working with families of hostages and victims.

Her approach emphasized psychological support that goes beyond immediate trauma, focusing on long-term healing and understanding. The organization established three core principles for their trauma support: treating everyone affected by the attacks, providing free treatment, and eliminating bureaucratic barriers. They quickly assembled a network of 450 volunteer therapists who committed to providing ongoing support to survivors and their families.

Berman argued against creating an entirely new approach to trauma treatment, suggesting that existing psychological frameworks are sufficient. She emphasized the importance of understanding complex trauma, particularly the nuanced psychological responses that cannot be easily verbalized. Her psychoanalytic approach focuses on addressing the unconscious aspects of trauma that lie beneath surface-level experiences.

The discussion highlighted the community's remarkable resilience, with participants sharing observations about how people came together, adapted, and supported each other during the crisis. They spoke about the incredible organizational skills, the immediate volunteer response, and the deep sense of collective strength that emerged during this challenging time.

The narrative concluded with a profound reflection on hope and healing, acknowledging that trauma recovery is a complex, non-linear process. Berman stressed that true therapeutic support requires understanding the deep psychological wounds that aren't immediately apparent, and providing compassionate, patient care that respects the individual's unique experience of trauma.



**Amir Blumental MD Lt. Col.**

On October 7, 2023, Hamas launched a devastating attack on Israel, involving 4,500 missiles and an invasion of 6,000 terrorists who breached the border in 122 places. The attack targeted settlements and a music festival, resulting in 400 people killed at the festival alone and widespread chaos. Dr. Amir Blumental, a pediatric surgeon and former military trauma chief, provided a comprehensive overview of the hostage situation.

The attack resulted in 2,251 hostages taken to Gaza, ranging in age from nine months to 84 years old. As of March 2025, 59 hostages remain in captivity, with 24 believed to be still alive. The hostages endure extreme conditions in underground tunnels, characterized by poor ventilation, high humidity, restricted movement, and severe hygiene issues.

Dr. Blumental detailed the physical and psychological consequences of prolonged captivity, highlighting malnutrition, skin infections, vitamin D deficiency, and potential long-term health impacts. He shared specific case studies of hostages like Alon Oh, who suffered eye injuries, and Matan Ingress, who was beaten and burned.

### **Dr. Daphna Shepherd**

Dr. Shepherd, a psychiatrist, complemented the presentation by discussing the psychological trauma, introducing concepts like "moral injury" and the psychological toll on Israeli society. She emphasized the importance of bringing hostages home to begin healing and prevent further psychological damage.

The presenters called for continued international awareness, suggesting that people in the diaspora can help by spreading information, organizing demonstrations, raising funds, and keeping the hostage situation in the public discourse. They stressed that every individual has a responsibility to act and support the hostages' release.

The meeting concluded with a powerful message of hope, suggesting that just as Israel rose from the trauma of the Holocaust, the country can emerge stronger from the October 7 tragedy, but only if the hostage situation is resolved and collective healing can begin.

At 1:00 PM, we had free time and lunch on our own in Jaffa.

At 3:00 PM, we drove back to Jerusalem for dinner and Evening Services. We had Shabbat Dinner at the Hotel at 6:30 PM.

The meeting centered on responding to the October 7th events. First Line Med Anata, led by Professor Ofra Pera Bellman, was established directly on October 7th as a rapid response to the crisis. Originally providing medical support during pre-conflict demonstrations, the

organization quickly pivoted to offer comprehensive psychological support to survivors, families, and individuals affected by the traumatic events. The organization operates on three core principles: treating everyone impacted by October 7th, providing free psychological treatment, and eliminating bureaucratic barriers to accessing support. Their approach is deeply psychoanalytic, focusing on complex trauma and addressing the nuanced psychological impacts of extreme stress, including feelings of shame, guilt, and helplessness. Their work has been extensive and profound, treating approximately 25-30% of released hostages, healthcare workers, soldiers, and community members. By offering immediate and long-term mental health support, First Line Med Anata has become a critical lifeline for those struggling to process and heal from the traumatic experiences of the conflict. The meeting highlighted the organizations' commitment to resilience, community support, and psychological healing in the face of unprecedented challenges, demonstrating the power of professional mental health intervention during times of extreme crisis.

After our shabbat dinner, we heard from Com Yaron about his personal experiences and perspectives on the history of conflict in the region.



Yaron delivered a comprehensive lecture about the geopolitical complexities of the Middle East, focusing on Israel's strategic challenges and the deep-rooted cultural and religious conflicts in the region. He began by explaining the fundamental divide between Shia and Sunni Muslims, highlighting how this religious schism drives much of the regional tension, particularly Iran's expansionist strategies. The lecture extensively explored Iran's influence across the Middle East, detailing how the country strategically supports proxy groups like Hezbollah in Lebanon and militias in Iraq. Yaron described Iran's goal of creating a continuous route from Iran through Iraq and Syria to Lebanon, ultimately seeking access to the Mediterranean Sea and expanding their regional influence.

Yaron provided a nuanced analysis of Palestinian governance, emphasizing the lack of central leadership, widespread corruption, and the challenges of establishing a functional state.

He discussed the differences between Hamas and PLO-controlled territories, noting how Hamas gains support by providing social services while maintaining control through intimidation.

A significant portion of the lecture was dedicated to recounting the events of October 7th, where Yaron shared his personal experience responding to the Hamas attack. He vividly described the horrific scenes he witnessed, the chaos of the initial response, and the emotional toll on Israeli soldiers and civilians.

Throughout the lecture, Yaron maintained a pragmatic and somewhat pessimistic view about prospects for peace, arguing that fundamental cultural differences and conflicting values make long-term resolution extremely challenging. He stressed the importance of military preparedness, technological superiority, and continued support from the United States. The lecture also touched on broader themes of Israeli society, including the importance of community service, military preparedness, and maintaining Jewish values across generations.

Yaron emphasized the need to lead by example and instill a sense of responsibility and commitment to the community in younger Israelis. Yaron concluded by discussing the psychological impact of conflict on soldiers, sharing a personal experience of processing trauma through therapy, and highlighting the importance of mental health support for those who serve in the military.

### **Saturday, March 15th: Day 7**

We had a 6:30 AM breakfast buffet. Some of us observed Shabbat at the hotel or nearby synagogues.





At 11:00 AM, we had a guided tour of the old city.

At 7:30 PM, we had dinner at Luciana restaurant, with an option for free time in Jerusalem for Purim.



**Sunday, March 16th: Day 8 – Jerusalem and Departure (Purim in Jerusalem)**

Our final day began with a 6:30 AM breakfast buffet.

At 8:00 AM, we checked our bags and checked out of the hotel. At 8:30 AM, we heard from guest speaker Talia Levanon, CEO of the Israel Trauma Coalition.



Talia Levanon, a clinical social worker for the Israel Trauma Coalition, recounted her extensive work in trauma care. Her journey began in 1991, in the aftermath of the Gulf War and the Second Intifada, which spurred her to establish a coalition. Her initial goal was to provide direct care to individuals, first responders, and hospitals, ultimately envisioning a citywide model for trauma support. This vision materialized into fifteen resilient centers.

Levanon emphasized that her work with the affected population transcended a purely clinical framework. Her commitment extended beyond Israel's borders, as she also responded to worldwide Jewish events and attacks, offering support through varying lengths of therapy, typically 6, 12, 24, or 36 sessions, tailored to the individual's exposure to trauma.

The events following October 7th brought about a significant surge in the need for mental health support. In the Gaza envelope alone, the number of therapists increased dramatically from approximately 260 to 1,300. Consequently, the number of clients seeking help multiplied sevenfold. Levanon highlighted the innovative therapeutic approaches employed by the coalition, including animal-assisted therapy and surfing, among others.

Her work also extended to marginalized communities. She recognized the profound impact of the conflict on Bedouin and Arab populations and initiated dedicated resiliency centers to address their specific needs.

Levanon further elaborated on the shattered beliefs experienced by Israelis since October 7th. The foundational assumptions that home was a sanctuary, parents were protectors, the government would provide unwavering support, and the army would ensure safety were all deeply fractured. This led to a significant erosion of trust and hope in the government, the army, and even global entities. She noted the unprecedented scale and nature of conflict-related sexual violence, a stark deviation from previous terror-related events.

A crucial aim of the coalition was to alleviate the lengthy waitlists often associated with insurance-covered therapy, which could range from nine months to three years. In her discussion, Levanon articulated the essence of resilience as a powerful belief: "I am vulnerable, but I can cope."

At 10:00 AM, we visited Hadassah Mt. Scopus and met Fortu Benarroch, MD.



Dr. Fortu Benarroch, an expert in child psychiatry, provided further insights into the experiences and responses following the events of October 7th. The audience first heard firsthand accounts from staff members, including Talia, a head nurse whose husband was called up to reserve duty, and Sarah, whose husband was also activated in the army. They recounted the immediate aftermath, including a month-long absence of school. Despite the hardship of the war efforts and maintaining hospital operations, the community demonstrated remarkable unity, coming together to share food and care for the children.

Dr. Benarroch then discussed the concept of predictive post-traumatic stress, a phenomenon his work began to address in the early 2000s following previous terror attacks. He noted their overall focus on trauma, though not specifically on sexual abuse. He highlighted the role of assistant therapists and the provision of supervision within their work. Dr. Benarroch also addressed the shared reality of war and its influence on providers, explaining that there could be unconscious attempts by them to avoid feelings of helplessness, sometimes leading to over-identification with and overtreatment of patients.

In his expertise on child psychiatry, Dr. Benarroch discussed the use of body-centered techniques in managing trauma in children. He outlined the essential elements of therapy for children, which included a focus on (1) family involvement, (2) body awareness, (3) grounding in reality, and (4) a multidisciplinary approach. He also mentioned the utilization of trauma-focused Cognitive Behavioral Therapy (CBT) in their interventions.

We had lunch on our own and participated in the Purim Celebration in Jerusalem.

At 6:00 PM, we met in the lobby, and at 6:30 PM, we had a celebratory farewell dinner at Eser restaurant.



Finally, at 8:00 PM, we took a bus to the airport for those of us leaving after midnight on the 17th.