

# Trauma and Recovery in the Face of October 7th War

This document presents research findings of the psychological impact on the UK Jewish community from the October 7th events and subsequent war. The study examines trauma responses, resilience factors, and the role of social support in recovery processes.

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# Risk and Resilience Factors in the Face of October 7th War

## Research Objectives

We aimed at exploring UK Jews' reactions in relation to their exposure to October 7th events and subsequent war and rise of antisemitism.

## Risk & Protective Factors

We were also interested in risk and protective factors as moderators of these psychological effects on mental health outcomes.

This comprehensive study examines how the October 7th attacks and ongoing conflict have affected the psychological well-being of Jewish communities in the United Kingdom. Our research focuses on understanding both the immediate trauma responses and the long-term mental health implications. We investigated various exposure pathways including direct personal connections to victims, media consumption patterns, and experiences of rising antisemitism.

The study employs a trauma-informed approach, recognising that community-level traumatic events can have widespread psychological effects even among those not directly involved. We examined both risk factors that may exacerbate psychological distress and protective factors that promote resilience and recovery. Understanding these dynamics is crucial for developing effective community support interventions and therapeutic approaches.

# Research Demographics: 511 Participants from the UK Jewish Community

511

Total Participants

Comprehensive sample from UK Jewish communities

100%

UK Jewish

All participants identified as part of the UK Jewish community

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Key Areas

war, antisemitism, learned helplessness and social support factors examined

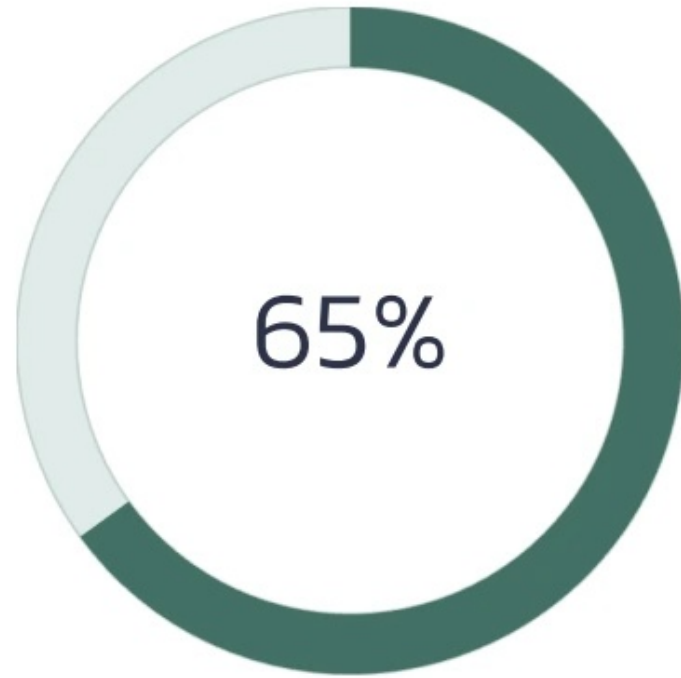


Our research involved 511 participants from diverse backgrounds within the UK Jewish community, representing various denominational affiliations, geographic locations, and demographic characteristics. This substantial sample size provides robust statistical power for examining complex relationships between trauma exposure, psychological symptoms, and protective factors.

The participants were recruited through multiple channels including synagogues, Jewish community organisations, and social networks to ensure broad representation. This comprehensive approach helps capture the full spectrum of experiences within the UK Jewish community following the October 7th attacks and subsequent events.

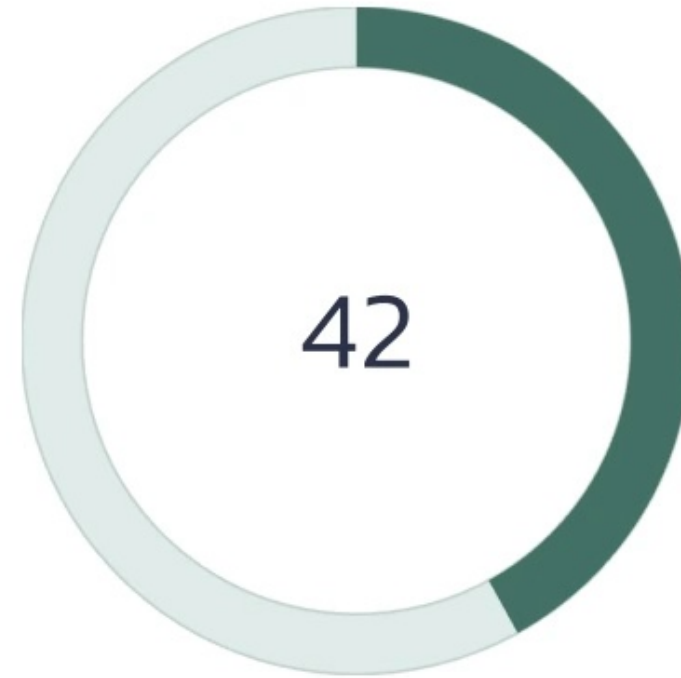
The demographic diversity of our sample allows for meaningful analysis of how different community segments may be affected by trauma and antisemitic incidents, while also identifying universal protective factors that can inform community-wide intervention strategies.

# Research Demographics



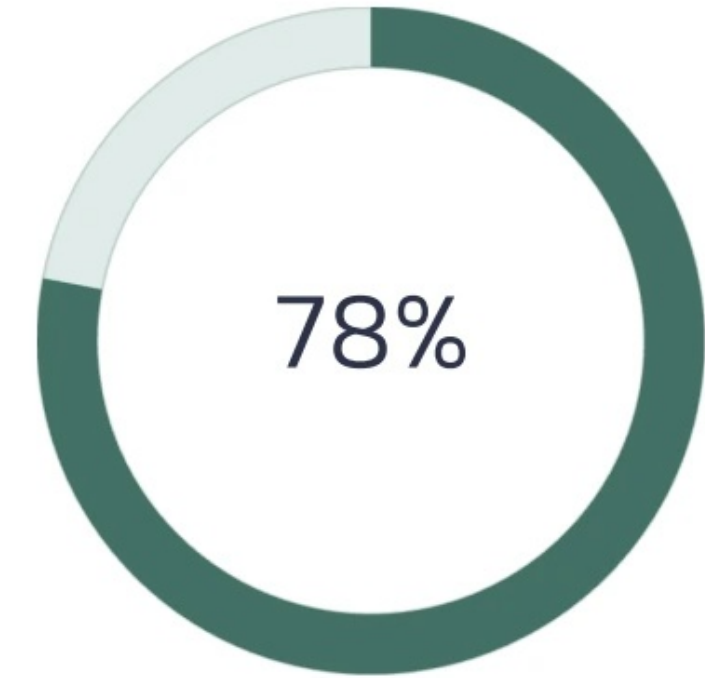
Female Participants

Majority of respondents identified as female



Average Age

Mean age across all participants



Higher Education

University degree or higher qualification

The demographic profile of our participants reflects a well-educated, predominantly middle-aged sample with strong community connections. The gender distribution shows a higher female participation rate, which is consistent with research participation patterns in psychological studies.

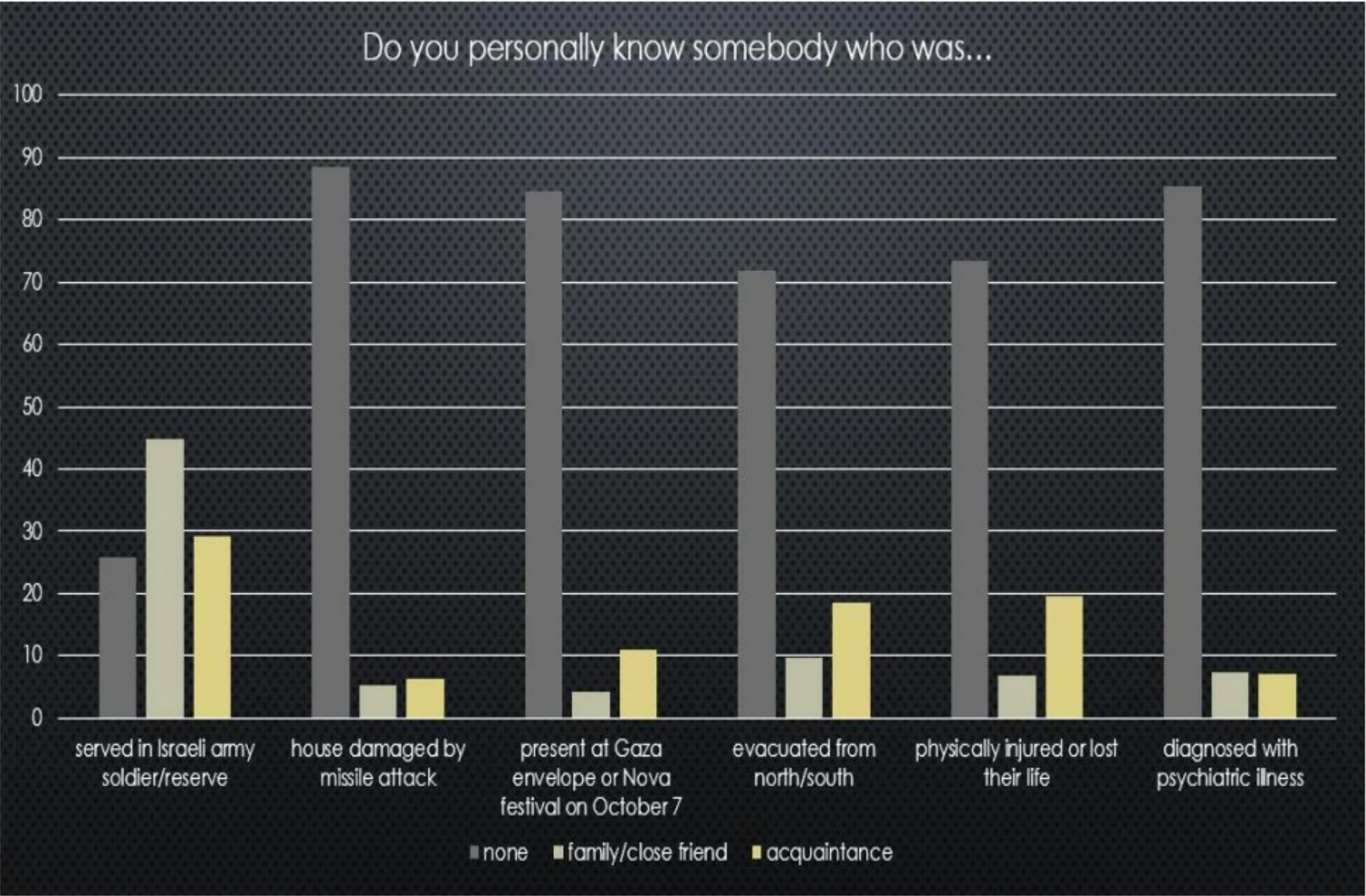
Age distribution ranged from young adults to elderly community members, providing insights across different life stages and generational perspectives on trauma and community support. Geographic representation included major Jewish population centers across England, Scotland, and Wales, ensuring our findings reflect diverse community contexts and local experiences.

This demographic foundation provides important context for interpreting our findings and understanding how various community segments may respond differently to trauma and antisemitic incidents. The diversity within our sample strengthens the generalisability of our conclusions to the broader UK Jewish community.

# Exposure to October 7th

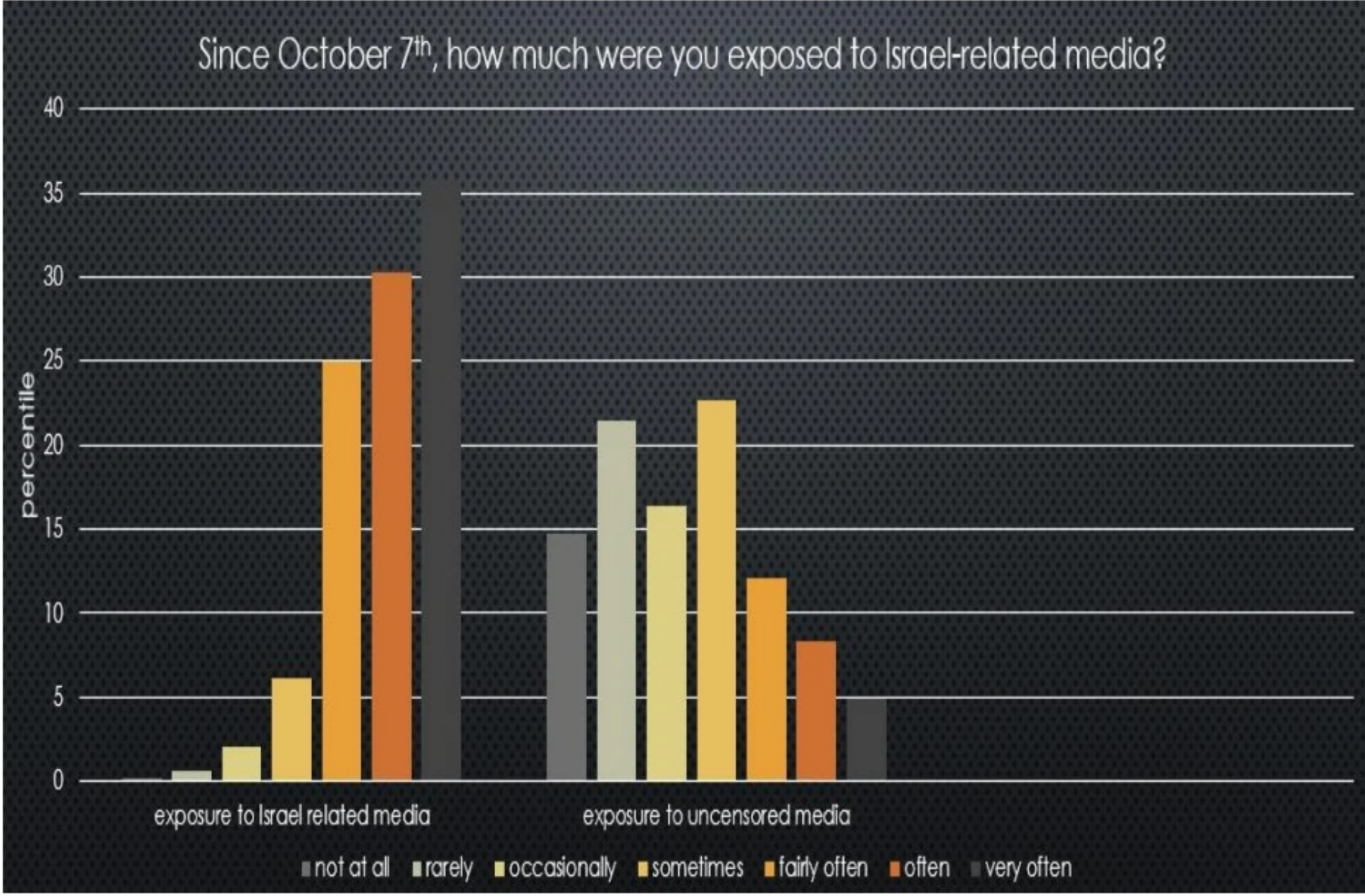
## Personal Connections

Participants reported knowing individuals who were directly affected as victims of the attacks in various capacities



## Media Exposure

Extensive consumption of news coverage, social media content, and graphic imagery related to the events



# Exposure to October 7<sup>th</sup> cont.

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## Media Exposure

Extensive consumption of news coverage, social media content, and graphic imagery related to the events

Exposure to the October 7th events varied significantly among participants, ranging from direct personal connections to victims to secondary exposure through media and community networks. Many participants reported knowing individuals who were killed, injured, kidnapped, or displaced during the attacks, creating profound personal connections to the trauma.

Media exposure patterns showed intensive consumption of news coverage, with many participants reporting they found it difficult to look away from coverage despite recognising the psychological toll. Social media platforms became primary sources of real-time information, often including graphic content and personal testimonies that intensified emotional responses.

Community-level exposure occurred through synagogue services, memorial events, and informal networks where stories and images were shared. This collective processing created additional layers of trauma exposure, as community members experienced both their own reactions and witnessed the distress of others around them.

The cumulative nature of exposure - combining personal connections, media consumption, and community impact - created a complex trauma landscape that affected participants' psychological well-being in multifaceted ways. Understanding these exposure pathways is crucial for developing targeted support interventions.

# Swords of Iron War Acquaintance

## Military Connections

Participants reported personal connections to individuals serving in the Israeli Defense Forces during Operation Swords of Iron, including family members, friends, and community connections.

## Civilian Impact

Knowledge of civilians affected by the ongoing conflict, including displacement, injury, and psychological trauma experienced by people in their personal networks.

## Community Support

Active engagement in community support efforts, fundraising activities, and advocacy work related to the conflict, creating additional emotional investment and exposure.

The war following October 7th created additional layers of trauma exposure for UK Jewish community members through personal connections to those serving and affected by the conflict. Many participants reported anxiety about the safety of loved ones, creating sustained psychological stress beyond the initial attack.

These connections to Operation Swords of Iron served as ongoing sources of both distress and resilience. While knowledge of loved ones in danger created persistent worry, community mobilisation around support efforts also provided meaningful outlets for agency and collective coping.

The sustained nature of this exposure, extending weeks and months beyond the initial October 7th attacks, contributed to chronic stress responses and complicated the natural recovery process from acute trauma. Understanding these prolonged exposure patterns is essential for developing appropriate long-term support strategies.

# Exposure to Antisemitism

## Subtle Antisemitism

Experiencing exclusion from British society, being made to justify Jewish identity, being held responsible for Israeli politics, and facing changed behavior after Jewish identity disclosure

## Collective Antisemitism

Exposure to conspiracy theories, Holocaust denial or minimisation, antisemitic statements from public figures, and demonisation of Israel in media coverage

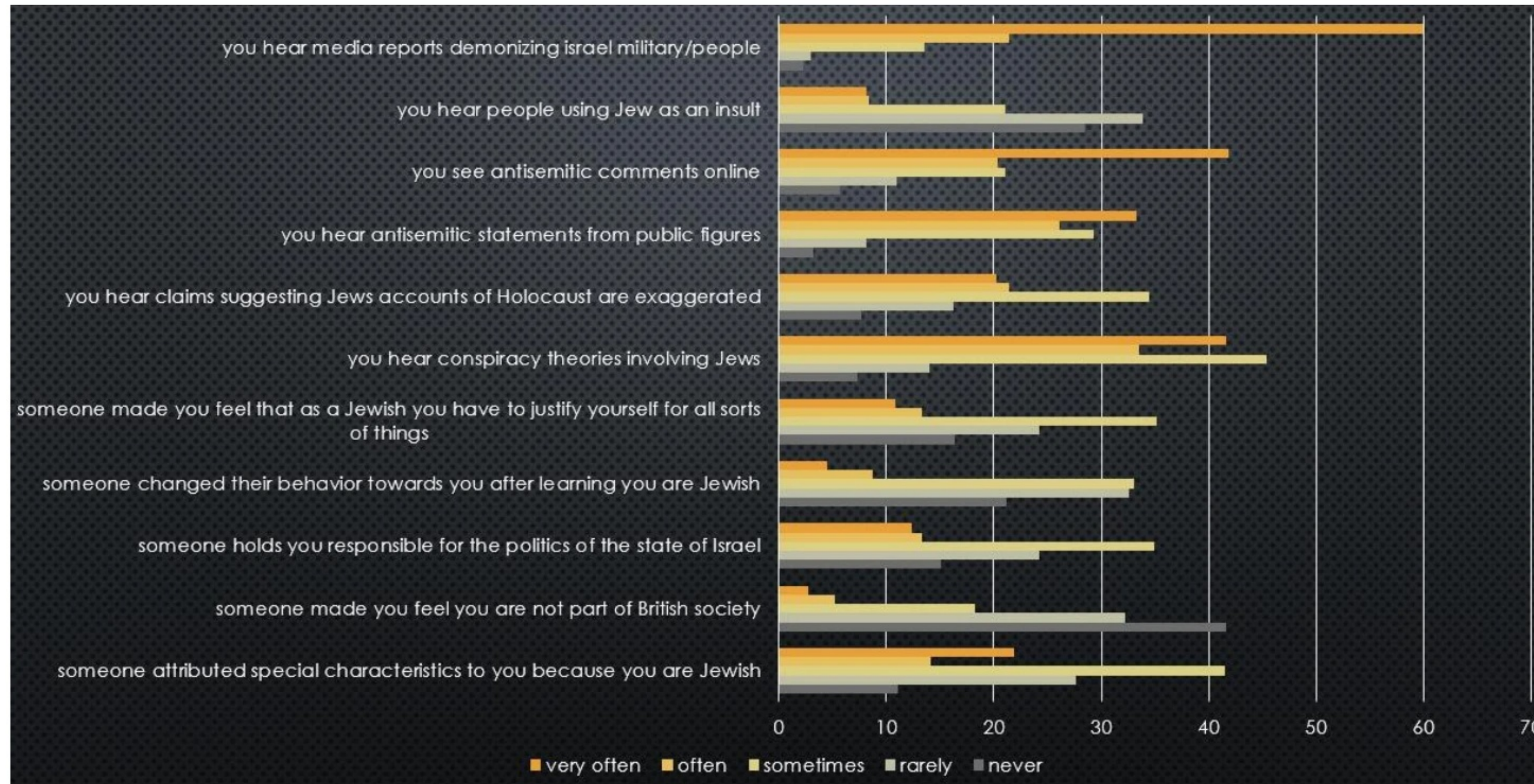
Following October 7th, participants reported significant increases in antisemitic incidents across multiple domains. Subtle antisemitism manifested through social exclusion, demands for political justification, and changed interpersonal dynamics once Jewish identity became known. These experiences created ongoing stress about identity disclosure and community belonging.

Collective antisemitism included exposure to conspiracy theories targeting Jewish people, minimisation or denial of Holocaust history, and antisemitic rhetoric from influential public figures. Participants also reported increased exposure to antisemitic content online and in social media platforms, creating inescapable environments of hostility.

The rise in media coverage that participants perceived as unfairly demonising Israel, Israeli military actions, or Israeli people created additional distress, particularly given the strong identity connections many UK Jews maintain with Israel. This coverage was experienced as both antisemitic and personally attacking.

The cumulative effect of both subtle and collective antisemitic exposure created a climate of hypervigilance and social threat that significantly impacted participants' sense of safety and belonging in British society. These experiences compounded the trauma from October 7th itself, creating multiple sources of ongoing psychological stress.

# How Often Have You Experienced Antisemitic Incidents?

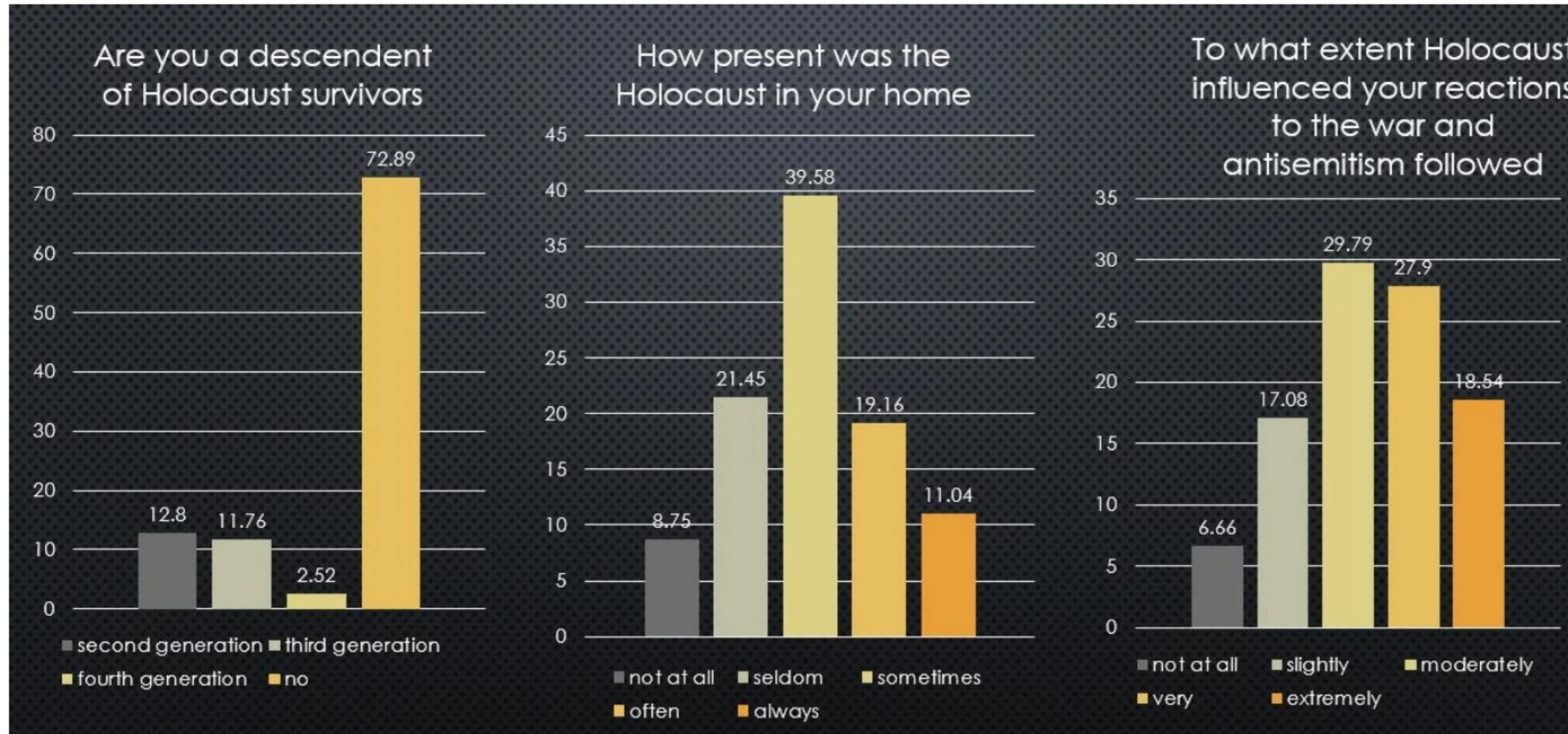


The frequency data reveals that online antisemitism and antisemitic rhetoric from public figures were the most commonly experienced forms of antisemitism, affecting over two-thirds of participants. This digital and public sphere exposure created pervasive environments of hostility that were difficult to avoid.

Nearly half of participants experienced being held responsible for Israeli politics or being made to feel excluded from British society, indicating significant challenges to social integration and belonging. The demand to justify Jewish identity affected more than a third of participants, creating ongoing psychological burden around identity disclosure.

These high frequency rates demonstrate that antisemitic incidents were not isolated experiences but rather common occurrences that created sustained stress for community members. The prevalence across multiple domains suggests the need for comprehensive community support and advocacy responses.

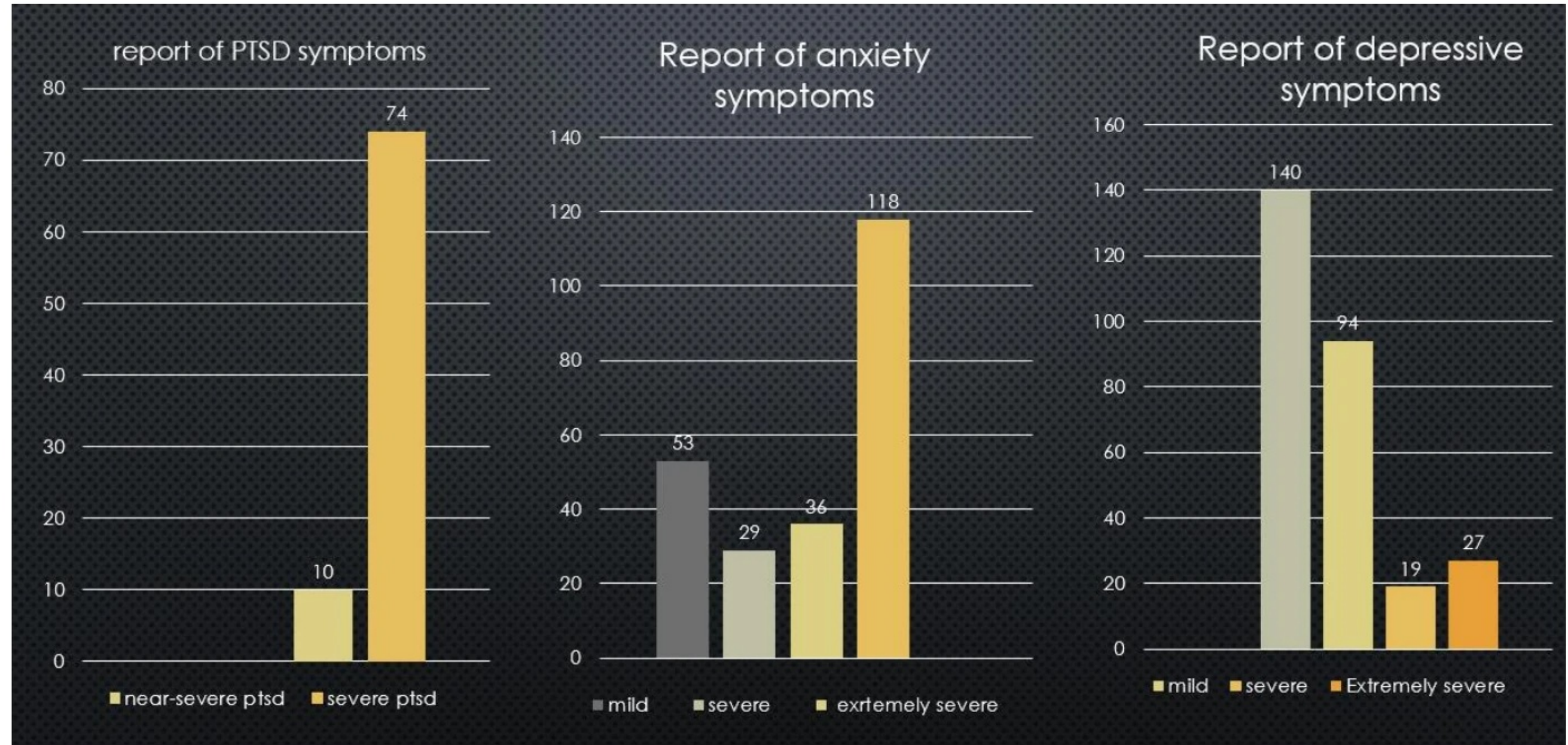
# Holocaust Reminders



The October 7th attacks activated deep-seated Holocaust memories and associations within the UK Jewish community, creating complex psychological responses that combined contemporary trauma with historical memory. Participants reported that images, narratives, and experiences from October 7th triggered powerful connections to Holocaust history, intensifying their emotional reactions.

These Holocaust reminders manifested through various channels including family stories passed down through generations, educational materials, and community discourse that increasingly drew parallels between past and present threats to Jewish safety. The activation of these memories created additional psychological burden beyond the immediate trauma of current events.

# Mental Distress



## Clinically Significant Mental Health Impacts

34% met criteria for clinical PTSD

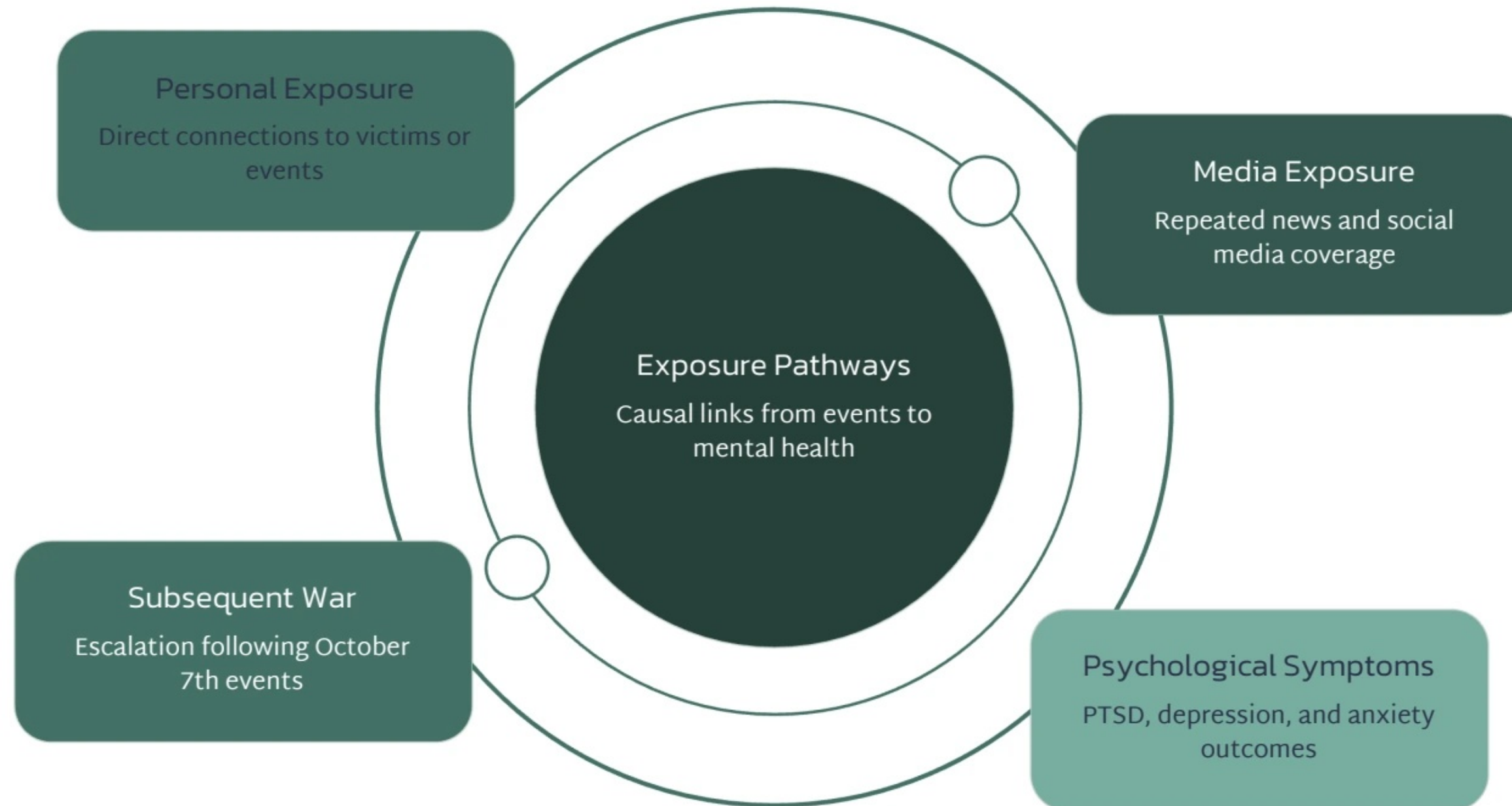
40%+ met clinical diagnostic thresholds for anxiety disorders.

25%+ met clinical diagnostic thresholds for depressive disorders.

These reflect **probable diagnoses**, highlighting the **severity and scale** of post-October 7 psychological impact.

A substantial proportion of participants met full clinical thresholds for PTSD, anxiety, and depression – indicating diagnosable mental health conditions rather than subclinical distress.

## How Are We Affected by October 7th Events?



Our research findings demonstrate clear pathways between exposure to October 7th events and psychological distress. Participants who reported higher levels of exposure - whether through personal connections to victims or intensive media consumption - showed significantly elevated rates of PTSD, depression, and anxiety symptoms.

The relationship between exposure and symptoms was dose-dependent, meaning that greater exposure levels corresponded to more severe psychological symptoms. This pattern held across all three symptom domains, suggesting that the October 7th events was related to genuine traumatic stress responses rather than temporary emotional reactions.

# Learned Helplessness as a Risk Factor Mediator



Our statistical analysis revealed that learned helplessness serves as a crucial psychological mechanism through which exposure to October 7th events translates into mental health symptoms. Learned helplessness – when repeated negative experiences lead someone to believe they have no control, even when they do.- emerged as a key mediating factor in the development of psychological distress.

Participants who experienced higher exposure to October 7th events developed stronger beliefs for example, about their inability to control their safety, influence political outcomes, or protect their community from harm. These helplessness beliefs mediated the association between exposure to the war and higher levels of PTSD, depression, and anxiety symptoms.

The mediating role of learned helplessness helps explain why some individuals with similar exposure levels experienced different symptom outcomes. Those who maintained greater sense of agency and control showed more resilient responses, while those who developed helplessness beliefs were more vulnerable to persistent psychological symptoms.

This finding has important clinical implications, suggesting that therapeutic interventions should address not only trauma symptoms but also beliefs about personal and collective efficacy. Cognitive approaches that challenge helplessness beliefs and behavioral interventions that restore sense of agency may be particularly beneficial for this population.

# Social Support from Significant Others as a Protective Moderator

## Significant Others

Romantic partners and spouses provided crucial emotional support that moderated all symptom types

## Family Support

Family members offered understanding and practical assistance, particularly protective against anxiety symptoms

## Friend Networks

Friendships provided validation and shared understanding, with varying protective effects across symptoms

## Community Bonds

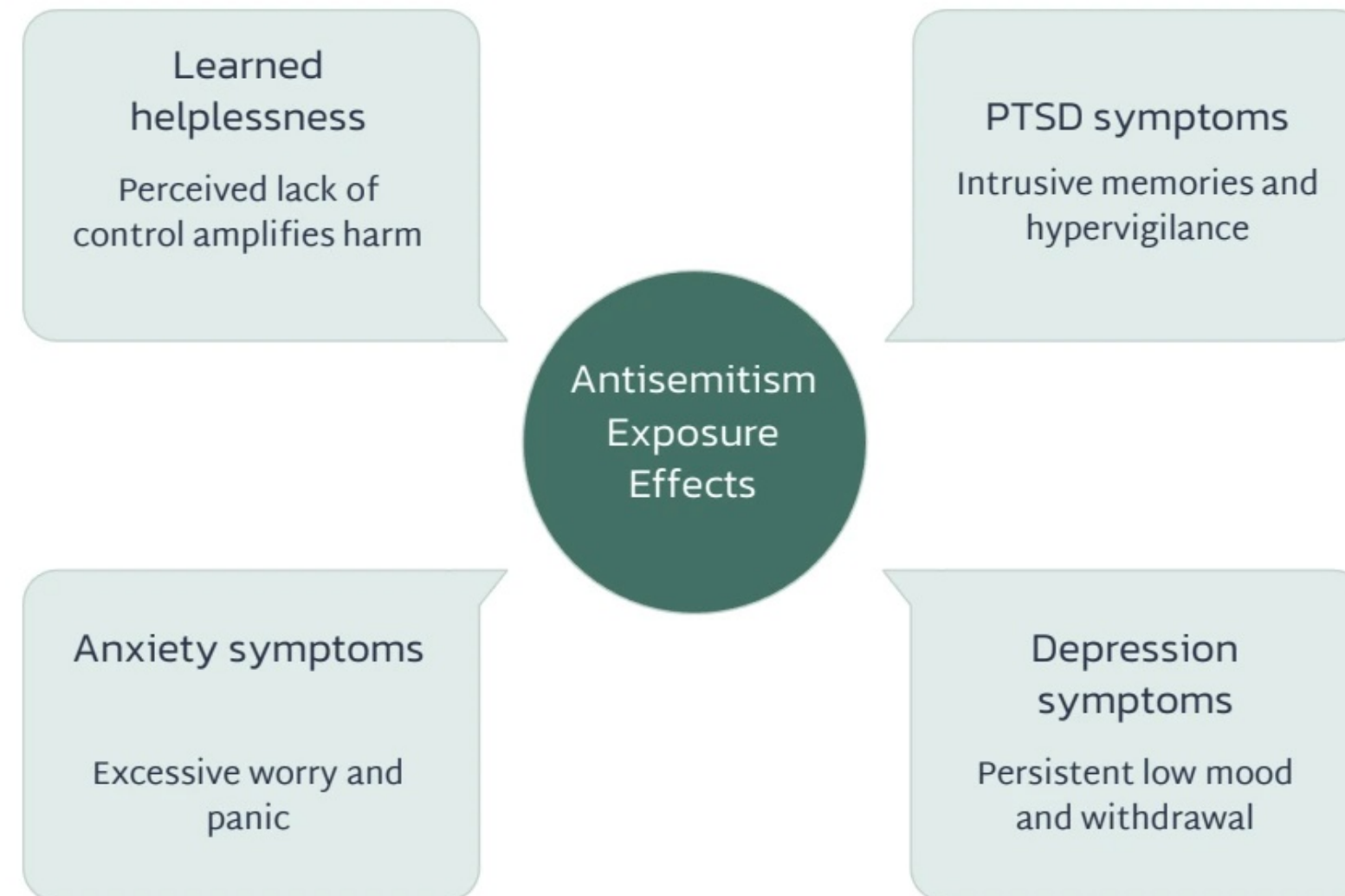
Broader community connections reinforced identity and belonging during times of external threat

Social support emerged as the most powerful protective factor in our study, with support from significant others showing the strongest moderating effects across all psychological symptoms. Participants who reported high-quality relationships with significant others showed remarkable resilience even with high trauma exposure levels.

Family support provided additional protective benefits, particularly for anxiety symptoms. Extended family networks offered both practical assistance and emotional validation, creating multiple layers of support that buffered against psychological distress. The shared cultural and religious understanding within families proved especially valuable for processing collective trauma.

The protective effects of social support appeared to operate through multiple mechanisms including emotional validation, practical assistance, meaning-making, and identity reinforcement. These findings highlight the critical importance of maintaining and strengthening social connections during times of trauma and community threat.

# How Are We Affected by Antisemitism?



Exposure to antisemitic incidents created distinct but related trauma pathways compared to October 7th exposure. Participants who experienced higher levels of antisemitism showed elevated rates of all three diagnoses - PTSD, depression, and anxiety - with learned helplessness again serving as a key mediating factor.

Antisemitic exposure operated through different mechanisms than war-related trauma, often involving chronic stress from identity-based discrimination rather than acute traumatic events. However, the psychological impact was equally significant, with some participants reporting that antisemitic experiences were more distressing than war exposure due to their personal and immediate nature.

Subtle forms of antisemitism proved particularly harmful to mental health, often creating more persistent stress than overt incidents due to their ambiguous nature and difficulty in addressing directly. Participants struggled with uncertainty about others' intentions and appropriate responses, creating ongoing psychological burden.

# Social Support Limitations in Antisemitic Contexts

## ⊗ Critical Finding

Social support was not sufficient to protect against the psychological impact of subtle antisemitism. Only social support from family members showed protective effects against anxiety symptoms.



### Significant Others

Partner support showed limited effectiveness against antisemitism-related distress, possibly due to different identity experiences



### Friend Networks

Friend support provided minimal protection, potentially due to friends' own exposure or lack of shared identity understanding



### Family Support

Only family support provided meaningful protection against anxiety, likely due to shared identity and experience

A striking finding from our research was that social support, which proved so protective against war-related trauma, showed limited effectiveness in buffering against antisemitic experiences. This suggests that identity-based discrimination creates unique psychological challenges that require specialised forms of support and understanding.

The limited protective effect of partner support may reflect differences in identity experience, as non-Jewish partners may struggle to understand the full psychological impact of antisemitic incidents. Even well-intentioned support may feel inadequate when it lacks the deep cultural and historical understanding necessary to validate antisemitic experiences.

Friend networks showed similarly limited protective effects, possibly because friends may be experiencing their own antisemitic incidents or may not share the identity-based vulnerability that creates understanding of antisemitic impact. The complexity of antisemitic experiences may exceed the typical emotional support that friends can provide.

Only family support showed meaningful protective effects, specifically against anxiety symptoms. This finding suggests that shared Jewish identity and intergenerational understanding of antisemitic experiences creates unique capacity for validation and support that cannot easily be replicated in other relationships.

# Social Support Against Collective Antisemitism



In contrast to subtle antisemitism, social support proved highly effective in protecting against the psychological impact of collective antisemitic experiences. Both significant other support and family support moderated all three types of psychological symptoms, while friend support provided specific protection against anxiety.

The effectiveness of support against collective antisemitism may reflect the more clearly identifiable nature of these threats, making it easier for supporters to understand and validate the experiences. Unlike subtle discrimination, collective antisemitic incidents were often visible and undeniable, facilitating more effective support responses.

Significant other support proved particularly valuable in providing perspective and emotional regulation during exposure to collective antisemitic content. Partners could offer external viewpoints that challenged catastrophic interpretations while still validating the legitimate concerns about community safety and belonging.

The protective effect of social support operated partially through reducing learned helplessness beliefs. Individuals with strong support networks maintained greater sense of agency and collective efficacy, believing that community action and mutual support could address collective threats effectively.

# Summary of Key Research Findings

Our comprehensive statistical analysis reveals critical insights into the psychological impact of exposure to the October 7th events and subsequent antisemitism on the UK Jewish community. These findings highlight the interplay of risk and protective factors in shaping mental health outcomes.

## Direct Impact of Exposure

Exposure to the October 7th events and the ongoing conflict, including knowing victims and media exposure, significantly correlated with increased symptoms of **PTSD, depression, and anxiety**. A similar direct effect was observed concerning exposure to antisemitic incidents.

## Social Support as PTSD Moderator

In the context of **PTSD linked to war exposure**, social support from friends, family, and significant others consistently acted as a **protective moderator**, buffering the negative psychological impact.

## Learned Helplessness as PTSD Mediator

Conversely, **learned helplessness** emerged as a significant **mediator (risk factor)** in the relationship between war exposure and PTSD, indicating it's a pathway through which war-related trauma contributes to PTSD symptoms.

## Depression: Mediated and Moderated

For **depression** stemming from both war exposure and antisemitic incidents, learned helplessness served as a **mediator**. However, social support specifically from **significant others** acted as a **protective moderator**, mitigating depressive symptoms.

## Anxiety: Limited Social Support Protection

Regarding **anxiety** in response to war exposure and antisemitism, learned helplessness was again identified as a **mediator**. Notably, in this specific relationship, social support was **not found to be a protective factor**, suggesting anxiety responses may be less amenable to social buffering in these contexts.

These results underscore the complex psychological landscape faced by the community, emphasising the dual roles of learned helplessness as a vulnerability and social support as a critical resource, though with varying effectiveness across different mental health outcomes.

# Partner Engagement & Collaboration

Continued partnership is fundamental to addressing the multifaceted challenges faced by the community. Together, we can build stronger, more resilient support networks and foster healing in the aftermath of these profound events.

**Philippa Carr**

**Jami, Senior Mental Health Education and Suicide Prevention Manager**

“The Hadassah report on Trauma and Recovery, makes a timely contribution to Jami’s, part of Jewish Care, psycho-educational and clinical work over the last two years. The findings on anxiety, depression and PTSD symptoms gives us more information about the mental health impact of October 7 and anti-semitism. The use of psychological questionnaires adds to research done in the UK by JPR.”

*Dr Ellie Cannon*

“The events of 7.10 and after in Israel has taken a huge toll on our mental health as a community and as individuals, and to recognise that and talk about it is the first step to coping with it. Dr Shiri offered practical advice for us: to have purpose and limit our news intake so we can all feel in control, and that is a valuable lesson to learn in these terrible times.”

*Erica Marks*

**JSAS Jewish sexual abuse support, CEO**

“Dr Shiri’s report articulated so well what so many of us have been feeling since October 7<sup>th</sup> and helped to make sense of so much. For our clients, all survivors of sexual abuse, October 7<sup>th</sup> was a very public reminder of their own private trauma. As practitioners supporting our clients, we were able to have these discussions more openly, helping our clients to feel heard and understood. As an organisation working in the UK Jewish community, we were able to lead sessions with colleagues across many charity sectors, discussions which helped to process the trauma of October 7<sup>th</sup> and also start the healing. JSAS is delighted to support the vital work of Hadassah International Hospital and is hugely grateful to the Hadassah staff for sharing their learning with us.”

# Key Words & Definitions

- **Trauma** – To do with an event that threatens one’s life or body or mental health.
- **PTSD** (Post-Traumatic Stress Disorder) – A psychiatric diagnosis describing a set of symptoms such as intrusion, avoidance and hyper vigilance, that last more than a month after the traumatic event
- **Depression** – Persistent sadness, loss of interest, or hopelessness that affects daily life. Also a psychiatric diagnosis.
- **Anxiety** – Excessive worry, fear, or nervousness that can affect sleep, concentration, and sense of safety. Also a psychiatric diagnosis.
- **Antisemitism** – Hostility, prejudice, or discrimination against Jewish people.
- **Learned Helplessness** – When repeated negative experiences lead someone to believe they have no control, even when they do.
- **Resilience** – The ability to adapt, recover, and grow stronger after difficult experiences.
- **Protective Factors** – Things that help reduce harm from trauma (e.g., family, friends, community support, faith).
- **Risk Factors** – Things that increase vulnerability to harm from trauma (e.g., isolation, discrimination, repeated exposure to distressing media).
- **Social Support** – Emotional and practical help from partners, family, friends, and community that improves well-being.
- **Holocaust Reminders** – When current traumatic events trigger memories or family stories of the Holocaust, adding layers of emotional impact.
- **Subtle Antisemitism** - everyday exclusion, identity questioning, held responsible for Israeli politics
- **Collective Antisemitism** - conspiracy theories, Holocaust denial/minimisation, antisemitic rhetoric from public figures, demonisation of Israel.

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