

## **Reintegration into life after captivity: Top-down and bottom-up training model for professionals working with child hostages**

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### **Abstract**

Recent warfare and terrorism have resulted in significant violations of children's rights, including the abduction of children. On October 7, 2023, over 250 individuals, including 40 children, were abducted by Hamas and its affiliates from Israel and taken into Gaza. By late November 2023, most of these children were returned to Israel after nearly two months in captivity, as part of an exchange agreement. In response, Israel's Ministry of Welfare and Social Affairs, in collaboration with the Haruv Institute, developed flexible and adaptable training programs and guidelines for various stakeholders, including social workers, to support the children's reintegration. The guidelines were based on a model that emphasizes both top-down and bottom-up knowledge integration. Top-down knowledge incorporated established trauma care principles and the professional expertise of the authors, while bottom-up knowledge allowed for adapting and learning directly from the experiences of the children and social workers post-return. Upon the children's return, critical bottom-up insights emerged, shaping care practices. This model aligns with the Haruv Institute's belief that knowledge is dynamic, multifaceted, and never comes from one place. This practice brief will explore the model, detailing how it essentially integrated top-down principles with bottom-up insights. It will also discuss the usefulness of combining both approaches in developing strategies for the reintegration of child hostages.

**Keywords:** Child Abduction; War And Terrorism; Children's Rights; Top-Down And Bottom-Up Approaches; Trauma Care; Reintegration After Captivity.

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## Introduction

International humanitarian law, including the United Nations (UN) Convention on the Rights of the Child (1989) and the Geneva Conventions, aims to protect children in situations of political violence and armed conflict (Greenbaum et al., 2020; Plattner, 1984). Despite these legal frameworks, incidents of grave violations against children in such contexts have been on the rise (Save the Children, 2023b; UN General Assembly Security Council, 2024). The UN has identified and monitors six grave violations committed against children during armed conflict: killing or maiming, recruitment and use of children (e.g., as soldiers), sexual violence, attacks on schools or hospitals, denial of humanitarian access, and abduction (UN, 2013). Among these violations, the abduction of children is one of the most persistent and alarming, often leading to further severe abuses, such as recruitment into armed groups or sexual slavery (UN, 2013; UN Children's Fund, 2022). Child hostage-taking, which may follow abduction or occur independently, has also emerged as a significant concern in recent conflicts and terrorist acts. This practice, in violation of international humanitarian law, is also frequently linked to other war crimes (Human Rights Watch, 2023). The motives behind child abduction and hostage-taking in armed conflicts vary, including instilling fear, demanding ransoms, aiming to facilitate prisoner exchanges, recruiting children into armed groups, or subjecting them to sexual abuse and forced marriages (Lee, 2013; UN Children's Fund, 2022).

In recent years child abduction has been documented across various regions worldwide, including Burkina Faso, the Democratic Republic of Congo, Israel, the Lake Chad Basin, Mali, Mozambique, Myanmar, Nigeria, Niger, and Somalia (UN General Assembly Security Council, 2024). For instance, in 2014, 276 students were abducted in Nigeria by Boko Haram (Amnesty International, 2023), and more than 1,680 schoolchildren have been abducted in Nigeria since this event (Save the Children, 2023a). Survivors of Boko Haram captivity report experiencing and witnessing severe abuses in captivity, including forced religious conversion, coerced participation in military activities, and forced marriage, labor, and rape (Human Rights Watch, 2014). Similarly, in 2023, the UN confirmed over 700 cases of child abduction in Somalia, primarily by the Al-Shabab militant group. These abductions were carried out for various purposes such as recruitment into armed groups, punishment for alleged associations with opposing forces, punishment for non-compliance with militant group rules, extortion, sexual violence, and indoctrination (UN General Assembly Security Council, 2024). In addition, in Mali, nearly 100 cases of child abduction were verified in 2021, with motivations such as intelligence gathering, forced marriage, and accusations of treason (UN General Assembly Security Council, 2022).

In one of the most recent and highly publicized cases of child abduction and hostage-taking around the globe, on October 7, 2023, Hamas terrorists and others infiltrated Israel from Gaza, slaughtering over 1,000 individuals and perpetrating other acts of extreme violence, including mutilation, burning people alive, and gang rape (Sky News, 2023; UN, 2024). During this attack, Hamas and its affiliates abducted around 250 people, including approximately 40 children, taking them hostage (Amnesty International, 2024; Times of Israel Staff, 2023). Some of these hostages were released in

an exchange deal after almost two months in captivity, including most of the child hostages. Nevertheless, more than 100 hostages remain captive in Gaza today, including two young boys (Amnesty International, 2024).

In preparation for the return of the child hostages, the Israeli government designated social workers as these children's carers. In collaboration with Israel's Ministry of Welfare and Social Affairs, the Haruv Institute<sup>1</sup> developed training programs and guidelines to assist professionals, including social workers, in facilitating the children's reintegration (e.g., Katz et al., 2023a; Katz et al., 2023b). These guidelines were based on a model that would enable the integration of both top-down and bottom-up knowledge to guide children's care. Initially, a top-down approach was employed, drawing on established principles of trauma-informed care and the professional experience of the guidelines' authors in dealing with trauma in children. As opposed to having rigid protocols, the guidelines were structured to be flexible and adaptable, allowing for the incorporation of bottom-up knowledge derived from the experiences in the field with the children and insights from their caregivers, including social workers, once the children returned. This approach was essential, given the unfamiliar and complex nature of the situation. While the top-down framework provided the necessary structure, its flexibility enabled real-time adaptation to the children's actual needs, which sometimes diverged from standard trauma care practices. Weekly meetings among the social workers, headed by Prof. Carmit Katz of the Haruv Institute and Rakefet Atzmon from the Ministry of Welfare and Social Affairs, facilitated this ongoing learning process. This practice brief will outline the core top-down principles informing these guidelines, which were founded on existing theory, evidence, and experience. It will then discuss the bottom-up lessons that emerged in the field during the implementation of the program as reported in the weekly meetings held with the social workers, emphasizing the critical value of a flexible, dual approach to reintegrating returning child hostages.

### **Guiding Principles: A Top-Down Approach to Care**

At the time of the October 7<sup>th</sup> attack, there was limited research and evidence-based knowledge available about caring for returning child abductees and hostages. However, the existing research on child trauma and child hostages and the experiences of the guidelines' authors in working with trauma in children helped establish key principles to inform the guidelines using a top-down approach. These principles were important for maintaining consistent objectives. At the same time, the flexibility and adaptability of the guidelines would allow for the integration of bottom-up knowledge upon the children's return. The three key principles underpinning the established guidelines were: 1) Providing trauma-informed care; 2) Delivering developmental- and context-informed care; and 3) Promoting the children's autonomy, rights, and empowerment. These principles were based on four prisms: trauma,

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<sup>1</sup> <https://haruv.org.il/en/>

development, context, and children's rights (see Katz et al., 2024). Their goal was to provide care that would foster feelings of safety, security, validation, autonomy, and support in the children.

### **1) Providing trauma-informed care**

A core principle that informed the creation of the reintegration guidelines (e.g., Katz et al., 2023a; Katz et al., 2023b) for child hostages in Israel was the recognition that abduction and captivity constitute a severe form of trauma, particularly for children. The sudden separation from their families, friends, and familiar environments may leave deep psychological scars, often manifesting as mental health issues, behavioral problems, and difficulties in forming or maintaining relationships (Carlson & Dalenberg, 2000; Gossmann et al., 2024; Okello et al., 2007; Winkler et al., 2015). Failing to account for trauma in interventions for survivors of trauma can be detrimental to their well-being and hinder their recovery (e.g., Barnes & Andrews, 2019; Attrash-Najjar & Katz, 2023; Attrash-Najjar et al., 2024). Consequently, a guiding principle for the children's reintegration was to provide trauma-informed care that minimized additional harm and fostered their healing.

The guidelines drew on trauma-informed care principles established by the Substance Abuse and Mental Health Services Administration<sup>2</sup> (SAMHSA, 2014). They recognized the far-reaching effects of trauma, not only on the children but also on their families, communities, and the professionals involved in their care. Understanding trauma's impact allowed interventions to be tailored to promote recovery. Furthermore, the guidelines stressed the importance of embedding trauma awareness in all aspects of policy, practices, and protocols to prevent re-traumatization.

In practical terms, the guidelines advocated that caregivers, including family members, community figures, and professionals, receive comprehensive training to address the children's trauma with sensitivity. This training would enable caregivers to recognize potentially harmful actions, such as gestures of touch, which, while typically comforting, might be invasive or triggering for children returning from captivity. Caregivers were encouraged to seek consent before any physical contact, respecting the children's personal boundaries and looking to empower their autonomy. Additionally, the guidelines discouraged invasive interventions where possible. For instance, while medical examinations were recommended to ensure that no war crimes had occurred, the guidelines advised minimizing intrusive experiences, limiting the presence of too many professionals, and ensuring continuous communication with the children, allowing them to make decisions.

Beyond addressing the direct needs of the children, the guidelines also emphasized the importance of supporting the wider network surrounding the child. Family members, community members, and professionals might have also been impacted by political violence or armed conflict (Katz et al., 2024). Acknowledging and addressing their trauma would ensure that they were emotionally

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<sup>2</sup> <https://www.samhsa.gov>

equipped to provide the necessary care, fostering a more resilient environment that facilitated the child's reintegration and healing.

Ultimately, the trauma-informed approach aimed to create a supportive, adaptable, and respectful environment for children returning from captivity. Centering care around the child's trauma hoped to prevent further distress and create a path toward healing. By ensuring that families, communities, and professionals were well-informed and sensitive to trauma, the guidelines sought to promote recovery while upholding the child's autonomy and dignity.

## **2) Delivering developmental- and context-informed care**

The second key principle shaping the guidelines was the provision of developmentally and contextually informed care for the children. This principle underscored the importance of considering each child's age, developmental stage, and their familial and community environments to facilitate effective reintegration. The abducted children varied in age, developmental stages, and abilities, and their experiences of trauma may have significantly disrupted their developmental progress. Trauma is especially detrimental when it exacerbates age-specific developmental anxieties (Belsky, 2008; Lieberman & Van Horn, 2009). Consequently, the guidelines stressed the need for interventions to be tailored to the developmental needs of each child to ensure that they could resume working toward appropriate developmental milestones. It was recognized that some children might have regressed developmentally while in captivity. For instance, children previously toilet trained may have reverted to bedwetting, or those with previously strong language skills might exhibit declines. Guidelines highlighted that interventions must account for these setbacks and support the children's return to their respective developmental stages. However, it is crucial that these interventions are neither forced nor rushed, as the guidelines emphasized trauma-informed approaches.

Furthermore, trauma can impact children's attachment relationships, particularly with caregivers, and must be carefully addressed. The guidelines highlighted that children may struggle to re-establish trust, even with previously secure attachment figures, making it vital to identify and restore "attachment anchors"—key individuals or relationships that offer stability and security to the child. In cases where primary caregivers are absent due to injury, death, or captivity, creating new attachment anchors from the child's social network, including siblings, extended family, or trusted adults such as teachers and social workers, becomes essential for their emotional recovery. Bronfenbrenner's ecological model of human development (1977; 1979) provides a valuable framework for identifying these potential sources of support. The model conceptualizes a child's development as influenced by a succession of interconnected systems, often in a bidirectional manner. These systems range from the microsystem—which encompasses the immediate environment and relationships such as with family (e.g., parents, siblings, extended family members), teachers, peers, and neighbors—to the broader macrosystem, which includes societal and cultural influences. By examining how these systems interact, Bronfenbrenner's theory helps map out the key individuals and contexts that can support the child's

attachment needs. A multi-layered support system, leveraging both formal and informal networks, should be activated to facilitate the child's reintegration (Katz et al., 2024).

The trauma experienced by abducted children often reverberates throughout their families and communities, affecting parents, siblings, and others who may also require support. The family plays a central role in the child's healing process, as it is frequently the primary source of emotional and developmental support. The guidelines recommended preparatory meetings with the families and communities prior to the children's return to help them anticipate potential responses to their trauma and make them aware of possible triggers. Similar preparations should be made with peers and professionals to ensure a smoother reintegration process. Triggers may vary widely, ranging from loud noises or alarms to hearing the Arabic language.

The guidelines also recommended conducting a thorough assessment during the preparatory stage before the child's return, which includes gathering information about the child, their family, and community to better understand their context and potential needs. Such an assessment might involve identifying any special needs the child has, medication they require, losses they have experienced, and the impact of events like October 7th and the war on their home and neighborhood.

Central to the principle of developmentally and contextually informed care is the focus on ensuring that the children feel safe and secure by establishing a strong support system and fostering familiarity. The guidelines offered specific recommendations for doing so. For instance, upon the children's return, familiar and significant individuals should be present to welcome them within the first 24 hours. The children should also be received in a comforting, shared space equipped with familiar, soothing items such as cozy blankets, weighted blankets, pillows, beanbags, and stuffed animals. Additionally, soldiers responsible for escorting the children home were instructed to introduce themselves by name, explain their role, and provide reassurance that the children were now safe.

### **3) Promoting the children's autonomy, rights, and empowerment**

The third key principle underpinning the reintegration guidelines emphasized the critical importance of promoting the children's autonomy, rights, and empowerment. The abduction and prolonged captivity of these children violated their fundamental rights and likely inflicted what is termed "betrayal trauma." As a result, restoring these rights through reintegration, as well as ensuring that all interactions and interventions from formal and informal support systems are guided by this principle, was paramount. This principle includes actively involving the children in decisions regarding their care, consulting them on their preferences, and giving them the opportunity to participate in choices that directly impact their lives. By recognizing the children as active agents in their recovery, this approach highlights their ability to express opinions and make informed decisions about their interventions and care. Given the absence of a comprehensive framework and the limited understanding of what returning Israeli children would require, this focus on the children's participation became especially crucial. The lack of extensive

research, policy guidance, and precedents in this area underscored the need to engage the children in shaping their own care.

The guidelines operationalized this principle of promoting the children's autonomy, rights, and empowerment in various ways. For instance, during the first week of reintegration, the hospital staff were advised to undergo specialized training that emphasized the importance of obtaining the child's consent before performing any medical procedure. Similarly, within the first week of reintegration, the guidelines said that efforts should be made to strengthen the children's sense of self-efficacy. The children were to be given the freedom to choose how they wished to spend their time, even if that meant engaging with their cell phones often or speaking with others. While guidance and mediation could be offered, the final decision was to remain with the children, allowing them to exercise their freedom of choice. Additionally, during the first month, both the children and their families were to be paired with a dedicated social worker who would provide personalized support that respected the child's autonomy and willingness to participate.

The guidelines also emphasized the importance of creating an open space for the children to discuss all aspects of their experiences and emotions, regardless of the complexity or unpredictability of their responses. The training underscored that it was crucial to be prepared for the range of emotions that the children might express, which might not always align with expectations. For example, some children might express a longing for the captors who were responsible for them during their abduction. Furthermore, the guidelines stressed the importance of maintaining a dialogue with the children, even those at a pre-verbal stage. While these children's responses might manifest through play rather than words, they nonetheless needed to hear their caregivers articulate what had happened and provide verbal recognition of their experiences.

To summarize, three key principles—providing trauma-informed care, delivering developmentally and context-informed care, and promoting the children's autonomy, rights, and empowerment—served as the foundation for the creation of the reintegration guidelines. These principles were crucial in ensuring that the care provided to the children returning from captivity was comprehensive, founded on evidence and knowledge, and responsive to their unique needs. By adopting a top-down approach rooted in these principles, the caregivers and support systems were able to offer consistent, reliable care anchored in best practices for trauma recovery.

At the same time, it is important to highlight that the guidelines, while based on strong principles, allowed for a flexible and practical approach to care. Rather than imposing rigid protocols, the guidelines provided adaptable guidance that could incorporate bottom-up knowledge, as we will describe in the next section. By focusing on overarching principles, care could be tailored to each child's unique needs, ensuring that it remained respectful of the children's rights and responsive to the evolving understanding of effective reintegration. The balance between clear principles and adaptable practices ensured that the care was both grounded in established knowledge and flexible enough to

accommodate the specific needs of each child, facilitating growth, learning, and real-time adjustments in practice.

### **Learning from the Children: A Bottom-Up Approach to Care**

Having established the importance of top-down knowledge in the creation of the reintegration guidelines, it is equally crucial to emphasize the role of bottom-up knowledge in caring for returning child hostages effectively. As mentioned, the model underpinning the guidelines was designed to incorporate real-time insights gathered from the children's experiences upon their return, allowing for a responsive and adaptive approach to their care. As the children reintegrated, several situations revealed discrepancies between the anticipated needs, based on top-down principles, and the actual needs that emerged in practice. These instances highlighted the value of bottom-up learning in refining care strategies. The following section will discuss three key examples that unfolded in practice where bottom-up knowledge informed the care process: the children's interactions with the media, the role of routine in their reintegration, and their engagement in activism. These examples provide insights into some of the experiences of the social workers, as reported during their weekly meetings. They also present novel practice-based findings regarding the process of reintegrating formerly abducted children.

#### **Children's interactions with the media**

Top-down knowledge, founded on existing research on the impact of media exposure on returning hostages, suggested and advised caution and restraint regarding media interactions. The media plays a substantial role in shaping the post-release experiences of abductees, often creating a complex dynamic between the abductee, their family, and the broader public. Throughout the stages of abduction, captivity, and release, the survivors' personal lives may be made public, leading to a significant loss of privacy and their transformation into "public figures" (Aebischer Perone et al., 2018). While media attention often stems from genuine sympathy, it can sometimes come close to voyeurism or exploitation. In certain cases, commercial interests overshadow the media's ethical responsibility to provide accurate information, further compounding the suffering of survivors in the pursuit of sensational stories. Research suggests that few survivors of hostage ordeals find media attention therapeutic (Jessensky & Rupps, 2018). On the other hand, the sudden cessation of public interest can leave survivors feeling abandoned or insignificant (Jessensky & Rupps, 2018). Simultaneously, withholding too much information from the media can result in increased pressure from journalists and heightened public speculation about the survivors' experiences (Jessensky & Rupps, 2018). These complexities illustrate the delicate balance required in managing media attention, a concern shared by professionals working with the returning children.

As such, professionals caring for the returned children were initially advised to restrict media contact with the returning abducted children within the first 24 hours of their return. The guidelines



also recommended that any interviews or edited videos should be released only with the explicit consent of the children, and for live interviews, an official representative should be present. This caution was particularly important given that other captives remained in Gaza and released information could impact their survival and well-being. The guidance emphasized that survivors should be afforded the opportunity to share their experiences in their own words (Aebischer Perone et al., 2018) while maintaining control over their and their families' exposure to the media.

However, as professionals continued to monitor and support the children, their practice-based experiences revealed that, for some, media engagement could play a positive role. For certain children, speaking with the media provided an avenue to voice their experiences and receive validation, which led to a shift in how the social workers approached media involvement. These practice-informed findings indicated that media interactions could benefit some children, prompting social workers to counsel families on the importance of supporting children who wished to engage with the media, while ensuring that the families were fully informed of the potential risks and consequences. Nonetheless, not all children chose to engage with the media, highlighting the need for a flexible, individualized approach to media engagement, tailored to each child's preferences and needs.

Studies on other trauma survivors further highlight the complex relationship between media interactions and social responses, with both positive and negative outcomes reported. Research on child sexual abuse survivors, for example, has shown that negative reactions from individuals, systems, and the media can be especially damaging (Attrash-Najjar & Katz, 2023; Attrash-Najjar et al., 2024). Similarly, Cherry's (2021) research on trauma survivors—including those who experienced attempted homicide, the murder of a loved one, or traffic fatalities—demonstrated a range of responses to media exposure. Negative effects included the spread of misinformation, violations of privacy, and perceived harassment, with some survivors reporting that recounting their stories in the media triggered re-traumatization. Conversely, positive experiences included empathetic journalists, opportunities to honor loved ones, a sense of seeking justice, community support, and the use of media as a platform for advocacy. Notably and interestingly, many survivors reported experiencing both positive and negative effects simultaneously (Cherry, 2021).

In Cherry's (2021) study, survivors offered useful advice to various stakeholders, including the media, fellow survivors, investigators, and victim support organizations. They urged the media to be more empathetic, respectful, and patient, to fact-check diligently, and to cover underreported cases more thoroughly. To fellow survivors, they recommended waiting until they felt ready to engage with the media, appointing a spokesperson, or choosing to avoid media interaction altogether. Investigators and victim support organizations were advised to provide empathetic and sensitive guidance regarding media engagement (Cherry, 2021).

The experiences of the returning Israeli children, coupled with the insights from trauma survivors in other contexts, underscore the dual role that media can play in the recovery process. While media engagement can be empowering and validating for some, it also has the potential to cause harm if

mishandled. Therefore, it is essential to offer survivors—particularly children—informed choices, respect, and support as they navigate decisions regarding media interactions.

### **The role of routine in children's reintegration and children's involvement in activism**

The guidelines initially emphasized the importance of establishing a routine for children returning from captivity, although they underscored the importance of providing children with choices and being flexible. During the first week, they recommended creating an intermediate routine with achievable, optional goals, while prioritizing the children's needs and avoiding overwhelming them. The guidelines also suggested maintaining regular rest periods, balanced meals, moderate outdoor physical activity, and limiting social gatherings. Additionally, they advised that the children be allowed to engage in behaviors such as seclusion, prolonged sleep, or age-regressive actions like using diapers, bottles, or co-sleeping with an adult. After this initial period, the guidelines suggested that within the first six months, it would be important to establish a stable and supportive routine, encouraging the children to return to their previous routines or to develop new ones. These recommendations proved largely beneficial, with some adjustments necessary based on individual circumstances.

For instance, professionals were initially uncertain whether returning to school would be appropriate for the children. Some believed that resuming school might provide structure and routine, contributing to their recovery. However, listening to the children's feedback in practice revealed that many did not feel safe returning to school, especially with the ongoing war in Israel and the other disruptions and losses they had experienced. For these children, the school environment triggered feelings of insecurity. Others expressed a desire to split their time between schooling and engaging in activities like advocating for the release of the remaining hostages, indicating the need for flexibility in reintegration strategies.

Relatedly, activism also emerged as an area of uncertainty for both the guidelines and the professionals supporting these children. There were concerns that involvement in activism might re-traumatize the children, prolong their existing trauma, or hinder their recovery and reintegration. Some professionals anticipated that the children might prefer to move forward and refrain from discussing their abduction and captivity. However, for many, activism became a liberating and empowering experience. It gave them a sense of agency, control, and the opportunity to reclaim their voice. Furthermore, it was important to recognize that some children still had loved ones held captive in Gaza. Activism allowed them to feel less helpless and more actively engaged in efforts to assist their loved ones. For some, it also helped them cope with survivor's guilt, as they grappled with returning home while others remained in captivity. Engaging in activism allowed them to channel these emotions in a constructive manner, making a positive contribution to their psychological well-being.

Overall, these examples of monitoring the children and adapting the approach to their care in response to their needs and wants underscore the importance of a bottom-up approach to trauma care, where the insights and experiences of the children themselves shape their recovery. This bottom-up

approach is vital alongside a top-down structure, as it ensures that care remains updated, individualized, and responsive to each child's unique needs. Given the limited knowledge about how best to care for returning children, real-time learning from them is crucial. By actively involving the children in shaping their care, their rights are realized, and their well-being is prioritized, allowing for more effective and appropriate interventions that truly support their recovery.

### **Personal and Professional Struggles in the Field: Social Workers on the Frontlines**

Alongside the importance of bottom-up learning for understanding the children's needs and wants, this style of knowledge acquisition was also important for improving the understanding of how to support their social workers. As mentioned, weekly meetings were held with the children's social workers, headed by Prof. Carmit Katz and Rakefet Atzmon, throughout their care to learn not only about the children but also about how the social workers were coping in providing this care. Upon the children's return, the social workers also had to overcome some personal and professional challenges. One difficulty discussed was that the social workers had to support children dealing with a level of violence unprecedented in Israel's recent history. Although Israel has experienced abduction and hostage-taking before in the context of war and terrorism, it usually involved the capture of soldiers as prisoners of war, not children. In addition, although conflict and terrorism are unfortunately commonplace in Israel, rarely have so many children experienced or witnessed such levels of brutality and violence, and seldom all at once. Without prior experience in treating such cases, social workers relied on existing knowledge about trauma care and the newly developed guidelines while adapting their approaches to this unique situation.

A further challenge was that many social workers were also deeply affected by the events of October 7th and the ongoing war. On a personal level, some had family members, friends, or neighbors who were killed, injured, or abducted. Others had had their homes destroyed or were displaced. Even those not directly impacted experienced the national collective trauma that took a psychological toll on the community and extended beyond those directly affected (Hirschberger, 2018). Many social workers were working through their own trauma while simultaneously helping the children cope with theirs, grappling with the ongoing violence, the threat of rocket attacks, and the profound violation of feeling safe in their own country.

This situation created a "shared traumatic reality" in many ways, a concept describing circumstances in which professionals face the same trauma as their clients while working in the same affected community. In such situations the professional faces dual exposure to trauma, both as a member of the affected community and as a professional offering services to individuals suffering from the disaster's effects (Baum, 2011; Dekel & Baum, 2010). Shared traumatic realities occur in varied contexts, including large-scale atrocities and catastrophes such as natural disasters, terrorist attacks, and wars (Dekel & Baum, 2010). According to Dekel and Baum's (2010) review, some studies (e.g., Baum, 2004; Cohen et al., 2006; Eidelson et al., 2003; Nuttman-Shwartz & Dekel, 2007; Tosone et al.,

2003) have shown that in such contexts, professionals often experience personal and professional challenges, such as feelings of helplessness, sorrow, grief, and uncertainty, as well as a diminished sense of competence in doing their jobs. Similar dynamics have been documented in other traumatic events, such as the aftermath of 9/11 (Saakvitne, 2002). Similarly, in the setting of the Russia-Ukraine war, Ilyukhina (2023) described being a therapist in Ukraine and having a shared traumatic reality with clients: "The work of a Ukrainian psychologist during the war created new challenges that we had never encountered before. Each of us is a participant in these events... we all, psychologists and patients, were immersed in similar processes... It is quite interesting and very unusual to be in similar circumstances with your clients" (pp. 412-413). Israeli therapists working with children after the Second Lebanon War also reported the dual burden of personal and professional trauma, sometimes leading to vicarious traumatization (Cohen et al., 2015). However, it is important to note that these shared realities also had positive effects. Many professionals reported more job satisfaction, closer connections with their clients, increased empathy, and personal growth (Batten & Orsillo, 2002; Cohen et al., 2015; Dekel & Baum, 2010; Soliman et al., 1998).

Finally, an additional challenge for social workers in their jobs was that the children were returning to a country still at war, meaning they were exposed to conditions of continuous traumatic stress. This concept, developed in response to apartheid-era South Africa, refers to the unique difficulties faced by those who remain under the constant threat of further victimization (Hulley et al., 2022; Straker, 2013; Straker & the Sanctuaries Counselling Team, 1987). The abducted Israeli children returned to conditions of continuous traumatic stress—rockets were still falling, their homes were destroyed, their loved ones were still held captive, and many were internally displaced. As such, they could not fully enter a post-traumatic recovery phase because the trauma was ongoing. Social workers had to work on helping the children feel safe and secure in an environment still fraught with danger and instability.

## **Conclusion**

In conclusion, this practice brief underscores the critical importance of integrating both top-down and bottom-up approaches into the care of returning child hostages, as demonstrated by the model used in the reintegration of the child abductees in Israel. It highlights the need for guidelines that are grounded in key trauma-informed principles while remaining adaptable and flexible enough to accommodate individual needs, uphold the children's rights, and respond to diverse real-time situations. Although rooted in the Israeli context, the insights presented here have international relevance, offering valuable considerations for professionals globally caring for returning child hostages. Central to this approach is the incorporation of core values—empowering children, safeguarding their rights, promoting their well-being, and providing validation and safety—into global guidelines. Ultimately, effective care for returning children is not built on rigid protocols but on enduring principles that serve

as anchors during times of uncertainty. Future research and empirical studies are needed to test and refine these ideas, ensuring their applicability and effectiveness across different contexts and scenarios.

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