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The boundaries of confidentiality following conflict-related sexual violence: October 7, 2023 as a case study¹

The genesis of a crisis

October 7, 2023 marks the darkest day in Israel's history and in the history of the Jewish people since the Holocaust. In the early morning hours, Hamas and other armed groups launched a simultaneous and co-ordinated attack against Israeli civilian communities and military posts in southern Israel. The scale and brutality of the attack were unprecedented in Israeli history: more than 1,200 people were slaughtered – men and women, children and the elderly. At least 800 of these casualties were civilians. Beyond the immediate death toll, more than 5,000 people sustained physical injuries while many others carry invisible wounds – psychological trauma that may persist for years. Over 250 people were taken hostage, the majority of them civilians, including approximately 100 women and girls.²

From the very first hours of that day, horrific reports of sexual violence began surfacing on social media and among first responders working on the ground. These accounts spread rapidly by word of mouth, revealing a growing body of testimony that could not be ignored. When active fighting finally ceased and the smoke began to clear, more evidence emerged – forming a pattern that became increasingly clear. First responders discovered stripped and mutilated bodies

across multiple locations.³ Witnesses came forward with harrowing accounts of what they had seen and heard.

Yet these reports of sexual violence met with a response from the international community which was both delayed and disturbingly limited. When acknowledgment did come, it was often couched in minimizing rhetoric which failed to meaningfully recognise the criminal acts that had taken place. In other cases, this inadequate response evolved into something even more troubling: outright denialism.⁴ It was in response to this vacuum of recognition, this troubling silence in the face of both physical evidence and witness testimonies of these crimes that the Dinah Project was founded.

The Dinah Project: an academic response to atrocity

The Dinah Project operates under the auspices of the Rackman Center at Bar-Ilan University. It is an academic-legal initiative established immediately after October 7, 2023, with a clear and urgent mission: to expose, document, and advance accountability for the sexual violence that occurred during the attack and continued to occur against hostages held in captivity in Gaza. The project was founded by a group of leading legal professionals from diverse backgrounds, experiences, and areas of expertise. For us, advancing the study of October 7 sexual violence represented both a personal mission and a professional commitment.⁵

The work of the Dinah Project has been intensive. It culminated, in July 2025, in the publication of the book *A Quest for Justice: October 7 and Beyond*, written

by three of the project's founding members. This volume provides the most comprehensive evidentiary platform to date on the sexual crimes committed on and after October 7. It offers a detailed legal framework for prosecution and calls for the international community to recognise Hamas as an organisation that systematically uses sexual violence as a weapon of war.

This evidentiary infrastructure represents two years of meticulous work. The research team thoroughly analyzed and cross-checked hundreds of hours of material, drawing primarily from open-source information while also incorporating formal intelligence provided by units within the Israeli military and police. The rigour of this methodology was essential, as the findings would inevitably face scrutiny and challenge. In August 2025, in a significant development, the UN Secretary-General added Hamas to the annex of his annual report on sexual violence in conflict – the so-called ‘blacklist’, which identifies entities that employ sexual violence as a weapon of war.⁶

The legal framework: building evidence from silence

The book offers a comprehensive legal framework for prosecuting and seeking justice for the sexual violence of October 7. This violence occurred under extreme circumstances and presents distinct evidentiary and legal challenges for international criminal law. While the challenges presented are not entirely unique to October 7 – they can be found in other cases of conflict-related sexual violence (CRSV) throughout history – October 7 nevertheless serves as an extreme example of the inherent difficulties in prosecuting such crimes. In a relatively short time, it demonstrated an eruption of unprecedented intense

brutality, culminating in mass abduction of civilians, leaving only few speaking survivors, and intentionally destroying other evidence. These traits, and the global denial that followed, make this case a critical test for international justice mechanisms.

Our legal framework consists of two interconnected levels. First, we developed a unique evidentiary platform that categorises all available information, evidence, and testimonies into what we call concentric ‘circles’. These circles are organised based on their evidentiary value and their proximity to the incidents in question – essentially, how close each source was, both physically and temporally, to the events they describe. This methodology allows us to build a case even in the absence of what would traditionally be considered ‘ideal evidence’, such as forensic evidence.

The most significant circle in our framework proved to be the second one: witnesses who observed sexual violence in real time. These accounts described acts of rape, gang rape, and sexual mutilation occurring before their eyes or within their hearing. There are at least 17 such witnesses – both eyewitnesses and earwitnesses – who saw or heard sexual violence as it was happening while hiding in close proximity. These individuals were physically present during the attacks and are themselves survivors of trauma, though not first-hand survivors of the sexual assaults they witnessed. Their accounts described at least 15 separate incidents of sexual violence on October 7 or subsequently in captivity, including rapes, gang rapes, and mutilations.⁷

To these witness testimonies we added extensive accounts from first responders – security forces and military personnel who arrived to assist civilians in the immediate aftermath of the attacks. These first responders reported finding dozens of bodies showing clear indications of sexual violence across at least six different locations.⁸ We further incorporated photographs and documentation from morgue attendants who dealt with victims' bodies, as well as intercepted communications between Hamas operatives in Gaza that provided corroborating evidence of the sexual violence that had taken place.⁹

The first circle in our framework – that of first-hand survivors – contains 20 accounts.¹⁰ Yet here we encounter the crux of the evidentiary challenge. Only one of these accounts originated from a survivor of the October 7 Nova music festival massacre. This survivor of an attempted rape approached the Dinah Project to provide testimony but did not contact the police to file a formal report. The other 18 accounts came from returned hostages who survived sexual violence while in captivity.

This stark disparity mirrors a pervasive challenge that the Dinah Project has identified as central to CRSV cases: the lack of first-hand testimony from survivors of the sexual violence committed on October 7 itself. As multiple witnesses have testified, the main reason for this silence is that many of the sexual assaults ended in the victim's execution – sometimes immediately afterward, and sometimes even during the assault itself.¹¹ The perpetrators had no intention to let survivors live who would subsequently bear witness to their assailants' crimes. The very few who did survive were either taken to Gaza as hostages or remained in an extremely fragile psychological state, undergoing

intensive therapy and unable to share their stories, let alone participate in any formal legal process.

It is crucial to remember the temporal reality we are dealing with: only two years have passed since the massacre, a period during which the war continued, many hostages remained in captivity, and the collective trauma had not ceased.¹² In terms of trauma recovery, this is an insufficient amount of time for healing to progress to a point where survivors might be able to give testimony. They are still in the acute phase of trauma, not yet in the post-trauma phase that would allow for the kind of reflection and articulation that testimony requires.¹³

The lack of physical forensic evidence in the case of the October 7 attacks follows a pattern commonly seen in cases where sexual violence occurs during a concerted terror attack – when the scene is an active battle zone or war zone rather than a controlled crime scene. Those who arrived to assist the victims were operating under extreme pressure, focused on the immediate imperatives of saving lives and collecting bodies while under fire. The fighting continued for two or three days after the initial attack, making any kind of systematic evidence collection impossible during the critical window when such evidence might have been preserved. For this reason, calls for ‘rape kits’ fundamentally misunderstand the reality of the circumstances. Anyone who argues that the absence of rape kits or the lack of direct survivors stepping forward to publicly declare themselves victims of sexual violence proves that the assaults did not occur, reveals a profound ignorance of the nature of sexual violence in wartime contexts. The work of the Dinah Project has intensely focused on refuting these

claims and on advancing a better understanding of the particularly enhanced silence among CRSV survivors.

Enhanced silencing: when silence becomes a weapon

The foundational mechanisms of silencing victims to sexual violence in general, are all too familiar: the crushing weight of self-blame ('How did I let this happen? Why didn't I fight back? Why did I freeze?'); the pervasive shame and stigma that society attaches to sexual victimisation; the sense of being permanently tainted or damaged; and the well-founded fear of not being believed when one does speak out.¹⁴ These dynamics have long shaped survivor silence across all contexts. They are precisely the forces that led to the emergence of the #MeToo movement, which sought to break through this silence by creating collective testimony and solidarity.¹⁵ And they are the same forces we now see operating in the backlash against #MeToo, as society struggles with the discomfort of truly hearing survivors' voices.

These are the familiar, baseline foundations of silence in cases of sexual violence.¹⁶ But when sexual violence is used as a weapon of war, this silence is not only maintained but intensified, amplified and weaponised – what we have termed in our book 'enhanced silencing', or the phenomenon of 'louder silence'. The silence becomes 'louder' because additional layers of pressure and expectation are added to the already crushing burden that survivors carry. The concept of 'enhanced silencing' is central to understanding why October 7 presents such extraordinary challenges for justice and accountability.

That victims should avoid being raped at all costs; that they should avoid being 'defiled' even if it means sacrificing their own lives, is a deeply problematic

social 'expectation'. This expectation is gendered, cultural, and rooted in concepts of honour and purity that treat women's bodies as symbols of collective dignity.¹⁷ Distortedly, this means that if a woman survives a rape perpetrated by the 'enemy', her survival becomes a reminder of the failure of the community – more specifically, of the men of the community – to protect the 'dignity' of the women and the entire community: the very existence of such victims becomes a symbol of collective humiliation, which further reinforces silence.

For the individual survivor, this creates an impossible bind. Speaking out means not only confronting personal trauma, but also potentially 'shaming' one's entire community. The survivor may face rejection, disbelief, or even blame from the very people who should be offering support. Insights from trauma studies offer further explanations for the mechanisms of silence – or silencing – experienced by CRSV survivors.¹⁸ These acts of sexual violence occur in times of war, when both physical and psychological survival are prioritised above all else. In such conditions, engaging with the trauma – whether through internal recognition by the survivor or acknowledgment by their family or community – may be perceived as undermining that survival and weakening the surrounding support system.

The pressure to remain silent becomes overwhelming, a pressure that simultaneously operates at personal, familial, communal, and national levels. In addition, the fear of being disbelieved is also deeper in the context of CRSV, taking the particularly vicious expression of denialism, as was painfully demonstrated in the aftermath of October 7. While research has consistently

shown that weaponisation of sexual violence is often being politicised and becomes a subject for dispute and denial, here, too, October 7 stands out as an extreme case of this condition.¹⁹ This is what we mean by ‘enhanced silencing’ – a silencing that operates with greater force, at multiple levels, and with devastating effectiveness.

However, between society and the survivor stands a significant ‘gatekeeper’ that functions as a key actor in the dynamics of silence and disclosure: therapists of CRSV survivors. Within the broader issue of CRSV silence therefore lies an even more specific question, one that has become increasingly urgent in the work of the Dinah Project: What is the role of therapists in breaking – or maintaining – this silence?

The therapist's dilemma: when confidentiality meets atrocity

During the course of the Dinah Project's work, we encountered several therapists who confidentially shared accounts indicating the existence of survivor-patients – information that we did not publish and have not disclosed. These encounters were both illuminating and troubling. They revealed that there are likely more survivors than we know, individuals who are receiving treatment and beginning to process their trauma within the protected space of therapy. But they also prompted a critical and deeply complex question: Should we reconsider the ethical obligations and professional roles of therapists in situations where they may be the only possible witnesses, or the sole holders of information suggesting that a war crime or a crime against humanity has been committed?

The ethical and legal dilemmas in these cases are self-evident. On the one hand, we have the fundamental principle of therapeutic confidentiality – a cornerstone of mental health practice. On the other hand, we have potential evidence of war crimes and crimes against humanity, violations of international law that the world has a duty to prosecute and prevent. Within the political context of the denialism of the sexual violence that occurred on October 7, this evidence becomes all the more critical.

One figure who confronted a similar dilemma, and whose work provides important guidance, is the late Dr Robert Jay Lifton, a Jewish-American pioneering psychiatrist. Beginning in the mid-20th century, Lifton dedicated himself to studying the psychological worlds of Holocaust survivors, Hiroshima survivors, Vietnam veterans, and even Nazi doctors who participated in atrocities. His research fundamentally shaped global understanding of post-traumatic stress disorder (PTSD) and the psychological mechanisms underpinning violence, complicity, and moral injury.²⁰

Lifton saw great importance in the witnessing dimensions of his work as a therapist and researcher – this social duty required him to become a ‘witnessing professional’.²¹ After serving as a witness to an extreme century (also the title of his memoir), Lifton concluded that there are extreme cases where professionals – including therapists – are not bound to remain neutral in the face of atrocity.²² On the contrary, by gaining access to what he called ‘special knowledge’, professionals encounter an added dimension of ethical commitment, a moral

responsibility toward the world, to serve as witnesses to what they have learned.²³

Judith Herman, one of Lifton's intellectual heirs and students, extended this thinking into the specific realm of sexual violence. Herman, a psychiatrist, researcher, and gender justice activist, helped pioneer global understanding of complex trauma arising from sexual violence and the staggering prevalence of such harm in society. In many ways, Herman herself embodied the model of the witnessing professional. She brought her patients' stories into public consciousness through her groundbreaking work in the feminist movement of the 1970ies and her landmark book *Trauma and Recovery*, which transformed how we understand trauma and its treatment.²⁴ Beyond helping her individual patients, Herman's work aimed to affect society as a whole. Above all, she identified a link between society and her patients' well-being as key to real recovery: true recovery for the patient depends on societal involvement – or, in Herman's words: 'If trauma is truly a social problem, and indeed it is, then recovery cannot be simply a private, individual matter'.²⁵

Yet the therapist-as-witness model raises profound ethical and legal questions that cannot be easily resolved. Should the breaking of silence be actively encouraged through therapists? Can therapists legitimately offer proxy testimony – speaking on behalf of patients who cannot or will not speak themselves? Can, or should, a legal duty to report be imposed on therapists in cases of war crimes or crimes against humanity? And if not a duty to report, perhaps a duty to inform the patient of their option to disclose, anonymously, and to discuss its consequences together? Each of these questions opens up

complex terrain where competing values and obligations must be carefully weighed.

The sacred space of confidentiality

To understand what is at stake, we must first appreciate why confidentiality is so central to therapeutic practice. Confidentiality is not simply a professional courtesy or an arbitrary rule – it is the foundation upon which the entire therapeutic relationship is built. It is essential for building trust between the therapist and the patient, and it is foundational to the healing process itself.²⁶

This trust enables survivors to speak openly, free from the fear of exposure, judgment, or unwanted consequences. In this sense, confidentiality creates the safe space in which patients can begin to tell their story, give voice to experiences that they may have never shared with anyone. Given the many powerful motivations for silence and the intense silencing forces described earlier, the assurance that a patient's secret will remain protected is often the decisive factor in their decision to seek treatment and accept help in the first place.

Without this assurance, many survivors would never come forward at all. They would remain isolated in their trauma, unable to access the support and treatment that might allow them to heal. Confidentiality, then, is justified not only on deontological grounds – as an inherent duty of respect for the patient's autonomy and dignity – but also from a utilitarian perspective. It serves the

greater good by creating the conditions under which healing becomes possible.²⁷

For trauma survivors specifically, this promise of confidentiality takes on even greater significance. Trauma, by its very nature, involves a profound rupture of trust in the world and in other people. Survivors often experience a fundamental breakdown in their sense of safety and their ability to trust those around them. The therapeutic promise of confidentiality becomes a crucial tool in gradually rebuilding that shattered trust – first in the therapist, and eventually in the healing process itself and in human relationships more broadly.²⁸

Through maintaining confidentiality, the therapist affirms the patient's autonomy and helps restore their sense of agency – the power to reclaim and narrate their life story on their own terms, at their own pace, and in their own way. This restoration of agency is itself a critical component of healing from trauma, which fundamentally involves a loss of control and self-determination. The relevance of these observations to the trauma inflicted by a terror attack is self-evident. However, we must also recognise that confidentiality is not an absolute principle without exception. Legal systems around the world have already carved out specific exceptions to therapeutic confidentiality, circumstances in which the duty to maintain silence must give way to other pressing obligations.

In certain circumstances, therapists are mandated to report – such as when a patient credibly threatens to harm themselves or another identifiable person (also known as ‘the duty to warn’ or ‘the duty to protect’)²⁹ or where there is a

reasonable suspicion of abuse of minors or vulnerable adults. In these circumstances, the law has determined that public safety and the protection of the vulnerable outweigh the therapeutic bond and the individual's right to privacy.³⁰

These existing exceptions establish an important principle: confidentiality, while fundamental, is not absolute when it conflicts with other critical societal values. The question then becomes: Should war crimes and crimes against humanity be added to this list of exceptions?³¹ Is there a point at which the magnitude of the crime, and the significance of accountability and prevention, outweigh even the sacred duty of confidentiality?

Some jurisdictions also apply 'softer' legal interventions that might balance these competing concerns. Among them could be therapists' 'duty to inform' patients about their rights and the legal tools available to them if they choose to pursue those rights. This includes a duty to raise and explore with the patient the possibility of speaking up about their experiences, to inform them well, and to help patients understand and weigh the implications of both speaking and remaining silent. This approach attempts to preserve patient agency while ensuring that the option of disclosure is at least presented and discussed, rather than being foreclosed by assumption.³²

This softer approach recognises that both breaking silence and maintaining silence carry costs, and that patients deserve to be informed about both sets of costs so they can make their own informed decisions. Breaking silence may

involve exposure, retraumatisation through testimony, facing disbelief or hostility, and losing control over one's narrative. But remaining silent also carries costs: the potential loss of justice and accountability; the isolation that comes from carrying the secret alone; and perhaps most significantly, losing access to what Judith Herman identifies as the healing force of community solidarity.

Herman's work, particularly in *Trauma and Recovery*, emphasises that healing from trauma is not solely an individual process but fundamentally a communal one. Recovery requires reconnection with others, the restoration of trust in human relationships, and often the experience of being believed and supported by a community. When survivors remain silent, they may protect themselves from certain risks, but they also cut themselves off from this healing dimension of community and solidarity.

In her recent book *Truth and Repair*, Herman reaffirms the central importance of community acknowledgment in both justice and in healing processes: 'The public recognition of hidden wrongs in many ways represents the first step toward equal justice'.³³ Herman conceptualises the role of community as fundamentally dual: 'Social support is a powerful predictor of good recovery, while social isolation is toxic'.³⁴ Herman's insights echo the dilemma of breaking silence once again: should therapists of CRSV survivors encourage their patients to break their silence?

Research into the dilemma: listening to the witnesses

If we accept that therapists working with CRSV survivors exist in an environment where enormous pressures push survivors not to speak, and if we recognise that silence and isolation carry their own significant harms, then therapists who hold critical information as professional witnesses face a profound ethical dilemma. This is not an abstract philosophical question – it is a real, immediate challenge that therapists have confronted in the wake of October 7 and which they continue to confront in conflict zones around the world.

To better understand this dilemma and to explore possible paths forward, we conducted a series of in-depth interviews with mental health professionals, including psychologists, psychiatrists, and social workers. Some of these professionals have faced this exact dilemma in real time following the events of October 7. Others have encountered similar challenges in different contexts of sexual violence. During these interviews, we presented the therapists with the issue of survivor silence in CRSV cases as we understand it from our work as legal scholars. We explained the legal and evidentiary challenges, the phenomenon of ‘enhanced silencing’, and the potential implications of therapist testimony or disclosure. Rather than seeking to impose a pre-determined framework, we engaged in open, exploratory dialogue, allowing the therapists to articulate their own understanding of the dilemma, their ethical intuitions, and their professional concerns.

To address such a complex ethical question, we employed a unique qualitative research method known as the Listening Guide. This method was developed by psychologist Carol Gilligan in her groundbreaking research on moral

development in women and girls,³⁵ and has since been applied to a wide range of complex ethical questions.³⁶

The Listening Guide draws heavily on the methodological approaches of influential thinkers such as Freud, Piaget, and Shay. It offers an interdisciplinary approach rooted in psychological inquiry, framed as a process of ‘discovery’ through deep engagement with the interviewee's inner world, their reasoning processes, and their emotional responses. The method is particularly well-suited for exploring questions with significant psychological dimensions that challenge or engage with deeply rooted socio-political and cultural structures – precisely the kind of question we were investigating.³⁷

The Listening Guide involves multiple ‘listenings’ or readings of interview transcripts, each focused on different dimensions of the participant's narrative, conducted through distinct analytical steps:

- **Listening for the plot:** a preliminary surface-level narrative analysis – tracing interesting language used by the interviewee, narrative threads, and recurring nuances voiced during the interview (forming the interviewee's ‘landscape’ or ‘plot’) while also paying attention to what is absent from the ‘landscape’.
- **Listening for the ‘I’:** extracting the interviewee's associative logic by analysing patterns in their use of first-person statements (the ‘I-poem’);
- **Listening for contrapuntal voices:** identifying and mapping different internal voices and understanding the relationships between them.

The Listening Guide rejects the notion, common in other qualitative approaches, that the interviewer should be a 'neutral' presence. Instead, it acknowledges that the interaction between interviewer and interviewee is inherently relational and emphasises the importance of building this relationship as a condition for authentic listening and mutual recognition. The researcher is asked to actively engage with the interviewee. This approach is highly relevant to our research, in which we – legal scholars and practitioners – examine ethical questions arising within the therapeutic profession, as a collaboration between therapists and trauma-informed lawyers in addressing the complex yet vital issue of silence surrounding CRSV.

Findings

Our research revealed a spectrum of positions among therapists toward the dilemma of breaking silence. As might be expected when dealing with such a complex ethical question, there was no single, uniform response. Different therapists weighed the competing values differently, drew on different ethical frameworks, and expressed varying degrees of comfort with the idea of breaking confidentiality even in extreme circumstances.

However, despite this diversity of perspectives, all therapists agreed on one fundamental point: there is justification for mutual exploration – by both the legal and therapeutic communities – of mechanisms that might support disclosure 'through' therapists. No therapist we interviewed dismissed the question as illegitimate, as all agreed that there was at least a potential for therapeutic value in breaking silence.

Using the Listening Guide methodology, we identified that all therapists, regardless of where they fell on the 'breaking silence' spectrum, approached the dilemma from a deep and unwavering commitment to the patient's well-being. From our analysis, an emerging consensus began to take shape, resting on three key insights that cut across the diverse responses we received.

First, there are potential therapeutic benefits of witnessing for the patient herself. The act of having one's experience acknowledged, validated, and taken seriously by the wider world can be profoundly healing. It can counter the shame and isolation that are hallmarks of sexual trauma. It can restore a sense of agency and control by allowing the survivor to reclaim her narrative. However, these benefits can only be realised through careful, patient-paced dialogue and fully informed consent. They cannot be imposed from outside, nor can they be assumed to apply to every survivor in every circumstance.

Second, the powerful social silencing forces we have described – the forces of enhanced silencing – actively erode the patient's agency. When a survivor is surrounded by messages that she should remain silent, therapists may have an ethical obligation to actively work to expand the survivor's sense of possibility and agency, to help her see options she may not have recognised, and to support her in making a decision that reflects her own values and needs rather than internalised social pressures.

Third, any mechanism designed to support disclosure must be absolutely anchored in the patient's safety and autonomy. Whatever approach is developed, whether it involves encouraging disclosure, facilitating proxy testimony, or some other model – it must prioritise protecting the survivor from harm and respecting her right to make decisions about her own life and her own story.³⁸ The therapist's role is not to push, pressure, or coerce disclosure, but rather to acknowledge that silencing factors might pressure the patient into silence. In order to truly serve the patient's best interest and desire, the therapist's role therefore is to create a safe space to explore together the issue of disclosure, while ensuring that the patient has the information, support, and resources they need to make an informed decision.

Moving forward: toward a new framework

The findings from this research point toward the need for a new framework – one that moves beyond the simple binary of absolute confidentiality versus mandatory reporting. What we need is a more nuanced approach that recognises the extraordinary circumstances of CRSV cases, the phenomenon of 'enhanced silencing', and the unique position of therapists as potential witnesses to crimes against humanity.

This framework might include several elements working in concert. First, professional training and guidelines that specifically address the CRSV context, helping therapists recognise the signs of 'enhanced silencing' and equipping them with tools to gently explore the question of disclosure with patients when appropriate. Second, legal protections that would shield both therapists and

patients from negative consequences of disclosure, including immunity provisions and measures to prevent re-traumatisation through the legal process. Third, the development of specialised testimony procedures that could allow for proxy testimony or protected testimony in limited circumstances, with robust safeguards to ensure patient consent and safety.

Most fundamentally, this framework must be grounded in ongoing dialogue between the legal and therapeutic communities. Lawyers and judges need to understand the dynamics of trauma and the therapeutic relationship. Therapists need to understand the requirements and possibilities of the legal system. Only through genuine collaboration can we develop approaches that serve both the imperative of justice and the imperative of healing.

The work of the Dinah Project has revealed that the challenges of achieving accountability for sexual violence in war extend far beyond the courtroom. They reach into the most intimate spaces of the therapeutic relationship, into the survivor's internal struggle with shame and silence, and into the broader social and political forces that determine whose stories are heard and believed. Confronting these challenges requires not just legal innovation, but also ethical courage – the willingness to question assumptions, to sit with difficult dilemmas, and to keep the survivor's welfare at the center of all our efforts.

The enhanced silencing that surrounds CRSV is formidable, but it is not insurmountable. By naming it, studying it, and developing thoughtful responses

to it, we can begin to create the conditions under which survivors might find their voices – and the world might finally be ready to listen.

Endnotes:

¹ This essay is an expanded version of the lecture delivered at the conference Trauma – Erinnerung – Gewalt: Sexuelle Gewalt in kriegerischen Konflikten (05.11.2025). This is part of a larger research project with Carol Gilligan and Nofar Shemla-Kadosh, supported by the Radical Listening Project at New York University and by the Rackman Center for the Advancement of Women at Bar-Ilan University, Israel. This larger research project developed from the work of the Dinah Project, primarily comprehensive report that it published in book form online: Ruth Halperin-Kaddari, Nava Ben-Or and Sharon Zagagi-Pinhas: A Quest for Justice. October 7 and Beyond. <https://thedinahproject.org>, 2025. I am grateful to Nofar Shemla-Kadosh for her excellent research assistance.

² The Seven of October - The Data That Tells It All, in: Prime Minister's Office, Government Press Office, 07.10.2024 [Hebrew], <https://www.gov.il/he/pages/oneyeartothemassacre071024>, accessed 22.12.2025. Human Rights Council, Detailed findings on attacks carried out on and after 7 October 2023 in Israel, 10.06.2024, <https://digitallibrary.un.org/record/4051246?v=pdf>, accessed 22.12.2025. See also The October 7th Geo-Visualization Project, Mapping the Massacre, no date, <https://oct7map.com/>, accessed 22.12.2025.

³ In A Quest for Justice we concluded that the consistent pattern of mutilated bodies bearing sexual markers indicates the systematic nature of Hamas's actions and their cross-arena coordination. Halperin-Kaddari, Ben-Or and Zagagi-Pinhas, A Quest for Justice, pp 14 – 15, 36– 40, 68 – 70. The pattern of body mutilation was first noted in the report published by the team of Pramila Patten, the UN Special Representative on Sexual Violence in Conflict. See Office of the Special Representative of the Secretary-General on Sexual Violence in Conflict, Mission Report: Official Visit of the Office of the SRSG-SVC to Israel and the Occupied West Bank 29 January – 14 February 2024, 04.03.2024, <https://www.un.org/sexualviolenceinconflict/wp-content/uploads/2024/03/report/mission-report-official-visit-of-the-office-of-the-srsg-svc-to-israel-and-the-occupied-west-bank-29-january-14-february->

[2024/20240304-Israel-oWB-CRSV-report.pdf](#), pp. 4 – 5 (paragraphs 13 – 14), 17 (paragraphs 66, 68) accessed 22.12.2025.

⁴ Noya Rimalt: Gender-Based Violence on October 7, UN Women, and International Law: Preservation Under the Guise of Change, in: RightsTalk@Minerva, Minerva Center for Human Rights, 07.12.2023 (Heb.), <https://openscholar.huji.ac.il/minervacenter/blog/rimalt>, accessed 22.12.2025. Etta Prince-Gibson: Why Won't More Feminists Speak Up For Israeli Victims of Sexual Violence?, Foreign Policy, 01.05.2024, <https://foreignpolicy.com/2024/05/01/israel-hamas-rape-un-women-feminists-sexual-violence>, accessed 22.12.2025. Cynthia McCormick Hibbert: Why are women's rights groups silent after Hamas' sexual violence against women?, Northeastern Global News, 10.12.2023, <https://news.northeastern.edu/2023/12/10/why-are-womens-rights-groups-silent-after-hamas-sexual-violence-against-women-northeastern-professor-says-political-leanings-are-to-blame>, accessed 22.12.2025. See also Nicola Pratt et al.: Why Palestine Is a Feminist Issue: A Reckoning with Western Feminism in a Time of Genocide, International Feminist Journal of Politics 27/1 (2025): 226 – 250, <https://www.tandfonline.com/doi/full/10.1080/14616742.2025.2455477#d1e276>, accessed 22.12.2025. For an example of the denialism on the social network see A short history of the UN's complicity in Israel's mass rape propaganda since October 7, Mondoweiss, 06.10.2025, <https://mondoweiss.net/2025/10/a-short-history-of-the-uns-complicity-in-israels-mass-rape-propaganda-since-october-7/>, accessed 12.01.2026.

⁵ Our story, in: The Dinah Project, <https://thedinahproject.org/the-dinah-project/>, accessed 22.12.2025.

⁶ United Nations Secretary-General, Conflict-Related Sexual Violence: Report of the United Nations Secretary-General, U.N. Doc. S/2025/389, p. 59, 15.07.2025, <https://www.un.org/sexualviolenceinconflict/wp-content/uploads/2025/08/report/report-of-the-secretary-general-on-conflict-related-sexual-violence/SG-Report-2024-FINAL.pdf>, accessed 22.12.2025.

⁷ Halperin-Kaddari et al., A Quest for Justice, pp. 35 – 37.

⁸ Ibidem, pp. 38 – 39.

⁹ Ibid., pp. 40 – 41.

¹⁰ When *A Quest for Justice* was published, there were 17 such accounts. Additional testimonies came from those hostages who were released in October 2025.

¹¹ See Office of the Special Representative of the Secretary-General on Sexual Violence in Conflict, Mission Report, pp 14 – 15.

¹² Since the lecture was delivered, a ceasefire has been negotiated, as a result of which all the living hostages, and all but one of the deceased, have been returned to Israel.

¹³ See Herman: *Trauma and Recovery*, pp. 101 – 105. Also see: Shoshana Felman and Dori Laub: *Testimony: Crises of Witnessing in Literature, Psychoanalysis and History*, New York 1992. Jennifer J Freyd: *Betrayal Trauma: The Logic of Forgetting Childhood Abuse*, Cambridge, MA 1996.

¹⁴ See, for instance, Judith L Herman: *Trauma and Recovery*, New York 1992. Judith L Herman: *Truth and Repair. How Trauma Survivors Envision Justice*, New York 2023. Susan Estrich: *Real Rape*, Cambridge, Mass. 1987.

¹⁵ See, for instance, Alison Gash & Ryan Harding: #MeToo? Legal Discourse and Everyday Responses to Sexual Violence, in: *Laws* 7(2)/21 (2018), <https://www.mdpi.com/2075-471X/7/2/21>, accessed 12.01.2026. Deborah Tuerkheimer: Beyond #MeToo, *New York University Law Review* 94/5 (2019): 1146 – 1207, here 1147.

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²¹ Robert Jay Lifton: On Becoming Witnessing Professionals, in: *Daedalus* 149/4 (2020): 25 – 32, here pp. 25 – 26. <https://direct.mit.edu/daed/article/149/4/25/94846/On-Becoming-Witnessing-Professionals>, accessed 22.12.2025.

²² Robert Jay Lifton: Witness to an Extreme Century. A Memoir, New York 2011.

²³ Ibid. , pp. 131 – 135. Robert Jay Lifton: On Becoming Witnessing Professionals: pp. 25-26.

²⁴ Herman: Trauma and recovery, p. 47.

²⁵ Ibid., p. 3.

²⁶ Thomas G Gutheil and Paul S Appelbaum: Clinical Handbook of Psychiatry and the Law, Berlin ⁵2019, pp. 21 – 26; 46. See for example: Sections 7 and 28 of the Psychologists Law, 1977 (Israel). The link to the law is available at the ministry of health website: <https://www.gov.il/he/pages/nefesh01>, 04.12.2024 [in Hebrew]. Section 19 of the Patients' Rights Law, 1996 (Israel). The link to the law is available at the ministry of health website:

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²⁷ Gutheil & Appelbaum: Clinical Handbook, pp. 46 – 47.

²⁸ Samara Grossman et al.: Trauma-Informed Care. Recognising and Resisting Re-Traumatisation in Health Care, Trauma Surgery & Acute Care Open, 6/1, 20.12.2021, <https://tsaco.bmj.com/content/6/1/e000815>, accessed 22.12.2025.

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³⁰ How Many States Have Mandated Reporting Laws?, Mandated Reporter Blog, <https://mandatedreporter.com/blog/how-many-states-have-mandated-reporting-laws/> accessed 22.12.2025. William Connor Darby & Robert Weinstock: The Limits of Confidentiality: Informed Consent and Psychotherapy, Focus. The Journal of Lifelong Learning in Psychiatry 16/4 (2018): 395 – 401. <https://pmc.ncbi.nlm.nih.gov/articles/PMC6493245/-/B17>, accessed 22.12.2025.

³¹ Obviously, when there is suspicion of ongoing harm to minors or a risk of future crime, such conduct falls under existing reporting duties. However, the question arises whether a similar duty should apply also in retrospective

situations, which are typically the case in CRSV, where testimonies emerge only after the armed conflict has progressed or even ended.

³² For example, under Israel's Family Violence Prevention Law (1991), a therapist who suspects domestic abuse must inform the patient of their rights and refer them to relevant services. This model preserves patient autonomy while encouraging dialogue about seeking help.

³³ Herman, *Truth and Repair*, p. 13.

³⁴ *Ibid.*, p. 2.

³⁵ See for example: Carol Gilligan: *In a Different Voice: Psychological Theory and Women's Development*, Cambridge, Mass. 1982. Carol Gilligan: *In a Human Voice*, Cambridge 2023.

³⁶ See for example: Deborah Tolman and James Christopher Head: *Opening the Black Box: A Primer for the Listening Guide Method of Narrative Inquiry*, in: *Qualitative Psychology* 8(2) (2021): 141 – 152. Niobe Way: 'The Hidden Language of Boys' Friendships,' in: *Deep Secrets: Boys' Friendships and the Crisis of Connection*, Cambridge, MA, 2011, pp. 1 – 37. Daphna Tekoah and Ayelet Harel-Shalev: *Bringing Women's Voices Back In: Conducting Narrative Analysis*, *International Studies Review* 18/2 (2016), pp. 171 – 194. Ali Shames-Dawson: *Method: The Listening Guide*, in: *Undoing Dissociation: Masculinity, #MeToo, and Moral Concern*, Ph.D. Dissertation, The New School for Social Research, New York, 2021.

³⁷ Carol Gilligan: *The Listening Guide Method of Psychological Inquiry*, *Qualitative Psychology* 2/1 (2015): 69 – 77. Carol Gilligan and Jessica Eddy: *Listening as a Path to Psychological Discovery: An Introduction to the Listening Guide*, *Perspectives on Medical Education* 6/2 (2017): 76 – 81, <https://pmejournal.org/articles/10.1007/S40037-017-0335-3>, accessed 22.12.2025. Lyn Mikel Brown and Carol Gilligan: *Meeting at the Crossroads: Women's Psychology and Girls' Development*, Cambridge, Mass 1992.

³⁸ This section was written in the feminine form, as most victims of CRSV and sexual violence more generally are women; however, men are also subjected to CRSV, as recent testimonies of returning hostages demonstrate. See: *Released Hostage Guy Gilboa-Dalal Details Sexual Assault by Hamas Captor, Deliberate Starvation in Gaza Captivity*, Haaretz, 23.11.2025, <https://www.haaretz.com/israel-news/2025-11-23/ty-article/.premium/released-hostage-guy-gilboa-dalal-details-sexual-assault-by-hamas-captor/0000019a-afdf-d2a0-afdf-fdff5dc50000>, accessed 22.12.2025 [paywall].