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## **Re: The Impact of Captivity on the Physical and Mental Health of Hostages Who Returned from Gaza During January–February 2025**

### **Background:**

On October 7, 2023, Hamas terrorists carried out a massacre in the communities and cities in the south of Israel. They brutally murdered hundreds of innocent children, women, elderly and men. These atrocities were accompanied by acts of abuse, arson, rape and looting. As part of these heinous crimes, the terrorist organization kidnapped 251 individuals, civilians, including bodies – as spoils of war, with the goal of using them for bargaining with the State of Israel, maximizing their gains from the war, and protecting the organization's leaders from IDF strikes. Children were torn from their beds, and elderly, women, and men were kidnapped from their homes and taken into captivity. Some were injured during the attacks, while others were harmed while being transported on motorcycles and open vehicles through the streets of Gaza, beaten mercilessly by crowds.

During the first month of Operation Iron Swords, four women were released and one female soldier was rescued in a military operation. About seven weeks after the war, during November 24, 2023, and December 1, 2023, 105 hostages were returned as part of an agreed exchange. Approximately a year later, another deal was executed, between January 19, 2025 and February 7, 2025 which resulted in the release of 38 hostages.

This exchange involved five stages of release, each took place roughly a week apart and included the release of Israelis as well as foreign citizens. These survivors were admitted at four medical centers where they reunited with their families and received initial medical care. Thai nationals met embassy representatives at the hospital and, a few days later, some reunited with family members brought to Israel.

### **Report Objective**

This report presents a summary of findings regarding the captivity conditions of 12 hostages (4 women and 8 men) who were returned to Israel between January 19, 2025 and February 7, 2025, aiming to present the impact of captivity on their physical and mental health.

The information in this report was obtained with the survivors' consent and is based on a review of medical records and interviews with the medical teams who were engaged in their treatment.

The collected data reveals harrowing patterns of abuse, medical neglect, and subhuman conditions that constitute torture and grave violations of international humanitarian law. Returnees described a deliberately designed environment meant to inflict physical and psychological harm, degrade them and break their spirit, and facilitate physical and mental control.

Medical staff in the admitting departments reported severe medical issues among survivors most of which could have been prevented or mitigated with timely and appropriate care.

The report also includes medical teams' assessments of the long-term consequences of the abduction and prolonged captivity on both the mental and physical health of the survivors. It further highlights concerns that as long as hostages remain in captivity in Gaza, rehabilitation and social reintegration processes for returnees will be hindered.

The medical analysis raises urgent concern that those still in captivity are at immediate risk, with each passing day increasing the potential for irreversible harm.

Hamas' conduct blatantly and intentionally violates international law. This report aims to communicate these violations to international health organizations, such as the Red Cross, and to authorities and nations worldwide.

### **Details of the Abduction and Initial Trauma**

Medical records and interviews indicate that hostages endured extreme trauma during the abduction itself. Many experienced severe violence, including gunfire injuries that left them with bullets and shrapnel in their bodies. Most were attacked by local mobs en route to Gaza, subjected to humiliating verbal assaults, direct physical beatings, and attacks with objects. Medical teams described scenes akin to repeated lynchings occurring throughout the day.

Additionally, on the day of the abduction and during the first days of captivity, many hostages were tightly bound for extended hours, leading to numbness in their fingers and restricted movement, with no regard for basic personal needs.

Some reported witnessing the murder of family members and friends during the abduction, as well as the destruction of their homes and communities. This intensified their trauma and caused prolonged uncertainty regarding their loved ones, which was at times exploited by their captors.

## Conditions of Captivity

### Location of Detention:

Hostages were held in varying conditions, with most spending extended periods underground and shorter times above ground. Some were confined in tunnels for months, allowed outside only for a few days. Transfers were sudden and terrifying, accompanied by death threats. Hostages were forced to walk long distances—sometimes several kilometers—at night, in complete darkness and often blindfolded, unable to see their surroundings or paths. These transfers posed physical risks and caused significant mental stress, with some hostages injured while navigating narrow, dark passages.

### Living Conditions:

The living conditions described by hostages were inhumane and blatant violations of international conventions. Many were kept for prolonged periods in underground tunnels under extreme overcrowding, in tiny spaces of about two square meters and under 1.5 meters high, crammed with up to six people with no movement or ability to exit for days.

They were subjected to intentional starvation, typically receiving only one meal a day, though some reported of days with no meal at all. Usually, a “meal” consisted of a pita or rice—severely lacking in all essential nutrients. The food was often inedible, moldy, and infested with worms or insects. Water was contaminated—often seawater or raw sewage—and provided in limited, insufficient amounts.

Hygiene was nearly impossible due to lack of toilets and running water. Showers occurred only every few months, using cold water and shared a towel. Clothing changes were rare, with underwear replaced only once every six months, ignoring women's needs. In tunnels, a pit latrine dug by the hostages served as a toilet at the same area of living. Above ground, even flushing was sometimes forbidden.

Hostages slept on hard floors, without mattresses or blankets, surrounded by insects and pests. They endured weeks of extreme cold or heat, depending on the season and location.

## Physical Health Impacts

### Illnesses:

Hostages suffered from a range of medical issues due to harsh living conditions, lack of hygiene, and prolonged malnutrition. Recurrent infections were common—intestinal infections with abdominal pain, diarrhea, vomiting, high fever; respiratory illnesses with

shortness of breath. Due to lack of treatment, these caused severe hallucinations and pain. Some experienced severe dehydration resulting confusion and loss of consciousness.

Most survivors were kept in tunnels, constantly exposed to dust and sand, leading to serious respiratory issues with persistent coughing and mucus. Poor hygiene caused skin problems such as lice, scabies, bedbugs, rashes, acne, and dermatitis that continued even after release.

### Injuries:

Survivors suffered physical injuries starting from the abduction and worsening in captivity. Many had gunshot wounds, shrapnel injuries, burns or fractures, which were not treated. Some sustained irreversible nerve damage resulting in muscle weakness, numbness, difficulty walking, driving, or fine motor skills. Chronic neuropathic pain became a daily reality for many, with sensitivity in scarred areas and pain from even water contact. Many now require daily pain medication. Some have extensive scarring requiring surgical intervention.

Hearing loss and chronic tinnitus were common due to exposure to blasts. Survivors also reported musculoskeletal damage—chronic jaw pain (TMJ), dental misalignment, limited range of motion, postural issues, and spinal injuries. These are complex, partly irreversible, and may impact quality of life for years.

### Starvation and Nutritional Deficiencies:

Due to extreme starvation, returnees lost 15%–40% of their body weight. Combined with immobility, they developed severe sarcopenia—loss of muscle mass and strength—requiring long rehabilitation. Some showed decreased bone density due to malnutrition and starvation, darkness, lack of weight-bearing activity, and prolonged stress, putting them at high risk for fractures and osteoporosis in the future.

Lab tests post-release showed serious deficiencies. Many had low vitamin C, leading to gum bleeding, joint pain, weakness, slow wound healing, and signs of scurvy all caused by extreme neglect. Muscle tissue bleeding suggested advanced vitamin C deficiency, sometimes mistreated with harmful medications.

Lab tests also showed blood clotting disorders from vitamin K deficiency, low vitamin D from lack of sun, and borderline vitamin A levels.

The starvation and poor diet weakened the immune system and with poor hygiene environment made hostages more vulnerable to infections, worsening illness outcomes due to lack of care.

### Medical Neglect:

During captivity, medical neglect was extreme and deliberate. Despite infections, injuries, and serious conditions, hostages were almost completely denied care. Minimal interventions included only fever reducers, and antibiotics were withheld even with clear infection signs.

Orthopedic injuries were ignored, leading to long-term damage. One hostage fainted while trying to treat his own injury. Another received ineffective antibiotics and was denied further treatment. A third was given a dangerous medication that nearly caused long-term damage or death. Chronic illnesses were also ignored. These accounts reflect life-threatening medical negligence, in violation of the Geneva Conventions, contributing directly to lasting harm requiring extensive rehabilitation.

### **Physical Abuse, Psychological Abuse, and Dehumanization**

The hostages endured continuous psychological abuse as part of a systematic dehumanization process. This suffering was intensified by tactics of isolation, intimidation, and oppression.

### Extreme Social Isolation:

Hostages were subjected to extreme isolation. One hostage was held alone for more than 50 consecutive days while injured. Two others were kept in total solitary confinement for over a year. Survivors testified that prolonged isolation caused severe psychological effects, including intense anxiety, despair, abandonment, loss of time perception, and even dissociation.

Being held underground without exposure to natural light disrupted mood and sleep cycles. Even those in group captivity reported extreme loneliness due to complete disconnection from the outside world and their families, while constantly fearing for their lives and uncertain whether anyone knew they were alive. Captivity without human interaction and lack of sensory or intellectual stimulation significantly amplified both immediate and long-term trauma.

### Abuse and Threats:

Throughout captivity, hostages lived under constant life-threatening conditions. Captors maintained an atmosphere of fear using direct threats, including mock executions. Several survivors described captors pulling grenade pins and counting down before halting at the last second—deliberate psychological terror. The captors displayed enjoyment during these actions.

Abuse also included ongoing sexual harassment. One female hostage described months of harassment by her captors. Both male and female hostages were subjected to degrading comments about their bodies. Psychological abuse included statements like “No one loves you,” “No one is waiting for you,” and threats that their families had forgotten them, fueling despair and dependence on captors.

### Dehumanization:

Systematic denial of basic needs was a central element of dehumanization. Captives were forced to consume spoiled, contaminated food and were denied personal hygiene. Privacy was often stripped away, with some captives reporting being forced to relieve themselves in public. Captors deliberately ignored medical suffering, denied basic care, and manipulated captives psychologically—showing them clean food and water only to withhold it, or making false promises about showers and improved conditions.

Captives were restrained for long hours, sometimes 24 hours and more, causing numbness and physical scars. They lived in appalling conditions, crammed in small spaces without the ability to move, and were subjected to verbal abuse and tactics aimed at breaking their human identity.

These factors, combined with the inhumane conditions, formed a systematic program of psychological torture, leaving deep mental wounds that persist even after release.

### **Long-Term Physical Effects of Captivity**

Survivors of captivity suffer from significant, often irreversible physical harm. The most common is permanent nerve damage caused by gunshot wounds, shrapnel, and prolonged limb restraint. These lead to serious functional impairments—difficulty walking, driving, typing, or performing daily tasks. In many cases, rehabilitation cannot fully restore function, and chronic pain (neuropathic or skeletal) is expected to be lifelong. Some of

them are at the beginning of a series of surgeries, such as the removal of shrapnel pressing on nerves or treatment of scars scattered across the body.

At the same time, there is significant concern regarding the long-term effects of captivity on the endocrine system. Women who returned from captivity report changes in menstruation and hormonal function even after their release, and physicians express well-founded concern about potential future fertility impairment. There is also major concern about long-term damage to the endocrine system. Women reported menstrual and hormonal changes post-release, raising concerns about future fertility.

Hearing damage remains in many cases, with survivors suffering from ongoing tinnitus and hearing loss due to blast exposure. Some of these are likely permanent and will require long-term care and adjustment.

## Psychosocial Effects of Captivity

### Challenges of Initial Assessment:

About 6 months have passed since the release of the survivors of captivity (for this report), and it is still too early to fully assess the long-term psychological effects that captivity will leave on them. Professional literature points to the phenomenon of late-onset post-traumatic stress disorder (PTSD), where full symptoms may emerge six months to several years after exposure to the traumatic event. At this stage, it is impossible to predict with certainty which of the survivors will develop long-term psychological disorders.

The process of coping with the consequences of captivity is influenced by various factors, foremost among them the release of all hostages, the severity of the trauma experienced during captivity, the conditions of captivity, social support during captivity, the nature of post-release reception and ongoing care, and the strength of personal and community support systems.

The initial period following their release plays a significant role in shaping their psychological trajectory. New stressors—such as becoming aware of the true scale of the massacre and destruction of the October 7th events, receiving devastating news about loved ones, and the fact that hostages remain in Gaza—may hinder recovery and healing, and intensify symptoms of 'survivor's guilt'.



### Psychological Impacts During Captivity:

It is evident that the prolonged period of captivity left deep psychological scars in some of the survivors. The dual trauma—consisting of a violent abduction and the loss of loved ones—combined with captivity marked by dehumanization, and physical, psychological, and sexual abuse, led to symptoms of fear, hyperarousal, and heightened alertness during the initial phase of captivity.

As captivity continued, survivors reported experiencing symptoms of depression and despair, significant anxiety attacks, intrusive symptoms (such as nightmares, recurring thoughts, and flashbacks), and a reversal of the sleep-wake cycle. Changes in captivity conditions, such as relocation or replacement of captors, intensified feelings of distress and fear.

Additionally, survivors described hunger as a severe stressor, along with isolation from the outside world. Some returnees described experiencing learned helplessness. The uncertainty regarding the fate of family members was described by all as an unbearable source of pain—particularly among those who were completely cut off from the outside world for an extended period.

### Post-Release Trauma Symptoms:

In ongoing follow-up, some of the returnees' exhibit symptoms of post-traumatic stress disorder (PTSD), including recurring nightmares, flashbacks, intrusive images and thoughts related to the trauma of the abduction and captivity, and dissociative episodes. They display exaggerated startle responses, persistent anxiety, hypervigilance, difficulty being alone, and avoidance of trauma-related situations.

Many avoid crowded places or stimuli that remind them of the trauma, such as eating certain foods or being alone in a room or in the dark. Others struggle with the public exposure and the forced transition from anonymity to fame. Alongside a need for seclusion, they also feel a deep sense of obligation to act publicly for the release of the remaining hostages in Gaza—a painful internal conflict. They report difficulty experiencing joy or pleasure as long as their loved ones remain in captivity, and a heavy sense of 'survivor's guilt'.

### Loss Processing and Family Relationships:

During captivity, the returnees were denied the opportunity to undergo a structured process of mourning, loss processing, and farewells. Upon their return, they are forced to confront devastating news about friends and family members. The inability to participate



in funerals and mourning rituals (such as the shiva) may impair the grieving process and increase the risk of Prolonged Grief Disorder (PGD).

In therapeutic settings, there is evident difficulty in processing multiple losses—of loved ones, physical health and functioning, community and home, joy in life, and trust in the state and in people. This difficulty is sometimes expressed as emotional numbness, a prominent feature of post-traumatic stress disorder (PTSD).

Survivors of captivity describe complex grieving processes tied to loss and the struggle to reintegrate into the family dynamic. The situation is particularly difficult for those whose entire framework—family, home, or community—was dismantled as a result of the October 7th events.

#### Complex Mental Symptoms:

The observed psychological effects also include a wide range of complex symptoms. Many of the survivors experience deep feelings of despair, loss of interest in previously meaningful activities, emotional emptiness, and disconnection from surroundings. Normal sleep patterns have become a challenge—insomnia, frequent awakenings, and recurring traumatic dreams cause chronic fatigue, mood swings, emotional dysregulation, and unpredictable outbursts. Survivors also report difficulty concentrating, memory lapses, confusion, and trouble making simple decisions. Some report a disturbing sense of a change in their personality, marked by increased suspicion toward their surroundings and emotional detachment towards relatives and loved once.

#### Survivor Guilt and Prolonged Trauma:

Above all is the weight of survivor's guilt. Survivors lived while friends and family were murdered. They were released while others remain in captivity. Many feel guilty about decisions made in captivity and suffer from thoughts that they “could have done more.”

The continued captivity of others severely delays survivors' mental recovery and prolongs their trauma, preventing closure. Survivors live with constant guilt, concern, and an inability to move forward from this traumatic chapter.

#### The Need for Preventive Treatment and Future Implications

Research on delayed PTSD shows that further trauma, new stressors, or worsening symptoms may lead to renewed or intensified mental health issues months or years later. Therefore, long-term support and preventive care are critical—even for survivors currently appearing stable.

Medical teams stress that successful reintegration of survivors depends largely on the release of all remaining hostages. As long as collective trauma persists, psychological treatment and rehabilitation will be limited in effectiveness. Despite the immense challenges, many survivors show remarkable resilience and are beginning to rebuild their lives. Nonetheless, recovery will be long, complex, and require continued professional and community support and monitoring of long-term mental effects.

### Summary

This report, based on an in-depth medical analysis of 12 survivors released between January 19, 2025 and February 7, 2025, reveals systematic violations of international humanitarian law stemming from intentional policies of abuse, torture, and medical neglect.

There is a clear correlation between the duration of captivity, the harsh conditions, and the abuse experienced—and the survivors' ability to recover and reintegrate into family and community life. Moreover, the shared fate and strong bonds formed between hostages during prolonged captivity mean that the continued captivity of others is experienced as ongoing trauma by the returnees themselves.

The described conditions raise serious concerns for the lives of hostages still in captivity, demonstrating with a high degree of certainty that they remain at immediate risk.

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