



The Battle for the Soul

ERAN's Report – Two Years to the 'Iron Swords' War
"Continuous Emotional Support in the reality of Prolonged War"

OPENING REMARKS – ERAN CHAIRMAN AND CEO

Two years have passed since the outbreak of the 'Iron Swords' War on the Black Saturday of October 7th. Since then, the ERAN association has found itself at the forefront of dealing with the scope of activity over the past two years clearly illustrates the magnitude of the challenge hundreds of thousands of calls have been received at our telephone and online centers, thousands of which included severe suicidal content. These numbers are not just statistics, they represent individuals: soldiers, parents, teenagers, and elderly people, each one seeking a listening ear and immediate response in moments of distress of various kinds.

We know that the challenges do not end here. In the coming years, Israeli society will continue to pay a heavy mental price, as a result of continuous emotional burnout, existential anxiety, and an intensifying sense of loneliness. This is a first-rate health-social challenge that requires a long-term strategy and not ad-hoc solutions.

We at ERAN are working even harder during this period to recruit new volunteers, to train them professionally, and to provide support and reinforcement to the amazing 1,800 existing male and female volunteers who form the core of our activity. Without them, it would not be possible to provide an immediate and human response to so many callers.

Simultaneously, we are investing significant resources in training, personal accompaniment, and implementing new technologies that will allow volunteers to cope with increasingly complex distresses.

Alongside our internal readiness, this is a call to decision-makers to take responsibility and to establish the funding for ERAN's service in a regulated and permanent manner each year, and in a way that will match the scope of needs with which we are dealing. A regulated budgetary framework provides us with certainty and the ability to prepare for the coming work year.

Furthermore, given the advance of the technological era in recent years, we are already active and preparing for the future. In the near future, we will be required to innovate and integrate innovative tools into our work, ranging from Artificial Intelligence solutions to additional supporting systems, but we will always remain committed to acting with caution and responsibility, in order to preserve ERAN's core value: a human, sensitive, and available response at any given moment.

The publication of the association's data, marking two years since the 'Iron Swords' War, takes place close to "World Mental Health Day" (October 10th), and this is another opportunity to emphasize that Israeli society today needs a broad, stable, and continuous mental health support system. ERAN is here to provide an answer to all immediate mental needs, 24/7 and anonymously, for every type of psychological distress and for the entire population.

Shuki Oren, Chairman | David Koren, CEO

INTRODUCTION

Two years have passed since the outbreak of the "Iron Swords" War, which struck Israel by surprise on the Black Saturday of October 7th. Since then, the residents of Israel have been experiencing a sequence of traumatic events, among the hardest in the country's history.

Already on the first day of the war, the ERAN – Emotional First Aid center, which operates around the clock, was flooded with about 3,500 distress calls, a 500% surge compared to the daily average. Each call embodied a personal cry of fear, trauma, loss, or physical and emotional harm. This is an unprecedented figure since ERAN was founded in 1971.

Over the past two years, over 1,800 ERAN volunteers, along with the professional team, continue to stand in front of our hotline and online services. Day after day, they cope with waves of pain, suffering, and continuous emotional burnout across all segments of Israeli society, providing an immediate, anonymous, supportive, and sometimes truly life-saving emergency response.



ERAN DATA AT THE TWO-YEAR MARK OF THE WAR POINTS TO A GLOOMY PICTURE OF CONTINUOUS DISTRESS IN THE ISRAELI PUBLIC

Total distress calls

637,000

Over **80,000** calls were received on the internet service

557,000 calls were received at our Hotline centers

Calls with Suicidal Content - **13,000**

An average of **18** per day

During the past two years of war, ERAN received **637,000** calls, of which about **13,000** (2%) dealt with suicidal content - a similar rate to the previous year.

This is an average of about 18 suicidal calls per day. This stability may indicate that, even two years into the war, acute emotional distress still constitutes a consistent and significant component of the national mental health picture and is not fading with time.

With the continuation of the war and the uncertainty, the number of callers from various security forces has significantly increased to ERAN's Hotline & Online centers.

SUMMARY OF THE REPORT'S MAIN FINDINGS

During two years of conflict, a total of **1,800** active ERAN volunteers mobilized to serve the Israeli public in moments of profound emotional distress, fear, grief and sorrow.

This effort was powered by **1,600** local volunteers residing across Israel, augmented by **200** committed volunteers from ERAN Diaspora network spanning branches in North America, Europe, Asia, and Australia. Together, this global team ensured that immediate, confidential emotional support remained accessible to those in need, collectively demonstrating an unwavering commitment to mental health support for the Israeli population.

Distribution of Calls by Gender

- **Women** 57%
- **Men** 43%
- **"Other"** Less than half a percent

The gap between the sexes continues to emphasize that women are more likely to seek mental health assistance, while men still call less often, even in the face of traumatic experiences and ongoing distresses.



DATA REGARDING ANXIETY, TRAUMA, AND LOSS

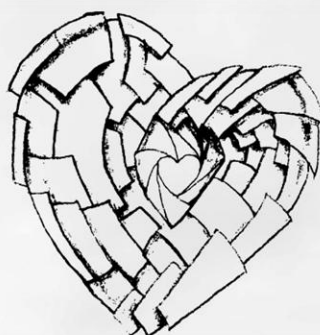
During the first months of the war, calls regarding anxiety, trauma, and loss were the highest and constituted **60%** of all calls. A strong and immediate impact of the difficult events on Israeli society is evident. The initial reaction to stress and trauma is expressed in a marked increase in reports of feelings of anxiety and experiences of loss, as society is under an immediate threat and an increase in mental distress, which led to numerous calls for emotional support with a high intensity of distress. Later in the year, calls on these subjects constituted **16.8%** of the calls on an annual average, and at the two-year mark of the war, this reason for calling stood at **14.5%**.

SURGE IN DISTRESS REGARDING INTERPERSONAL RELATIONSHIPS

In subjects of couple relations, parenting and family, and social relations, a significant surge was recorded from the start of the war, from **7%** at the beginning of the war to **19.3%** in the last two years. This reflects damage to family and social support systems, likely as a result of the continuous burdens.

CHANGE IN TREND

While at the start of the war the percentage of calls regarding loneliness out of the total calls was only about **13%**, after two years an increase in reports of feelings of loneliness among the Israeli public can be seen, standing at **33.7%** as of today. This figure indicates a certain return to routine, even if it is a routine of war.



MAPPING OF DISTRESS CALLS – GENERAL PUBLIC

The distribution of callers by age is similar to the first year of the war.

- Every fifth call is from the young population: children, teenagers, and young adults up to age 24 during mandatory service and studies.
- A particularly high rate is in the ages 25-34 (20%) and ages 35-54 (30% combined). This reflects the main pressure exerted on the most active age groups in the labor market and in families with children (50% of callers seeking assistance).
- Conversely, at the extremes of the spectrum, the rate of young people (up to 24) and older adults (+65) together constitutes about a quarter of the calls, testament to the fact that the war and the mental distress affect all segments of the population.

Percentage of all callers by age range

Age Range	Percentage of all Callers
Up to 17	8%
18-24	12%
25-34	20%
35-44	15%
45-54	15%
55-64	14%
65-74	12%
75+	4%
Total	100%

GENERAL TRENDS IN THE GENERAL POPULATION

Emotional Pain, Depression, and Acute Distress

- Continuous decrease from 31% after half a year to **25.4%** after two years.
- This may indicate a process of some adaptation, or that the acute distress is fading and being translated into other issues (loneliness, relationships).

Loneliness

- Consistent increase up to **33.7%** over two years.
- This is the most prominent figure, indicating continuous erosion of social and community connections.

Anxiety, Trauma, and Loss

- Very sharp decrease (from 60% at the start of the war to **14.5%** after two years).
- It is possible that the raw traumatic symptoms have lessened, but the residual effects are expressed in other areas.

Interpersonal Relationships

- Increase from 7% at the start of the war to **19.3%** over two years.
- This reflects damage to family and social support systems, likely as a result of the continuous burdens.

Employment and Economy

- Remained relatively marginal as a reason for calling ERAN (at 3%).

Violence and Assault

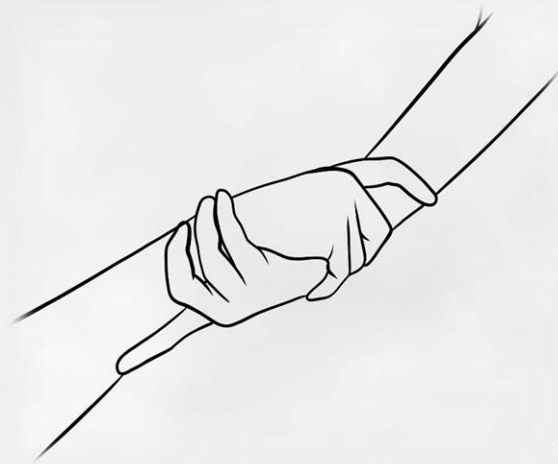
- A stable figure that increases slightly, reaching **4.3%**.
- The very high stability in this context may indicate an insufficient systemic response for victims.

Suicidality

- **13,000** calls with suicidal content were received at ERAN since October 7th and during two years of war. This indicates a decrease in the rate of suicidal calls relative to the period preceding the war—from 7,183 calls in 2023, to 6,321 in 2024 and 4,812 until mid-September 2025. The assumption is that the year will end at a similar rate to last year.

Mapping of distress calls

Reason for Call	1 st Month of War	Two Years
Emotional pain, depression, acute mental distress	17%	25.4%
Loneliness	13%	33.7%
Anxiety, trauma, loss	60%	14.5%
Interpersonal relationships (couple relations, parenting, social relations)	7%	19.3%
Employment / Economic distress	1%	2.8%
Violence, sexual assault	2%	4.3%



SOLDIERS IN MANDATORY AND RESERVE SERVICE

ERAN operates a dedicated assistance service for calls from male and female soldiers in mandatory and reserve service and their families, at a dedicated center at ***2201** and online via chat and WhatsApp.

During the last year (2025), a noticeable increase in the presence of security forces personnel was evident at ERAN's centers, according to the number of distress calls to the dedicated and general services that were identified in the anonymous calls.

MAPPING OF DISTRESS CALLS – SOLDIERS IN SERVICE AND RESERVES

- Emotional pain, depression, acute mental distress: **23.8%**
- Loneliness: **35.7%**
- Anxiety, trauma, loss: **21.4%**
- Interpersonal relationships (couple relations, parenting, social relations): **9.1%**
- Employment / Economic distress: **1.6%**
- Violence: **8.4%**



KEY TRENDS AMONG MALE AND FEMALE SOLDIERS IN MANDATORY AND RESERVE SERVICE

Loneliness

- Constitutes the central reason (**35.7%**), even higher than the general public.
- This may reflect a feeling of disconnection and loss of support networks, especially among reserve soldiers who are far from home.

Anxiety, Trauma, and Loss

- Calls in this area are **7%** higher than the general public. This is expected, but emphasizes how much prolonged fighting continues to weigh on their mental resilience.

Violence and Assault

- Coping with violence and sexual assault appears in soldiers' calls at a rate almost double that of the general population.
- This is a figure pointing to a unique vulnerability of soldiers in this context.

Interpersonal Relationships

- The rate of calls concerning interpersonal relationships is significantly lower (**9.1%**) compared to all callers (19.5%).
- It is possible that soldiers are less available to focus on couple relations or relationships during service, or that they tend to refer to loneliness and trauma as primary axes of distress.

Suicidality

- The rate of suicidal calls among soldiers in the dedicated service stands at less than one percent.
- It must be assumed that the rate is higher since there are calls from soldiers to a variety of ERAN services.

CHILDREN, TEENAGERS AND YOUNG ADULTS UP TO AGE 24

- Every fifth call on average received at ERAN over the past two years was from children and adolescents, constituting over **127,000** calls (**20%** of total calls).
- **25%** of the calls among children and adolescents dealt with emotional pain, depression, and acute mental distress.
- **18.4%** of the calls dealt with loneliness.
- **21.2%** dealt with anxiety, trauma, and loss.
- Every fourth call on average among children and adolescents dealt with interpersonal relationships (couple relations, parenting, social relations) – **27.2%**.
- **5.4%** of the calls dealt with violence and sexual assault.
- **2.8%** were around employment/economic distress issues.

Gender Distribution for Children and Teenagers up to Age 24

- Teenagers (Males): **38%**
- Teenagers (Females): **62%**



**MAPPING OF DISTRESS CALLS
CHILDREN, TEENAGERS, AND YOUNG ADULTS**

Reason for Call	Percentage
Emotional pain, depression, acute mental distress	25%
Loneliness	18.4%
Anxiety, trauma, loss	21.2%
Interpersonal relationships (couple relations, parenting, social relations)	27.2%
Employment / Economic distress	2.8%
Violence, sexual assault	5.4%

KEY TRENDS AMONG CHILDREN AND ADOLESCENTS

- While circumstances of emotional pain, depression, and acute mental distress stood at **25%** (similar to the mapping of all calls), anxiety, trauma, and loss among children and adolescents stood at **21.2%** in the centers, a decrease of over 20% compared to the previous year – but still at a high rate relative to all callers (14.5%). This emphasizes that young people are particularly sensitive to continuous exposure to traumatic events.
- Interpersonal relationships (on this subject: **27.2%**). This is a particularly high rate, with an increase of 5% from the previous year. This figure lights a red warning light regarding damage to the family and social support systems of adolescents.
- Calls with suicidal content constituted about **2%** of the calls, significantly higher than the rate in all calls (3%). This may indicate an increased risk of suicidality among young people.

SUMMARY

Two years into the war, a worrying picture of multi-focal distresses that do not subside but change form becomes clear.

While at the beginning the calls focused on anxiety, trauma, and loss, now their main focus revolves around a sense of loneliness and continuous erosion in family and social relationship systems. Immediate distress gives way to a feeling of burden, emotional fatigue, and damage to personal, familial, and community resilience - phenomena that intensify as time goes on. Feelings of pressure, worry, and uncertainty have become an inseparable part of our daily lives. These feelings have penetrated every area of our lives, making it difficult to maintain a routine and undermining our ability to plan ahead with anticipation.

The reflected picture is a transition from acute traumatic distress to a chronic and eroding state. The experience is no longer just an immediate reaction to a traumatic event, but a reality of continuous emotional fatigue that weakens personal and family coping ability. This is particularly prominent among sensitive populations such as soldiers and young people, who find themselves exposed not only to danger on the battlefield but also to the disintegration of the support networks around them.

Contrary to the common feeling, official data in Israel do not indicate an increase in suicidality. The data of calls to ERAN that include suicidal content (thoughts, intentions, threats, and attempts) also show a similar trend. These data align with professional and research literature, which indicates that when at-risk people deal with an external enemy, they are less focused on the internal enemy and the war within themselves. Additionally, the social solidarity that characterizes emergency and war situations contributes to a sense of belonging and reduced loneliness.

Studies teach that suicidality is often not an immediate reaction to trauma but a delayed reaction that increases in later stages after the acute threat situation passes, along with an increase in depression, despair, and hopelessness.

Now more than ever, our responsibility is to pay attention to the emotional well-being of the people around us and to be "ERAN-vigilant" (awareness), meaning to take on ourselves the role of mental health stewards in our immediate environment and providers of emotional first aid. It is important to know how to identify warning signs such as a sudden change in mood, isolation, reduced functioning, or difficult expressions. It is crucial not to be afraid to ask directly about suicidal thoughts, to know how to listen with a non-judgmental approach, and to encourage immediate referral to professional assistance bodies. We can all and should make every effort to save lives.

The choice to seek help, to share, and to be helped is an expression of tremendous courage and human capacity to cope with the consequences of the war. Out of the difficulty, moments of compassion, solidarity, and caring are born that strengthen the entire society.

Mutual support and giving from the heart become the anchor that allows all of us not only to endure but also to grow from the broken pieces.

In conclusion, two years since the outbreak of the war, we are seeing a worrying change in distresses: the rate of calls about anxiety and trauma has decreased, but in their place, feelings of loneliness and crises in relationship systems have significantly increased. The data point to continuous erosion of social and family resilience, and an increase in risk among particularly sensitive populations, including soldiers and young people up to age 24.

The quiet burden and existential anxiety harm the daily functioning of individuals, families, and communities. War is not just a security event but also a national mental health crisis.

This is a clear call to Israeli society to expand support systems and early detection, because a prolonged war does not end on the battlefield alone, it exacts a continuous price of tears in relationships and damages the personal and community ability to cope.

At the same time, it is important to emphasize that from a professional perspective, even if professional psychological assistance is provided to every citizen and every soldier, a constant emergency situation of a prolonged war in itself constitutes an unbearable state for the human psyche. Over time, the reality of war can create systemic damage to the ability to recover, process experiences, and restore basic trust in the world as a safe place. The challenge is not only coping with the trauma but with the continuous erosion that gnaws at the ability to recover. Every effort must be made to return to a stable routine, which is our most basic psychological need.

- **Dr. Shiri Daniels, PhD - National Professional Director**

**ERAN provides a life-saving emotional first aid to every person, 24/7
at any age and for any type of distress.**

The assistance is provided anonymously and immediately.

- **Visit our website: en.eran.org.il**

If you or someone close is experiencing distress, contact us so we can help.

Donate to ERAN and Support our mission

