Israel-Gaza border. Photo: Reuters/ Amir Cohen

Managing Societal Resilience in Prolonged Exposure to Security Emergencies: The Case of the Eshkol Regional Council in the Gaza Envelope

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The societal resilience of the Gaza envelope communities in the face of the challenges of terrorism from the Gaza Strip over the past 20 years has been analyzed at length in previous studies. This article examines the activity of the resilience centers in the region, and focuses on the insights that can be gleaned from the experience of the Eshkol Regional Council in the face of terrorist threats from Gaza. The principal contention is that the Eshkol Regional Council and the other resilience centers in the area showed their capacity to grapple successfully with man-made disruptions, and in turn, have provided a model for the rest of Israel of how to cope with terrorist threats. As such, the article recommends adopting the model of these resilience centers throughout Israel, with differential and particularized implementation.

Keywords: societal resilience, resilience centers, Gaza envelope, emergency preparedness

Introduction

Societal resilience is defined as the ability of each system (the individual, the community, the organization, the economy, infrastructure, and the state as a whole) to cope with various kinds of disruptions, successfully and flexibly. The objective is to maintain a reasonable degree of functional continuity during the disruption, recover from it quickly, and generate sustainable growth thereafter. As Israel is frequently exposed to security disruptions that require adequate preparation, societal resilience bears much significance and impacts directly on the State of Israel's national security. An approach to societal resilience should be based on studies in the field, and incorporate proven models of preparedness and effective management of disruptions.

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Such a model was initially developed and applied in northern Israel as early as the 1980s. It was gradually institutionalized over the course of some 15 years in the communities surrounding the Gaza Strip in the face of diverse security threats. The success of the resilience model in these communities is worthy of in-depth examination, both in theory and in practice.

The purpose of this article is to survey the application of the resilience concept in the communities surrounding the Gaza Strip as a systemic response, based on the theoretical and practical experience of the Eshkol Regional Council. The goal is that through this exercise, professionals will be better able to evaluate the advantages and limitations of the concept as a tool for drawing systemic conclusions, in preparation for advancing its implementation in a nation-wide resilience framework, as necessary. This article was written based on the lessons learned from the work of the resilience center in the Eshkol Regional Council, although its main insights apply to all parts of the Gaza envelope and can serve as guidelines for coping with security disruptions more generally.

The Eshkol Regional Council, established in 1951, stretches from Kibbutz Be'eri in the north to Holot Agur in the south, and from the Besor Stream in the east to the Gaza Strip and the international border with Egypt in the west, covering about 1,000 km², with the majority of it agricultural land. It is home to some 16,000 residents in 32 localities: three community settlements, 14 kibbutzim, and 15 moshavim.

The Eshkol Regional Council is one of the five authorities of western Negev communities that are near the Gaza Strip and have weathered ongoing security disruptions since 2001, including four rounds of armed conflict: Operation Cast Lead in 2008-9, Operation Pillar of Defense in 2012, Operation Protective Edge in 2014, and Operation Guardian of the Walls in 2021. Between these rounds, a "routine emergency situation" has developed that includes numerous terrorist incidents, albeit varied in nature, frequency, and intensity. These include rocket fire, attack tunnels, explosive and incendiary balloons, and penetration attempts by terrorists. Thus, there are two different kinds of disruptions: one refers to acute disruptions during rounds of fighting, and the other is the ongoing disruption that is characterized by the "routine emergency situation." Taken together, these two disruptions call for preparation for the next acute round of conflict, along with management of the ongoing disruptions. This reality of continued exposure to acute and ongoing disruptions requires focused, professional management to ensure the societal resilience of the population and the communities.

The Resilience Centers

The resilience centers in the city of Sderot and in the four regional councils in the Gaza envelope (Sha'ar HaNegev, Sdot Negev, Hof Ashkelon, and Eshkol) were established by a

government decision in 2007. This decision stemmed from an understanding that since the local authorities faced an ongoing emergency situation, they needed a designated body to develop responses toward collective resilience vis-à-vis the ongoing threat. The five resilience centers were established and operate in the framework of a special partnership between government ministries, local authorities, and the Israel Trauma Coalition. They operate under the supervision of an inter-ministry committee that comprises representatives from the Ministries of Health, Welfare and Social Affairs, Aliyah and Integration, Development of the Negev and the Galilee; the Prime Minister's Office; the National Insurance Institute; and the National Emergency Management Authority (NEMA). This broad partnership enables systemic flexibility along with stable government backing. Citizens know that the state provides services that address their needs and adapts the response to different situations. This flexibility enables more extensive responses during emergency times and routine times, and optimal adaptation of the services to the diverse population.

The model of the resilience centers in the south is based on four central components:

a. Emergency preparedness: an emphasis on the soft—social—components in the field of emergency readiness at the level of the local authority and the communities by developing local knowledge, practicing emergency situations at the community and local authority level, training local emergency teams, expanding the local volunteer system for emergencies, developing organizational resilience in the local authority, and building models for strengthening the local authority's employees. This joins the formulation of plans and protocols in accordance with changing scenarios (such as evacuation) and formulating and publicizing messages of resilience.

b. Therapeutic framework: providing short-term psycho-social therapy based on specialization in post-trauma and anxiety.

c. Training and guidance of professionals in the therapeutic framework and of position holders—professionals and volunteers who provide diverse services to the community, such as local authority employees and educational, health, welfare, and rescue services staff, and more. This occurs alongside the development of designated training for the particular needs of the Gaza envelope.

d. Communal resilience: developing resources to help individuals, families, and communities in their ability to cope with ongoing security threats and remain resilient.

The resilience center's work is based on many theoretical models, led by the Six Cs Model (a model for mental first aid) developed by Dr. Moshe Farchi; the multi-dimensional resilience model developed by Prof. Mooli Lahad; Dr. Orit Lurie's stress inoculation model; and CCRAM—the tool of the PREPARED Center for Emergency Response Research at Ben-Gurion University for estimating community resilience. It is also based on protocols focusing on trauma therapy and on the Home Front Command's knowledge about the population's behavior.

What follows is a survey of the main challenges and responses to security disruptions at the level of the individual, the family, the community, and the local authority.

Challenges and Responses: Strengthening Resilience on the Individual and Family Levels

The professional literature and clinical tools that exist today relate mainly to stress and trauma deriving from exposure to a single life-threatening event. In contrast, with focused trauma stemming from an ongoing exposure to stress, there is a need for a different approach to both diagnosis and treatment. For example, over the course of 20 years, research has demonstrated that the continued exposure to disruptions in the Gaza envelope produces a generation of children and parents for whom the singular reality of their life shapes their

character and their behavior. This is the case even though all the resilience surveys conducted among adults over the years have not revealed a higher level of post-trauma (relative to normal levels) following disruptions. However, they have revealed higher levels of other symptoms, such as alertness, tension, sleep-related difficulties, and exhaustion from coping "with what life throws at me." From the requests for treatment at the resilience centers, it is evident that another unique characteristic of parenthood in a reality of ongoing emergency is overprotectiveness, due to the high level of tension and feelings of guilt. Furthermore, parents develop a desire to compensate children, and find it difficult to set boundaries. Such parenting can negatively affect the acquisition of life skills and capabilities among children, and might even affect proper development. In addition, a sense of self-restraint might develop in children—for example, refraining from going out to play in open spaces, sleeping close to parents until a relatively late age; difficulty sleeping away from home; and refraining from going on annual school trips. These difficulties are expressed even more prior to enlistment in the army.

In emergency situations there is a tendency toward regression by the individual, who develops a desire for someone to "take command" and take care of the challenged population. However, over the years and with more evidence, it has been found that the way to develop resilience and effectively cope with a shared traumatic reality of a continuing emergency is the opposite of the natural tendency. The preferred direction in the treatment frameworks of the resilience centers is to prioritize the development of capabilities, encouragement of proactivity, and the development of human capital.

In most cases, parents' motivation to request treatment at resilience centers revolves around their children's distress. Parents come to these centers hoping that individual treatment will improve their children's condition. However, as early as at the initial intervention stage, a process of setting expectations is conducted, which is intended to convey to the parents that the treatment is family treatment. This enhances their ability to mediate between the complex reality and their children, and acquire tools for self-adaptation and adaptation for their children in emergency situations. In such a framework, parents learn to identify their means of coping, and how to convey the complicated reality to their children in a manner that is suitable to them, according to their age and situation.

Diverse responses to these challenges on the individual and family level have been developed over time, including:

a. A therapeutic response that is available and free for all residents is provided at the resilience centers through the National Insurance Institute trauma protocol and the resources of the resilience centers. This response involves short-term, results-focused treatment with the goal of regulating stress, connecting to resources, and providing focused treatment of trauma.

b. Training a local team of therapists that can develop expertise in the field and cater to the unique needs of the population.

c. Developing protocols for clinical treatment that relate to the unique challenges of continued exposure, while also processing traumatic experiences—in addition to connecting to other external resources and providing tools for coping with these challenges.

d. Emphasis on family therapy and support for parents in their efforts to be pillars of support and (and resilience) for their children.

e. Development of workshops and specialized tools for parents and children by the local treatment teams, who are experts in the field.

f. Integration of tools by educational staff members from the world of mindfulness for individuals of preschool age, in addition to parents and the rest of the population.

g. The ability to identify trends from treatments at the resilience center and from professional surveys, to enable the development of

customized responses that change over time, in accordance with threats and the population's behavior.

h. Sensitivity and awareness to the therapists' professional and personal quality of life in order to reduce secondary trauma, burnout, and compassion fatigue.

Challenges and Responses: Strengthening Resilience on the Community Level

Most of the localities in the Gaza envelope are rural and have a communal character; the city of Sderot is unique in the area in that it is an urban center. Nevertheless, the insights and lessons learned from many years of activity at the resilience centers offer clear patterns as well as collective achievements, which highlight the decided systemic success in furthering growth processes, despite the ongoing threat of serious security disruptions. The demographic, economic, and social growth of the Gaza envelope localities is not only a matter of the success of the approach outlined here (and the population's responses), but also a reflection of the concept of societal resilience as a central component of the national security of the State of Israel. This is especially true when it comes to communities located far from Tel Aviv and the economic and social center of the state—communities that are at a disadvantage due to their geographic distance from medical and educational services and employment opportunities. These disadvantages could well discourage the younger generation from staying in their communities, as well as new populations from joining them. These factors compound the security challenges facing these communities.

Another important factor that contributes to resilience is the experience-based "emergency awareness" of coping with security threats in the Gaza envelope. This emergency awareness creates a high level of public awareness of threats, which is a vital basis for community preparedness. In addition, elements such as a relatively high level of social solidarity, which

is accompanied by a high-level inclusive local leadership that knows how to strengthen societal resilience, greatly contribute to community resilience.

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Against this backdrop, over the years an approach has been developed regarding the set of responses needed for developing and maintaining community resilience, among them:

a. Emphasis on developing human capital and intra-community relations, along with strengthened elements of community resilience as unique added value that these localities have to offer (elements such as cohesiveness, mutual aid, volunteering, a sense of belonging, and local pride).

b. Developing and training local emergency teams in each locality based on volunteers—first responders who manage aspects of the population in emergency and crisis situations. This is based on the tenet that the community knows best what it needs, and that the more that local residents have a role in emergencies, the more proactive and available they will be when it comes to helping people in their community. These components build a sense of personal and community capability in the face of the ongoing emergency challenges. The emergency teams model, which operates only in the Gaza envelope and is funded and managed by the resilience centers, enables a more professional approach to the management of these emergency situations. The local team develops its capabilities between the rounds of security escalations

and reaches the peak of its effectiveness during the serious disruptions themselves.

c. The model creates broad circles of impact in the community: team members enhance the sense of capabilities in the community in the face of the threat, in that the members of the community know that the volunteer emergency teams will always be there for them. These experiences strengthen the community's cohesiveness and the sense of belonging to the place, help bring others in, and afford the region its unique added value.

d. Local emergency teams are an operational arm and force multiplier of the local authority, based on the ability to work in partnership to develop tools and a professional language between the emergency services in the area, which enable monitoring the population's behavior and building an integrative approach to the local situation. These elements primarily help identify gaps on the level of the locality and the local authority and develop responses in real time, alongside identifying deep trends, which helps with decision making on the regional level.

e. In order to preserve and maintain the local volunteer teams over time and to reduce burnout due to their intensive activity in the ongoing emergency situation, there is also a need for team-building programs, and programs for "rescuing the rescuer," that is, to strengthen the capabilities of responders and service providers that are needed in emergencies. It is important to ensure effective processing, team building, and a sense of recognition on the individual, team, and regional level for the emergency teams.

Challenges and Responses: Strengthening Resilience on the Level of the Local Authority

The local authority must handle both the regular workload and the intensive tasks resulting from the ongoing emergency. Considerable time is needed for emergency preparedness,

professional training, and practice for emergency situations. Furthermore, each escalation suspends regular operation and constitutes a significant challenge and difficulty for the routine operation of the local authority. In the case of the local authorities in the Gaza envelope, time is required to strengthen the connection with military and security forces, which are a central component of the authorities' work even during routine times—and certainly during emergency times—to provide the necessary response to developing threats.

In these circumstances, there is a heavy burden on professionals in local authorities, the majority of whom are residents with families themselves. Furthermore, they must function in intensive emergency situations that are also characterized by a measure of danger to their lives and the lives of their families.

Another challenge of the local authorities is to produce a dual narrative: on the one hand, the leaders must highlight and convey a message of the challenges of life in the shadow of a weighty, ongoing security threat. This is mainly to influence decision makers on the national level to invest the necessary resources to cope properly with the consequences of the ongoing security situation, such as adequate protective measures and plans for economically strengthening the communities. At the same time, the leaders are supposed to create and maintain a narrative of capability and growth, out of an understanding that an attitude of victimhood does not encourage resilience over time. They have been challenged to deal with this tension for many years. In contemplating the desired result, it is the state that must take the lead in changing the reality on the ground of the ongoing emergency, but the question is whether a message of resilience and growth creates the public and political impact that will lead to finding a long-term solution to the conflict with Hamas in the Gaza Strip. If we demonstrate resilience and capability, the need to find a systemic solution will ostensibly decrease, and if we demonstrate weakness

and inability, we will weaken the public, and produce a "snowball effect," leading to collapse.

Over the years, diverse responses on the level of local authorities have been developed to address these challenges, including:

a. Multi-dimensional platforms were created for close cooperation, particularly with the IDF Gaza Division and with Home Front Command forces, toward joint structuring and leadership by all the civilian and military bodies. Out of the joint work with the division, the military today understands that an important part of its mission and the purpose of its activity in the Gaza envelope is ensuring the sense of security and capability of the communities and their populations. For example, in the past, the army only informed the local authorities and population of activities for which there was a need to change directives regarding behavior. Over the years, the army's awareness and understanding has increased regarding the need to inform the local authority and the population of any unusual activity, even if it does not lead to changes in directives regarding behavior. The nature of life in a region with an ongoing emergency, characterized by a high level of tension and alertness, requires that residents be updated with regard to any unusual noise or activity in order to create trust and to strengthen their sense of security.

b. Coordinating expectations between the partners in the activity and between the local authority and its employees: there is a need to have a clear contract for emergency work, starting at the hiring stage, that is renewed each year. This should include conditions relating to the personal and family environment of employees and therapists. The local authority and employees, including the therapists, must know and agree to the content of the employees' roles, what their designated training is, what the expected points of tension are for employees due to the expected emergency situations, and

what responses the organization will provide so that they can succeed in fulfilling their role before and during the acute disruption.

c. Developing responses in the field of organizational resilience, with programs and workshops held in calmer times that provide applied tools for strengthening the sense of capability among managers and professionals in the local authority in coping with situations of stress and uncertainty, and building customized solutions for emergencies for professionals and their families, in order to enable them to function effectively during emergencies. For example, tailored responses are provided to employees' children, secure travel and transportation is organized for them, flexibility is ensured through the ability to work remotely, and professionals and their families are offered treatment.

d. Customized standards: it is worth mapping out the work content of professionals and working toward customized standards for authorities coping with an ongoing emergency. The goal is to reduce overload and adapt the position's content to the workload stemming from this reality.

e. Creating a narrative of complexity in a reality of resilience and capability on the one hand while providing legitimacy and raising awareness of the cost of the psychological distress that the emergency situation causes on the other hand: by means of this complex message, it is possible to instill in decision makers the need to find a long-term solution to the state of conflict with Hamas without undermining the main message of "we are here to stay." Furthermore, it is important to convey to the Gaza envelope population the message that asking for help in these emergency situations is entirely acceptable. Among the Israeli public more generally, it is important to convey a message that makes clear the distress of the Gaza envelope's residents.

Societal Resilience and Strengthening Human Capital

The professional literature and facts on the ground suggest a close connection between societal resilience and human capital. Therefore, one of the most important components in contributing to societal resilience is ensuring the development of human capital in the community and in the local authorities; hence the need on the level of the local authority to strengthen the human resources that work on emergency and resilience tasks. Most of the professionals in the local authority, including those who are responsible for helping the population, are local residents, who are greatly impacted by their position far from the center of the country. This poses a great challenge to their availability in emergency situations, in which they and their families are threatened. On the other hand, there is an expectation and an understanding not only that they are the ones who must be available immediately in emergency situations, but also that they are the ones who understand well what the local population needs, based in part on personal experience and close familiarity with the needs on the ground.

The resilience center model should be copied and deployed in all areas of the country, based on general principles customized to the particular needs of each local authority.

In order to develop therapeutic human capital in particular and the human capital of the local authority's employees in general, it is necessary to operate in the following ways:
a. Creation of a shared language between aid providers in the local authority and the management, so that there is a continuity of services, with an emphasis on emergency services.
b. Professional training: there is a need to invest more in the training and professionalization, to the point of cultivating experts in the field of trauma and resilience. Training and specialization in the field will strengthen their personal capabilities and their personal resilience. Even today, training and guidance is provided to treatment teams at the resilience centers and the welfare departments. Employees stay up to date on the most advanced protocols and treatment methods, which are constantly updated. Over the years, therapists have acquired expertise in treatment and created their own protocols. The sense of specialization, the sense of meaning, the added value derived from professionalization in the field of trauma, and resilience are vital factors that help strengthen effective coping both at the level of the local authority, and on the national level.
c. Strengthening of volunteers and institutionalization of their roles in all elements of treatment for the individual and the community, including those parts of their work related directly to civilian security activity.

Conclusion

The five resilience centers in the Gaza envelope are a central pillar of the framework for coping with the frequent and ongoing security disruptions originating from the Gaza Strip. In effect, they are the civilian element that leads the regional, communal, and personal effort in this region to maintain and cultivate societal resilience in the face of serious daily disruptions. It is they that translate the concept of resilience into a long series of responses to the challenge of disruptions. In practice, these centers constitute an original, successful, and empirically proven model of an engaged civilian public mechanism with strategic influence for maintaining security on the regional and national level. The experience of the Eshkol Regional Council Resilience Center exemplifies this capability.

One principal conclusion and recommendation of this article is that the resilience center model should be copied and deployed in all areas of the country, based

on general principles customized to the particular needs of each local authority. This requires strategic long-term state planning that should be implemented in stages, according to priorities based on expected future man-made and natural disruptions. This is especially true with regard to anticipated disruptions in the context of a future conflict with Hezbollah, which could have a serious impact on the home front in the north, and in fact in all population centers in Israel, including in the country's center (i.e., the Tel Aviv area). Without proper preparedness for this challenge, and in light of the lessons of the Gaza envelope, the Israeli civilian home front could be unprepared. These claims underscore the importance of attention to the lessons learned from the communities near the Gaza border, as profiled in this article.

With appropriate thinking and proper planning, it is possible to channel the challenging reality of an ongoing emergency with acute disruptions into a process of growth and development. This is a vital message, and is the foundation for a multi-dimensional concept of societal resilience that relies on adopting the tools that have already led to significant achievements by the resilience centers in the Gaza envelope. The resilience centers do not replace any other department in the local authority, but rather operate together with them. They are based on models of resilience that rely on an integrated theoretical concept, whose main elements are shaping a communal culture and language of resilience, coping flexibly with the disruption, containing it, maintaining functional continuity, and rebounding quickly for recovery and growth.

The essence of activity in the field of advancing societal resilience is multi-sectoral investment in human capital and in local social capital. This holistic perspective is made possible by combining professional disciplines from the field of individual-focused mental health with the field of community resilience and population behavior. All of these are the principal raw materials for advancing

and maintaining resilience, which is shaped through inclusive local leadership along with professionals, who are the key to success.

The success of the resilience centers as a tool for advancing the level of resilience in the Gaza envelope communities is evidence not only of the appropriateness of the theoretical concept and its translation into practical tools, but also clear proof that it is possible to translate a systemic challenge into success. Posited here, based on the case of the Gaza envelope, is that when it is impossible to prevent, disruption can actually be turned into an opportunity for subsequent growth. This is also in terms of a cost-benefit analysis, in the sense that the achievements of the resilience centers in reducing the incidence of post-traumatic harm and the burnout of employees and residents can lead to significant economic savings.

The general concept of resilience enables and requires personal responses in its implementation according to a changing social reality and according to changing personal challenges that generate the relevant disruptions. In the Gaza envelope, there are differences between a rural center and urban resilience center. Similarly, in other areas marked by disruptions, there is a need for a differential approach to translate the concept into a practical framework. This requires meticulous professional planning based on both relevant disruption scenarios and the unique nature of each community in which the resilience framework is established.

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