



Defying the Cycle of Violence Among Children of War

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What is NSI Reachback?

The Joint Staff, Deputy Director for Global Operations (DDGO), jointly with other elements in the Joint Staff, Services, and United States Government (USG) Agencies, has established a Reachback capability based on the Strategic Multilayer Assessment (SMA) team’s global network of scholars and area experts. It provides Combatant Commands with population-based and regional expertise in support of ongoing operations. The Reachback team combines written and interview elicitations with additional research and analyses to provide concise responses to time-sensitive questions.

This report responds to one of a series of questions posed by USCENTCOM about the strategic implications of destabilizing population dynamics within the Central Region.¹

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Question of Focus

[B1] How can we break the cycle of radicalization, particularly with children who know no other social system/model of governance? Are there possible graduated steps to deradicalization (i.e., judicial efforts, penal efforts, religious efforts, familial efforts, treatment efforts) that can be applied?

Defying the Cycle of Violence Among Children of War²

In advance of the Turkish incursion into Syria last October, warnings about the security risks of “the children of ISIS” and radicalized youths in internally displaced person (IDP) and refugee camps in Syria and Iraq increased. Media outlets reported that women in Al Hol camp in northeast Syria were setting up their own “mini Islamic State” within the camp and terrorizing other residents in the already under-resourced camp (Sancha, 2019). The shredding of ISIS’s physical caliphate and the horrifying realization of the depths of derangement of ISIS’s treatment of Cubs and Pearls of the Caliphate—young children who serve as perpetrators, witnesses, and victims of the horrors—have raised inevitable questions about the appropriate security, moral, and legal “next steps” for these children.

Tragically, a focus on just these “children of ISIS” or “children with extremist families” is too narrow to properly address a self-perpetuating cycle of Islamist extremism and violence in the region and beyond. Here is the critical point: If we consider the “radicalization cycle” only among “children of ISIS,” we run the considerable risk of missing factors that will have severe behavioral and cognitive impact on “non-ISIS” young peoples in Syria and Iraq who have lived similarly violent and traumatic lives in prolonged conflict (Moreland, 2019).

Protracted civil conflict in which terror-inducing tactics are used (e.g., deliberately targeting civilians at home or in school, enslavement and rape of women and children, forced recruitment, and abductions) are particularly devastating for young people as they inevitably bring them to the frontlines of traumatic violence. Responding to the needs only of children who are known to have been directly in the control or care of radicalized adults is not enough. Any child who has been exposed to prolonged conflict and violence is at risk of turning to violence as a means of conflict resolution. Therefore, the focus of USCENTCOM and the USG as a whole should be on preventing *violence* first and foremost, rather than *radicalization*. It is critical that we recognize that *all* children—former child soldiers, IDPs, refugees, and victims—who have been touched by warfare in Syria, Iraq, and elsewhere—even indirectly—are candidates for experiencing the neurological, psychological, and physical impacts of war. They have all been habituated to violent means of conflict resolution and, in the future, are more likely to turn to these destabilizing tactics, regardless of ideology or religious belief.

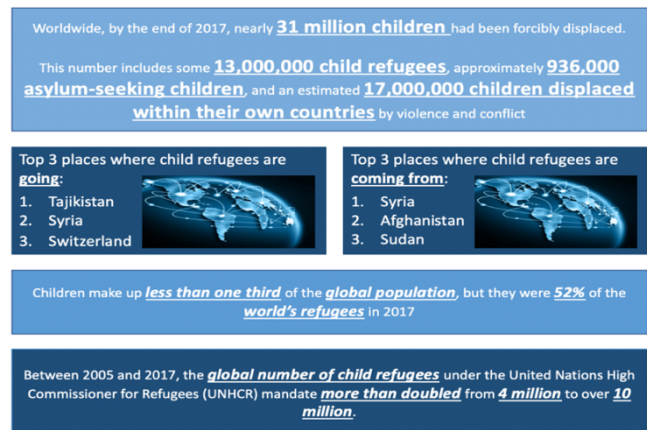


Figure 1. Children Displaced by War
(Source: United Nations Children's Fund (UNICEF) data)

² The following subject matter experts kindly contributed to this analysis: **Dr. Mia Bloom** (Georgia State University), **Dr. Scott Moreland** (private practice, child psychiatry), and **Dr. Siobhan O'Neil** (United Nations University).

A Few Words on Terminology and the Populations Examined

All children of war, refugees living within camps, IDPs, and children that have grown up in areas with little structure or governance may have experienced mental, emotional, and physical trauma. Breaking a cycle of radicalization and violence among these children will be a difficult feat, as many of them have spent their entire lives in unstable environments and in the care of adults who are themselves suffering from traumatic stress. To get a better handle on some of the ways in which USCENTCOM and others might assist, it is essential that we clarify precisely who and what we are talking about.

Children → Young Child, Child, and Adolescent

People perceive, interact with, and respond to the world differently at different ages. Naturally, conflict and violence affect infants and younger children differently than older children, adolescents, and young adults (Barricman, 2019). Age-related differences in neurological and cognitive development, psychosocial and moral needs and motivations, and agency are critical when considering the radicalization and deradicalization of young people. Unfortunately, there is no consistent definition of “child,” “youth,” “adolescent,” or “young adult” used by international aid organizations, governments, researchers, or across cultures.³ In this paper, unless otherwise specified, we refer to people under 18 as “youths.” Where distinctions can be made, we follow the categories suggested by British researchers Cook and Vale (2018) and refer to individuals 0-4 years as “young children,” 5-15 years as “children,” and 15-18 years as “adolescents.”

Radical/Radicalization → Radicalization to Violence Deradicalization → Disengagement from Violence

The cycle of “radicalization” is not the issue; breaking the cycle of violence and trauma is.

Most people who hold radical ideas do not engage in terrorism or commit acts of violence (Borum, 2011). In this paper, we are concerned with understanding and preventing political violence. Assessing an individual’s thoughts and values is extremely difficult if not impossible and raises ethical concerns about violating freedom of conscience. A more fruitful focus is on how people’s thoughts are transformed into cycles of unacceptable behaviors such as violence *regardless of the nature of the ideology* that underpins it. This is especially the case in dealing

with children who may have had little choice in the ideology under which they were raised, which extends beyond the children of ISIS. Children immersed in a variety of ideological backgrounds (ISIS, Shia, Sunni, Sufi, Christian, Yazidi, Baathist, Marxist, secular) may have been exposed to similar traumas.

In the following discussion, we remove the presumed Islamist ideological core of the way that “radicalization” and “deradicalization” are typically used and consider any ideation or experience that leads young people to choose political violence as a course of action as radicalizing. To reinforce this distinction, we will refer to this as “radicalization to violence.” We include both young people 1) who have chosen or have been forced (by family or others) to work as child soldiers and/or sympathize with violent extremist groups such as ISIS and 2) who may not have been sympathetic to radical groups but nonetheless have experienced similar types of war-related trauma and deprivations.

³ In fact, Middle Eastern languages and others around the world have no words for these constructs and often consider the passage from pre- to post-puberty as the important divide (Bloom and Horgan, 2019).

Radicalization to Violence

What are the key characteristics of children who, as they mature, are more likely to adopt and perpetuate the violent extremism to which they have been exposed? Scholarly work tends to explain youth participation in violent political extremism as a function of three conditions: the basic state of the environment, community and familial conditions, and the physical and psychological needs of the individual.

Environmental Conditions

Bloom and Horgan (2019) consider poverty and deep-seated social grievances as “push” factors for radicalization. Similarly, Barricman (2019) points to contextual factors such as state repression, relative deprivation, poverty, and injustice. These factors help to create an environment that is favorable for the radicalization to violence of children, adolescents, or indeed adults by creating grievances that militants then promise to redress.

Community, Schooling, and Familial Conditions

Even for the youngest children, familial and community influences are crucial to a child’s socialization and orientation to the world around them. These influences include familial bonds, social networks, friend groups, and peer groups—the latter two especially pertinent for adolescents—as social organizations that can influence participation in violent behavior (Barricman, 2019; Özerdem & Podder, 2011).

Mothers of ISIS children have often played an active role in teaching political and religious beliefs to their children (McCue et al., 2017); the child’s broader family and friend network reinforce this orientation, and the ISIS community strengthens it through shared ideology, expectations, training, and eventual combat. Of course, this process is not unique to ISIS families. Families of all stripes pass down beliefs from one generation to the next, as children tend to observe and imitate the behaviors of older family members, often with little control over what is learned⁴ (Ojeda and Hatemi, 2015; Bloom, 2019). Especially as children age, the content and style of their education (rather than the level of attainment) is a particularly important indicator when it comes to recruitment into extremist groups (Pels & Ryter, 2012; Onuoha, 2014). Even before the worst of the atrocities had occurred, Wunderlich (1937) pointed to control of German children’s education as the essential foundation of Nazi totalitarianism and the violence against those outside the *Herrenvolk* (master race).

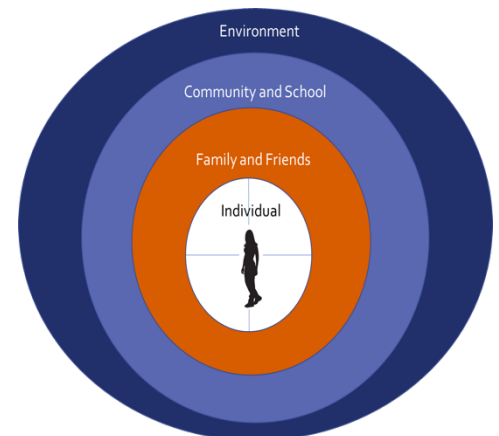


Figure 2. Vectors of Radicalization to Violence

⁴ The authors are grateful for the important point made by one of our reviewers. Namely, that modes of learning and transference of cultural mores present environmental factors in addition to stress, poor nutrition, etc. that can alter the epigenome and impact gene expression including those that influence cognition and behavior. Altered gene expressions are transgenerational; they are passed down over generations.

As argued above, it is critical to recognize that *any* young child, child, or adolescent in a war zone will have played many roles in their community and/or in their family (e.g., soldier, victim, witness, etc.) simultaneously and have had a range of experiences. For example, a child compelled to violence to prevent (in his mind) the death of his father is at the same time a perpetrator and a psychological victim of that traumatic experience, and he may also receive positive feelings associated with adult praise for his efforts. *Figure 3* illustrates the range of roles that a notional young boy living in the vicinity of the Islamic State might have played and the types of experiences that he may have had.

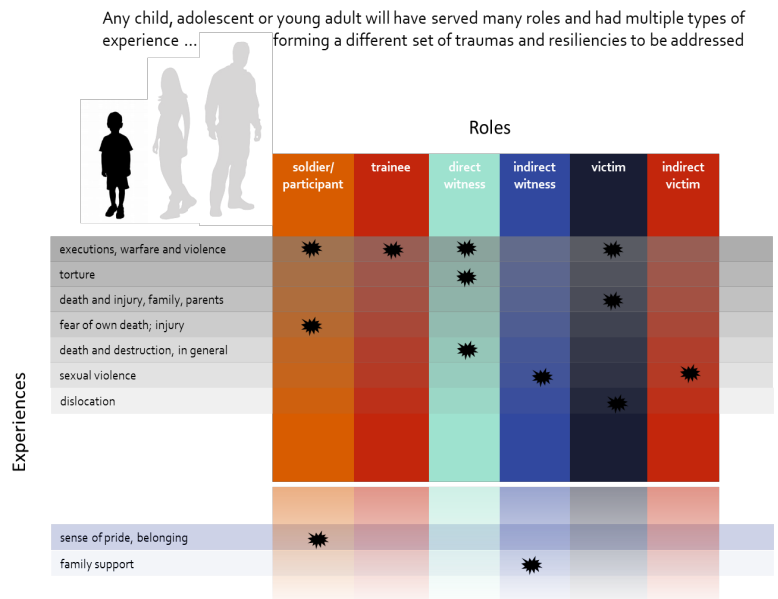


Figure 3. Overlapping Roles and Experiences of a Notional Child of War

Individual Needs

Unfortunately, there is a significant deficit in models of political radicalization specific to—or even accounting for—the needs of children. However, research on early child and adolescent development, and developmental traumatology in particular,⁵ can provide insights into the ways that life in war zones might impact young children and adolescents.

Neurological Impact

Brain development is extremely sensitive to the environment in which a child grows up in.⁶ According to Moreland (2019), a child psychiatrist who treats children suffering from stress disorders, trauma is poison to the brain. Specifically, trauma can damage or hinder development of the (limbic) system that governs emotional attachment and emotional and behavioral regulation, as well as the more complex cortical lobes that control how we evaluate and process information and ultimately learn. Most critically, prolonged and significant trauma, as has been the experience of most children in Iraq and Syria, keeps the brain in “survival mode” by pushing control of the brain from higher order (limbic and cortical) systems down to the lower-order “primitive brain” that governs basic sensory and somatic sensations and the fight, flight, or freeze responses.⁷ As a result, a critically traumatized child will view new information and situations as potentially threatening, respond emotionally and reflexively to them, and hinder his ability to process that information and learn.

⁵ Developmental traumatology investigates the psychiatric and psychobiological effects of chronic overwhelming stress on the developing child (i.e., the effects of pediatric trauma) (Moreland, 2019).

⁶ In fact, research has indicated that, in general, children who experience trauma or chaos during their first year of life and are then moved to a safe and stable environment do worse psychologically than children who have had a stable first year of life followed by 16 years of trauma.

⁷ If flight or fight are not options, for example, among young children, a “freeze” or dissociative response can kick in. Basically, the brain prepares to be injured and seeks to protect itself, which can manifest as numbness, dissociation, and/or depersonalization.

Social-Psychological and Physical Impact

There is a broad array of childhood physical and psychological needs: from basic survival, emotional attachment, and protection in young children, to self-protection and a desire to forge a life purpose among adolescents (Özerdem & Podder, 2011).⁸ Unfortunately, it is safe to presume that young people in and around the conflicts in Syria and Iraq have endured deficits in these areas as a result of persistent exposure to violence, social chaos, and destruction. Many have lost parents and siblings and/or endured a lack of food, water, and basic healthcare. As shown in *Figure 4*, the consequences of these deficits—death from treatable disease, anxiety and behavioral disorders, PTSD, fear, propensity to violence—can occur regardless of whether the young person lives as a refugee, as an IDP, or in the ruins of what was once called home.



Figure 4. Needs Versus Deficits Associated with Life In a War Zone

Recovery and Rehabilitation of Children: Disengaging from Political Violence

Insights from Adult Deradicalization Programs

“Deradicalization” is not the optimal approach; recovery from childhood trauma and disengagement from violence are.

There is no universal theoretical model for youth deradicalization. As suggested above, there is very little reliable empirical evidence regarding the effectiveness of deradicalization programs—among children or adults (Pels & Ryter, 2012; Barricman, 2018). Governments often fail to divulge details such as the success, failure, and recidivism rates of these programs (Barricman, 2019; Beech & Suhartono, 2019). Moreover, although the ideas of deradicalizing and disengaging from violence have received considerable attention, programs for children remain under researched (Bloom, 2019). Several comparative studies explore key features of adult deradicalization programs, however. In particular, El-Said’s (2012) review of fifteen adult deradicalization and disengagement programs in prisons determines that many share some of the same basic elements, including provisions for religious counseling, vocational training, and job assistance.⁹ In addition, many researchers note that one of the most important aspects is tailoring programs to specific national and local contexts (El-Said, 2012, 2015; Neuman, 2010). Similarly, researchers have increasingly highlighted cultural appropriateness as a critical requirement for any disengagement effort.¹⁰ While a serious question remains about the effectiveness and applicability of adult programs to young children,

⁸ For a further discussion of the radicalization of IDPs and refugees living in camps, please see NSI’s related Reachback report on Tab B Question 5. Please contact gpopp@nsiteam for a copy of that report.

⁹ An additional dimension to the importance of vocational training and job assistance is that work itself can be seen as a form of worship in Islam (Ali & Al-Owaihian, 2008). In other words, productive labor may satisfy spiritual needs, as well as material needs.

¹⁰ Bloom (2019) offers an example of a program for Taliban children in Pakistan which is seen as having had initial “success,” largely because it is run by Pakistanis for Pakistani children in Pakistan.

children, and adolescents, certain common elements are supported by literature on recovery and rehabilitation of childhood trauma. These elements, derived from Neumann (2010), include:

1. Spiritual or religious counseling that emphasizes moderation and non-violence.
2. Vocational training for adolescents that may increase self-esteem and purpose, provided there are real opportunities for employment once the training is completed.
3. Involvement of non-radical family members to guide a young person.
4. Programmed after-care for continued mentorship of young people.
5. Employing the community (e.g., tribal affiliation, civil organizations, NGOs) to reintegrate youth in a non-violent, pro-social manner. Organizations such as the YMCA, YWCA, and PAL Boxing Clubs were specially organized to combat delinquency in American cities. Their equivalents in other countries and cultures might be equally effective.

Insights from the Treatment of Childhood Trauma and Mental Disorders

Given the dearth of child-specific radicalization and deradicalization research, the considerable literature on child soldiers and childhood recovery from trauma can serve as a reasonable guide to key issues in recovery and rehabilitation for young children of war. According to Moreland (2019), effective interventions for childhood traumatic stress and other anxiety disorders share the same set of core goals: a sense of safety, calm, self- and community-efficacy, connectedness, and hope. Because radicalization to violence is the result of the interplay of risk factors on environmental, social, and individual levels, interventions are ideally multi-layered as well. For example, Chrisman & Dougherty (2014) identify two layers of “protective factors”—social and individual—that ideally work together to enhance recovery and mental resilience among children and adolescents in war zones. The young people who lack an array of protective factors are likely to be those in the most need of intervention.

Social Factors

There are no penal or other treatments that can be universally applied. An individualized, long-term, multi-layered approach focused on problem-solving skills is needed.

A child’s “social ecology,” which includes family, community, and peer groups, is a central feature of his or her response to trauma and resilience in the face of traumatic events (Noffsinger, 2012). A positive family environment—including a supportive and non-violent child-caregiver relationship, a mentally healthy mother¹¹ (Betancourt et al., 2010), and offering the child a valued role in the household—are critical to a child’s recovery from trauma. Communities are also important, as they can help provide young people a sense of safety and help replace malign influences with close relationships to caring unrelated mentors, especially if they have suffered the same hardships (Betancourt et al., 2010). Finally, supportive relationships among peer groups and in school that offer the young person a valued social role (e.g., a job for an older child, a responsibility or a task for a younger child) can aid a young person’s recovery as well.

Betancourt et al. (2010) also found that the protective factors that moderated the impact of war adversities on child soldiers included “the availability of additional caregivers, such as grandparents and older siblings; a shared sense of values; the assumption of responsibility for the protection and welfare of others; and the use of humor and altruism as defense mechanisms.” Similarly, membership in a non-violent religious community—not

¹¹ Pine, Costello, and Masten (2005) observe that younger children gauge threats based on caregiver responses, which is why separation can be more stressful to children than the traumatic event itself.

necessarily the dogma itself—or involvement in sports and athletic training provide children with social affiliation and structure, as well as purpose (Richardson, Cameron, & Berlouis, 2017; Bloom, 2019).

Individual Factors

Psychiatric and psychological research affirms that when it comes to recovery from trauma and associated disorders that might fuel a cycle of violence, every child and every child's experience is different (Moreland, 2019). If the disengagement program is to have any chance of success, it must begin with treatment directed at the primitive part of the brain first. Specifically, the brain must be eased out of survival mode (sensitized stress response) by removing the youth's perceptions of threat and reconstituting their sense of safety (as opposed to objective conditions of safety). For some children, this may be a long-term process, but in all, it is a necessary condition before an acutely traumatized child could entertain more abstract constructs like truth, beliefs, right and wrong, religious training, etc.

Additional Considerations for Disengagement Programming

- **Differentiate demographics precisely.** Again, every individual is different and will have vulnerabilities and responses to objectively traumatic events (Cook & Vale, 2018; Graham et al., 2019). For example, even living in the same camps, women's needs and concerns will be distinct from those of young children, those of children, and those of adolescents. Personality traits and learned behaviors, such as the ability to see opportunities in adverse conditions, empathy, a sense of humor, and cognitive flexibility, can serve as sources of resilience in children and make them less vulnerable than others to the negative effects of trauma.
- **Relatedly, children of different ages and temperaments recognize, understand, and process traumatic experiences, emotions, and feelings more deeply than adults realize.** Children who have lived through the civil conflict in Syria and Iraq, as has been noted, have been exposed to both mental and physical stressors. While they can develop traumatic disorders as a result of the conditions of their daily lives, as their parents and caregivers can, they will not necessarily express trauma in the same ways. Caregivers and counselors must be trained to recognize signs of trauma and stress disorders particular to young children, children, and adolescents. Moreover, disengagement programs must take age-specific stress manifestations into account, as should military operations conducted in the vicinity of children.
- **Evaluate the details of experience.** Children, like adults, tend to react more severely in response to events that threaten the basic security of another (e.g., a parent is killed), of themselves, and of their self-integrity (e.g., a child is tortured, raped, injured, or threatened with these). Response to violence or loss resulting from human intention rather than natural causes can also be more severe. Furthermore, indirect exposure is an increasing concern for children because of the degree of exposure to media among children and the intensity of the video available for their consumption (Pine, Costello, & Masten, 2005). It is important to note that a child or adolescent's *perception* that he or she has been exposed to trauma and violence is key; studies find high symptom levels even in children and adolescents who believed they had been exposed to a toxin but had not (Moreland, 2019).
- **Consider the role of culture in diagnosis as well as treatment.** To date, much of what is "known" about stress disorders, culturally acceptable norms for adapting to stress or mental illness, the means in which distress is expressed, and attribution of symptoms to root causes is based on research conducted in the

West with Western subjects (and very often with boys as subjects). Transcultural psychiatry is an effort to address the biases inherent in diagnosing mental health concerns of non-Western patients on this basis. Researchers highlighting the cultural context in which disorders occur have demonstrated, for example, that certain disorders are more prevalent in some cultures than in others and that the same disorders can take different forms depending on cultural context.¹² Consideration of cultural context is also crucial when educating children and adolescents about coping strategies *that are appropriate within their own cultures*.

- **Consider a rights-based rather than a location-based approach.** Guyot's (2007) research on child refugees in Africa supports a rights-based approach to housing and resettling children. For children living in camps, such an approach would simultaneously address (and reduce) some of the uncertainty, boredom ("camp stagnation"), frustration, and the sense of helplessness that perpetuate so much of the lives of these children. Furthermore, children should be included as active participants in community decision making bodies in order to relieve some of their uncertainty and sense of powerlessness in camps that can become unbearable, especially if permanent housing is not secured immediately. These suggestions align with Skill-Based Psychological Recovery (SPR), a type of intervention designed to accelerate recovery and increase self-efficacy. SPR differs from a more typical mental health approach in focusing on helping a person regain a sense of control over their life rather than assuming a pathology. Some research suggests that a structured, problem-solving skills-building approach is more effective than supportive counseling (Moreland, 2019). Guyot (2007) cites de Waal's justification for including child participation rather than focusing on services and protection for children by stating that youths "represent the possibility of either an exit from [Africa's] current predicament, or an intensification of that predicament" (de Waal, 2002).

What Can the USG/USCENTCOM Do?

There is little dispute that the lives of children are disproportionately affected by warfare and violence (Geoghegan, 2019; Graham et al., 2019).¹³ Exposure of youth to violent conflict, whether as victims, soldiers, or both, is a feature not just of the Middle East but globally.¹⁴ Scores of young people have been habituated to chaos, conflict-related deprivation, and physical and psychological trauma. Humans, children included, are adaptive and impressively resilient to adverse circumstances. However, the next generations in many areas of USCENTCOM's area of responsibility remain poised to perpetuate warfare and extremist political violence even if large combat operations cease. In order to prevent this cycle of violence from perpetuating among youths, it is imperative that USCENTCOM, the USG, US allies, and regional states all come to grips with the fact that rehabilitating children in the Middle East—*nearly all of whom have grown up on the front-lines of devastating war*—will require years of well-designed, sustained involvement.

Changing someone's outlook on life to the point of impacting behavior is a long-term process. Sustained programming, including years of after-care for "graduates" of these programs, is a critical requirement for

¹² According to the World Association of Cultural Psychiatry, "culturally informed practices are essential to the provision of quality mental health care, to increase the validity of the services delivered for a range of individuals and their families, to promote their full participation in treatment, and to enhance the effectiveness of care."

¹³ Surprisingly, it was not until 1977 when Geneva Protocol I classified using children in warfare as a war crime. This was reiterated in the UN Convention on the Rights of the Child (CRC) adopted in 1989.

¹⁴ The 2019 Global Childhood Report notes that, "in 2017, 420 million children—roughly 1 in 5 children worldwide—were living within 50 kilometers of a conflict incident, more than double the number in 1995" (Geoghegan, 2019). According to the same report, four of the ten most dangerous locations for children are in the CENTCOM area of responsibility: Afghanistan, Iraq, Syria, and Yemen. The other six are in the AFRICOM AOR: Central African Republic, Democratic Republic of the Congo, Mali, Nigeria, Somalia, and South Sudan (Geoghegan, 2019).

addressing the many problems that arise among severely traumatized children. However, as Özerdem and Podder (2011) argue, recruitment to violent extremism is "ultimately a structural challenge," and addressing the root causes of what prompted recruitment in the first place is the only solution, not a "band-aid approach of stopgap reintegration assistance." Unfortunately, given the deep-seated social and political disputes that plague the Central Middle East, coupled with popular fear of/lack of trust regarding the intentions of US military personnel among large segments of the population, there are few visible or direct actions that USCENTCOM or the USG might take to assist. Where at all possible, USCENTCOM's involvement, in particular, should be less publicly visible and indirect (Bloom, 2019), and, of course, it should avoid operations that could exacerbate the trauma and uncertainty already prevalent among the region's youth.

Some Options for USG Assistance

Advocate for the repatriation of young children and help provide access to long-term psychological counseling.

Removing children (and their parents, if appropriate) from the environment that caused/may be perpetuating trauma is a potentially potent step in recovery. However, legal issues are a complicating factor in any recovery or rehabilitation intervention. Repatriation of children of foreign fighters is complicated in some cases by ambiguity regarding who has legal responsibility for them and, psychologically, by a home country's, town's, or neighborhood's lack of willingness to accept them (Milton & Ressler, 2019). Many IDP and refugee children have lost or have never known the societies and culture to which they would return and must be re-aculturated carefully.

USCENTCOM or the USG may provide assistance in the form of:

- Encouraging developed states to remove legal barriers to the repatriation of children with at least one parent from that country and/or with extended family who are permanent residents.
- Informing home countries of the violence-reinforcing cycle perpetuated by the stigmatization of children of foreign fighters reintegrating into their parents' homeland as "foreigners," "radicals," or both (Milton & Ressler, 2019). USCENTCOM/the USG should also emphasize to these nations that the timeframe for effective disengagement will be long-term and that significant psychological counseling and aftercare will be required.
- Helping to provide secure transit for children returning to states that cannot afford the costs of repatriation.

Clear the path to disengagement (literally). While determining jurisdiction over Syrian and Iraqi children is not as complex as for foreign fighter children, for some, resettlement is physically impossible. Homes have been destroyed or damaged to the point of making habitation unsafe. In addition, rubble piles, unexploded ordinance, and mines make reconstruction and repair both difficult and dangerous. With no place to return to, people may have little choice but to stay in camps. For those in urban settings, restoring electricity and reconstructing sanitation and water systems are critical needs, as is the reconstruction of schools.¹⁵

USCENTCOM or the USG may provide assistance in the form of:

¹⁵ The Iraqi Ministry of Planning and the World Bank estimate that reconstruction will take ten years and cost more than \$88 billion (Iraq, 2018).

- Assisting local, large-scale reconstruction efforts; clearing rubble and removing unexploded ordinance.
- Funding local efforts to reconstruct water, sanitation, and hygiene (WASH) infrastructure.
- Rebuilding schools, supplying funding, and/or providing security assistance for teachers and students.

Advocate for programming to help all children—not just “radicals”—gain positive recovery skills. Empowering and/or funding already successful local educational—not necessarily “deradicalization”—programs will be critical to achieving this goal. There are many programs in the MENA region that work to develop the skills, physical fitness, and education of children that might be empowered to aid both youths in camps and even those still living in or near pre-conflict homes. Good examples of young child and youth programs include “Ahlan Simsim” (“Welcome Sesame”) from the International Rescue Committee (IRC) together with the Sesame Workshop,¹⁶ and the Children Youth Centers set up by the Royal Film Commission (RFC) of Jordan. In operation since 2008, RFC Youth Centers in Jordan, including two mobile “cinema buses,” train children and youth in “drama, acting, screenwriting, and the art of filmmaking.” While they are not necessarily “teaching” deradicalization or disengagement, the curricula provide young Jordanians with a voice—an outlet to express issues related to their daily lives.

USCENTCOM or the USG may provide assistance in the form of:

- Funding and/or creating facilities for locally written and filmed media and games. Video presentations and films can reach more people and often have longer-lasting impact than other forms of communication. Moreover, they can demonstrate subtly and in age- and culture-appropriate ways, children living lives without fear, and the skills and processes for peaceful conflict resolution. Video media are also a form of entertainment that could be helpful in providing children sources of escape from stressors in their lives.
- Providing athletic equipment, funding, and instruction, as well as other extra-curricular activities appropriate for young children, children, and adolescents.

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¹⁶ Further information on Ahlan Simsim can be found at: <https://www.rescue.org/sesame>. Information on the Children Youth Centers can be found at: <http://www.film.jo/Contents/Children-Youth-Centers-Drosos.aspx>.

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