

YOUTH, TRAUMA & RADICALIZATION



Photo by Lars Plougmann

Youth from 10 to 24 years old constitute one-fourth of humanity. But in many developing countries, young people make up the majority of the population. Surging youth populations create an opening for violent extremists who successfully recruit from among deeply disenfranchised young people and those who have experienced severe violence. There is an urgent need to learn how to prepare young people to participate as fully engaged members of communities rather than contributing toward greater instability.

There are about 1.8 billion young people between the ages of 10 and 24—the largest youth population ever. Many of them are concentrated in developing countries. In fact, in the world's 48 least developed countries, children or adolescents make up a majority of the population.¹

Many factors increase susceptibility to radicalization and recruitment to violent extremism. Exposure to traumatic stress and violence as a child has deep, long-term consequences that increase the risk of a variety of negative outcomes, including recruitment to violent groups.

The path to violent extremism is neither direct nor predictable. It manifests across a broad continuum but frequently commences during childhood. Nonetheless, researchers have identified strategies to help reduce susceptibility to radicalization and organized violence.

THE PROCESS OF RADICALIZATION

Qualitative research on trends and patterns can serve as a starting point for understanding violent extremism and radicalization. The United Nations Secretary-General's Plan of Action to Prevent Violent Extremism identifies "push factors" that create conditions conducive to violent extremism: lack of socioeconomic opportunities; marginalization and discrimination; poor governance and violations of human rights and the rule of law; prolonged and unresolved conflicts; or imprisonment where radicals are held.² Yet only a small percentage of those who share these experiences will ever be radicalized.

A second focus for examining radicalization are the "pull factors": individual motivations and human agency that help determine whether an individual is vulnerable to radicalization. Witnessing torture or the brutal killing of a relative or friend, experiencing severe humiliation, or being denied rights over a sustained period can all increase an individual's susceptibility. A charismatic leader can take advantage of these factors, creating compelling narratives that tap into the fears and personal experiences of potential recruits by distorting and misusing their beliefs, political ideologies, and ethnic and cultural differences.

For the recruit, the connection to the cause that the leader espouses takes place on a personal level and becomes the basis for an attractive social network. Susceptible youth make the transition within neighborhoods, schools (classes, dorms), workplaces, common leisure activities (soccer, barbershop, café), and, increasingly, online chat rooms by way of family and friends.

A study of ISIS recruits on six continents revealed the following:³

- None of the ISIS fighters interviewed in Iraq had more than primary school education.
- When asked, "What is Islam?" they answered, "My life." But they knew nothing of the Quran or Hadith, or of the early caliphs Omar and Othman.
- They had learned of Islam from al Qaeda and ISIS propaganda, which maintained that Muslims like them were targeted for elimination unless they first eliminated the impure.
- They grew up in a hellish world of guerrilla war, family deaths, and dislocation and had been unable to leave their homes or temporary shelters for months on end.

These responses underscore the personal rather than ideological nature of their ISIS allegiance and engagement. The reference to the "hellish world" they had experienced invokes the greater question about how traumatic stress contributes to radicalization, especially for children and youth.



Photo by Arlo Ringsmuth

THE CONSEQUENCES OF TRAUMA

Research is shedding new light on the impact of trauma on radicalization and participation in organized violence. As a result, efforts to prevent and counter violent extremism are usefully focusing on the long-term consequences of childhood exposure to violence.

The Centers for Disease Control & Prevention confirm that children and youth who have been exposed to violence are at higher risk for depression and deficiencies in empathy.⁴ These impairments can increase vulnerability for perpetrating violence and recruitment into extremist groups and organized violence. The impact trauma has on the health and well-being of these children can last a lifetime. Exposure to violence in early childhood can alter biological development, impair brain architecture, and even influence DNA.⁵ These conditions generate a self-perpetuating cycle of violence, but there are interventions that can interrupt and reverse these outcomes.

While traumatic stress is not an automatic trigger for involvement with violence or violent extremism—indeed, it does not appear in most instances of radicalization—it is often a key contributor in combination with other pathways to violence.⁶ Extensive interviews with 44 former members of violent white supremacist groups by the University of Maryland revealed the following:

45 percent reported being the victim of childhood physical abuse;

21 percent reported being the victim of childhood sexual abuse;

57 percent reported experiencing mental problems, as diagnosed by a medical practitioner, either preceding or during their extremist involvement; and

72 percent reported problems with alcohol and/or illegal drugs.⁷



Photo by Tom Woodward



Photo by Asian Development Bank

Globally, over half of all children aged 2 to 17—one billion of them—have experienced violence. Analysis of 38 reports from 96 countries with data on the prevalence of violence against children shows that in 2015 at least half the children in Asia, Africa, and North America experienced violence, defined as severe mistreatment, sexual exploitation, battering, sustained humiliation and verbal abuse, or witnessing domestic violence.⁸

Parents, relatives, neighbors, teachers, friends, dating partners, or strangers are the most frequent perpetrators of this abuse, which typically takes place within familiar locations like homes, schools, or in the streets. Such violence occurs during war and peace.

An array of domestic and international studies shed light on the impact of this exposure.

- A study of child soldiers conducted in northern Uganda and the Democratic Republic of Congo in 2010 revealed that exposure to violence forms neural connections that are integrated with an appetite for aggression toward others.⁹
- A 2003 study of urban elementary school children's exposure to violence demonstrated an increase in aggression, more favorable attitudes toward aggression, and aggressive fantasies.¹⁰
- Exposure to violence can enhance the appeal of radical or black-or-white social ideologies and decrease the individual's acceptance of nuanced appeals to social cohesion.¹¹
- The social disruption that comes with communal violence can decouple (increasingly) aggressive individuals from normative strictures rooted in compromise and the rule of law, leaving them in search of ideologies that promote simple answers or that paint one side as good and another as evil.¹²

In many regions, exposure to violence adds another layer of susceptibility for children and youth who already are at higher risk due to poor living conditions and diminished opportunities to develop and grow.

TOXIC STRESS & THE DEVELOPING BRAIN

Traumatic life experiences can happen anywhere to anyone, irrespective of social or economic standing. Sexual or physical abuse, neglect, emotional or mental abuse, serious accidents, witnessing domestic abuse or violent crime, natural disasters, forced displacement, or war are all examples of traumatic life experiences that increase susceptibility to manipulation.

Such common traumas are compounded in regions with an overabundance of war, conflict, and violence, especially where they are also correlated with scarce resources, injustice, instability, and insecurity. It is critical to understand and to bolster individuals' ability to cope with these challenges to human development.

Childhood experiences, both positive and negative, have a tremendous impact on future violence victimization and perpetration, and lifelong health and opportunity. As such, early experiences are an important public health issue. Much of the foundational research in this area has been referred to as Adverse Childhood Experiences (ACEs). ACEs can be prevented and interventions can reduce and mitigate their impact.¹³

Teaching children how best to cope with adversity is part of healthy child development, but in some cases the adversity and threats appear too severe, too widespread, and perpetually imminent. Loss of a parent, natural disasters, or injury are referred to as "tolerable stresses" that can be buffered, especially when there are caring, supportive adults to help a child cope and adapt. However, strong, frequent, or prolonged adverse experiences produce physiological responses that are more acute, consequential, and potentially long term.¹⁴

When human beings are threatened, their bodies activate a variety of physiological responses, including increases in heart rate, blood pressure, and stress hormones such as cortisol.¹⁵ When there is no adult support, these ongoing stressors become toxic and trigger release of excessive cortisol, which disrupts developing brain circuits. During infancy and very early childhood, when the brain and body are developing rapidly, exposure to toxic stress hampers development, brain function, and even alters DNA.¹⁶ The longer children experience such stress—severe poverty, abuse, neglect, or exposure to violence—the greater the risk of developmental delays and other problems.¹⁷ Early intervention and prevention are the least costly and most impactful ways to turn the tide on long-term impacts of toxic stress.



Nigerian children among the thousands who fled when Boko Haram attacked their town. Violence in North-east Nigeria has led to the displacement of an estimated 2.1 million people many to neighboring Niger, Chad, and Cameroon.

© EC/ECHO/Wim Fransen

“There’s a lot of fear and hatred toward Boko Haram,” and it ends up being directed at those who lived with them, even unwillingly, and they become the targets of hate. People call the girls “Boko Haram wife” and sometimes harass and beat them. “It annoys me a lot that people here in the community view me as a Boko Haram abductee. I hate it,” said one of the freed teenagers. And along with everything else, she’s terrified that Boko Haram will come back to get her.

—Reported by Larisa Epatko, *PBS Newshour*, October 19, 2016

TRAUMA & RADICALIZATION

Through effective messages, recruiters create the cause-and-effect narratives that explain and assign blame for in-group suffering to an “other” group whose policies, actions, or presence is often identified as the source of the trauma.¹⁸ Some experts in psychopathology of religious and cultural conflict describe violent extremism as a situation in which an injustice is experienced and blame must be assigned to an antagonist. Narratives like “Islam is under attack” impactfully assign blame, dehumanize potential targets, and underpin strategic plans to eliminate the source of trauma. The conditions and experiences that tend to increase individuals’ vulnerability to trauma also makes them more susceptible to the narrative. Just as a group could be exposed in one setting to the same flu virus while only one actually contracts the flu due to compromised immune system, a group of individuals could be exposed to the rhetoric and narrative of violent extremists, but only the most compromised will likely join. Combating violent extremism thus requires an understanding of what those vulnerabilities are in order to take measures to inoculate individuals.

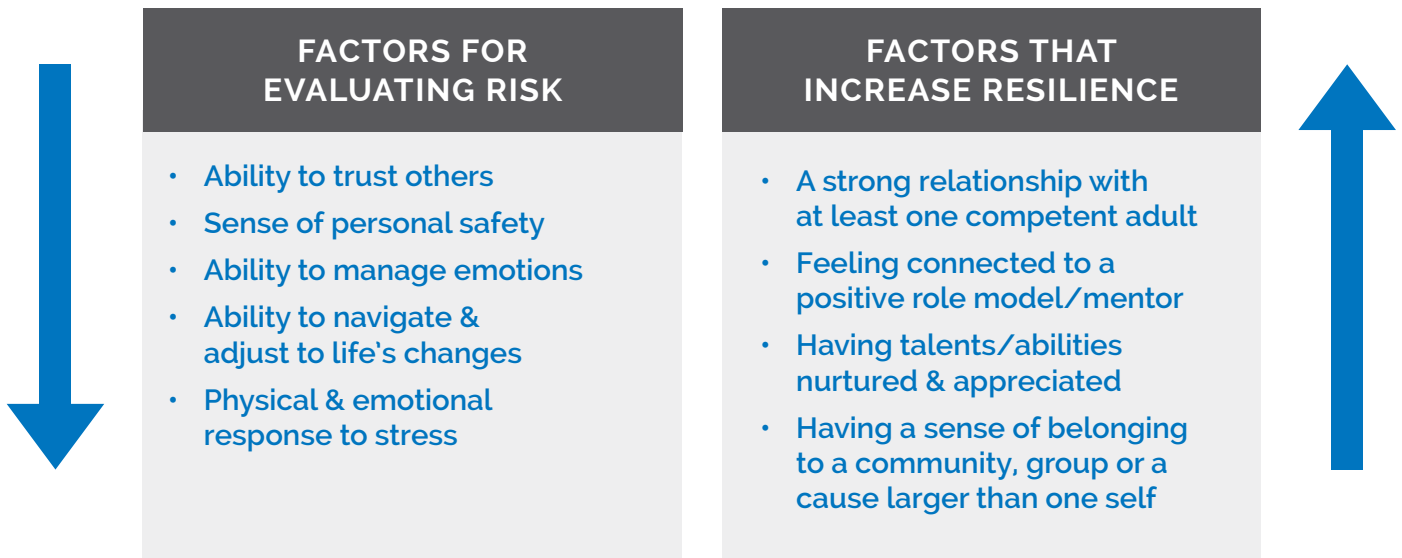
Over the last several years, a Strategic Multilayer Assessment (SMA) team—in partnership with think tanks, academia, and federal agencies such as the National Institutes of Health, Department of State, the Defense Advanced Research Projects Agency, the Air Force Research Laboratory, and the Army’s Engineer Research and Development Center—explored radicalization and political extremism. They looked closely at factors that influence individual decisions to radicalize and divided them into endogenous and exogenous factors. Endogenous factors referred to a person’s inherent characteristics: genetics, culture, environment, values, and emotions. While often necessary, they are not typically sufficient to propel an individual toward violent action. Exogenous factors are external ones, which are not inherent. These factors often trigger a susceptible person to act: exposure to narratives, radical social networks, perceived grievances, and traumatic life experiences.

Syrian refugees along the Syria-Lebanon border.
(Photo by Mustafa Öztürk, IHH Humanitarian Relief Foundation)





Malala Yousafzai, a Pakistani advocate for female education and the youngest ever Nobel Peace Laureate (2014), speaks to leaders at the United Nations. (Photo by Norwegian Mission to the United Nations)



The National Child Traumatic Stress Network's collaborative work, pulling from the experiences, research, and work of academic and community-based service centers, identifies how long-term trauma can interfere with healthy development. The network also outlines factors that build resilience among children who have experienced trauma.¹⁹ These factors are listed in the table.

Many of these risk factors and protective factors surface during radicalization. Recruiters have strategically tapped into and manipulated these protective factors to draw susceptible youth into a life of violent extremism. Those who want to inoculate traumatized, disenfranchised youth against violent extremism must offer more attractive alternatives:

- something that enables youth to dream of a life of significance through struggle and sacrifice in comradeship;
- a concrete chance to realize a positive personal dream;
- an opportunity to create their own local initiatives.²⁰

REFUGEE & INTERNALLY DISPLACED CHILDREN & YOUTH

There are over 60 million refugees in the world today. Children and youth in refugee camps or in camps for internally displaced persons (IDPs) are exposed to violence and traumatic stress on a large scale, and those experiences are overwhelming. They are more likely than nondisplaced youth to have experienced or witnessed war atrocities, torture, the brutal killing of a loved one, imminent life-threatening danger including anticipation of random executions, homes destroyed, overt presence of armored vehicles, as well as extreme

poverty, loss, and insecurity. Whether as refugees or as IDPs, these youth experience despair, grief, and uncertainty.

Within the camps, traumatic stress is compounded by lack of medical care, extreme temperatures, lack of sanitation, irregular schooling, pressure to supplement family finances, exposure to unjust and abusive treatment, and a dearth of law and order. These experiences are far too common among refugees and IDPs, who urgently need recovery and resilience-building programs.

CONDITIONS THAT CAN CAUSE ADVERSE STRESS

Pre-Migration

- Exposure to war atrocities
- Disruption of schooling
- Disruption of home setting and access to food, water, shelter
- Victims of intimidation or violence

Host Country

- Exposure to violence
- Separation from family
- Uncertain future
- Poor nutrition
- Exposure to harsh living conditions

Resettlement

- Adaptation to new setting
- Learning of new language
- Shifts in ethnic and religious identity
- Experience with social exclusion & discrimination
- Gender role conflicts
- Fear of and actual recurrence of abuse & injustice

CHILDREN IN EXILE

*What I am is not important, whether I live or die—
It is the same for me, the same for you.
What we do is important. This is what I have learnt.
It is not what we are but what we do,
Says a child in exile, one of a family
Once happy in its size. Now there are four
Students of calamity, graduates of famine,
Those whom geography condemns to war...*

—James Fenton, Poet

BUILDING RESILIENCE

Violent extremist recruiters have effectively manipulated these traumatic experiences. Recruiters target those who are most desperate and susceptible to radicalization, providing them a sense of belonging, purpose, financial gain, and even a path for revenge. Amid the reality of daily struggles in a war-torn setting, such promises may be very welcome.

The West's overarching counter-narrative aims to diminish the lure of violent extremism by "shedding light" on recruiters' false promises. This approach, while important, misses a major point: Those attracted to extremist messages are frequently longing for something better than what they have or what they feel. Without offering something tangible and positive in return, a message that tells youth they are being duped will not diminish the attraction of the recruiter's siren song. Instead, it just highlights the void they want filled and may leave them frustrated, angry, and wanting. A policy focused on counter-narrative messaging must be replaced with a policy of providing programs that build resilience.

Psychological, sociological, and emotional needs must be met before an individual can nurture their life's purpose. Current services and provisions for refugees and displaced persons do little to address their psychological needs. In part, this is because physical needs like water, food, and shelter are much easier to identify. Psychological needs lay hidden and often go unaddressed: the need to feel secure, to belong, and to have a purpose beyond survival. A recruiter steps into this vacuum and manipulates it to his advantage.

A strong antidote is strengthening a person's protective factors: Nurturing a sense of community belonging, strengthening a talent or ability, and connecting with a mentor or role model all help build resilience among children and youth who have been exposed to trauma. These same factors can also be used to strengthen the youth most susceptible to radicalization.



A young woman holds the Somali flag during a demonstration by a local militia formed to provide security. (Photo by AU UN IST PHOTO / Tobin Jone)

RECOVERY & REINTEGRATION

Youth who have survived persistent or widespread violence committed at home or in their communities are at high risk for harmful outcomes and perpetuation of violence. It is important not only to understand the lasting consequences violence has on learning, behavior, and health but to find ways to reconnect children and youth to life and opportunities. Community-based interventions are possible, effective, and affordable.

Development assistance aimed at improving confidence for girls, improving interactions between girls and boys, and engaging girls and boys in sports, arts, and other interest-driven activities have been found to be successful, particularly when such programs explicitly teach healthy relationships, respect, and better understanding about gender equality. Such programs not only help youth succeed, they also diminish their susceptibility to engaging in violence and violent extremism.

In years of research on interventions to help child and youth survivors of sexual and gender-based violence and those forced to commit violence, Theresa Betancourt has focused on recovery and reintegration. As director of Harvard's Research Program on Children and Global Adversity, Dr. Betancourt led a team to develop and implement the Youth Readiness Intervention (YRI), which is one example of a program for which there are now longitudinal data on recovery and reintegration outcomes.

YRI was piloted in Sierra Leone, where the 1991–2002 civil war had displaced massive numbers of people and where abuses against girls and boys was especially widespread. An estimated 15,000 to 22,000 children of all ages were forced to commit brutal acts of violence in association with armed groups. The Revolutionary United Front (RUF) alone abducted more than 4,250 children and forced them to commit brutal acts to sever ties to their families and communities. Then they were officially demobilized and returned to their homes and communities. Many of these children not only suffered deep trauma during the conflict, they were tormented after returning to their communities, where they were known to have committed atrocities while forcibly conscripted. These youth suffered further isolation, feelings of hopelessness, and difficulty getting along with others.

The YRI approach relies on forming groups to solve problems, and it is designed to help youth socialize again, develop coping skills, create relationships, and regulate their moods. YRI took local culture into account, incorporated local leaders, and was structured to deliver interventions effectively despite the absence of skilled therapists. The design sought to minimize retraumatization and to enable youth to share with each other, naturally and gradually, in group settings. Psychoeducation and cognitive restructuring practices have targeted participants' traumatic stress.²¹

As a result of this local intervention, Sierra Leonean youth and their communities are gradually increasing reintegration and recovery. Measured outcomes have included better emotional regulation, pro-social attitudes and behaviors, diminished psychological distress, greater social support, and better daily functioning. Moreover, students were six times more likely to stay in school and generally demonstrated better classroom performance and attendance than non-YRI participants.²²

RECOMMENDATIONS

There is no single cause for radicalization and no single path to becoming a violent extremist. Neither ideology, nor policy grievance, nor poor economic conditions, nor disenfranchisement, nor exposure to violence and war alone explain it. What is clear is that the recruiter taps into the missing piece in a potential recruit's life, identifies susceptibilities, and provides the narrative that best responds to the need.

The increasing youth bulge in the developing world and the astonishingly high number of refugees increase the pool of potential players in the roster of violent extremism. These populations are ripe

for recruitment. It is critical to provide support and opportunities that build youth resilience and improve their ability to make positive contributions to their communities.

When women experience violence, their children are also affected. The cornerstone for healthy childhood development is a safe, stable environment built on nurturing family relationships. Violence in the home often impedes close relationships and attachments between parent and child. Children who witness violence also experience adverse trauma with harmful health consequences.

RESEARCH

In an effort to develop priority program interventions that yield the greatest outcomes:

Measure and evaluate more interventions for building resilience among youth and for determining relevant differentiations on what works with whom, under what circumstances, and why.

Identify and better understand the following:

- Which are the protective resources that have the greatest potential for addressing multiple risk factors?
- What are the varied push and pull factors?
- Do implemented programs address key drivers of violent extremism?
- To what extent does exposure to trauma become a contributing factor to, or increase a person's susceptibility to, participating in violent extremism?

RESOURCES

Dedicate funds toward programs that support proven interventions for preventing and countering violent extremism (P/CVE)—many are community-based. Note community context, however, and understand when it may be harmful to categorize or represent programs as security focused initiatives rather than development programs, for example.

Create private-public partnerships that encourage corporate and business entities to increase their investment into marginalized communities domestically and refugee and resettlement programs internationally. This work can align with corporate social responsibility commitments to build better and stronger communities.

PROGRAMS

Implement community-based programs designed to build resilience without transforming civil society actors and initiatives into security instruments advancing a military agenda.

Frame programs around positive messages aimed at strengthening communities and providing opportunities for individuals and rather than potentially provocative messages of countering violent extremism.

Integrate explicit curriculum for teaching healthy relationships, respect, and better understanding about gender equality into school-based intervention programs for youth around sports, arts, and more areas of interest.

Avoid investment in building counter messages that lack positive alternatives to fill the void in the lives of susceptible and traumatized youth.

Leila Milani is Senior International Policy Advocate for Futures Without Violence, where she leads their work on global violence prevention, with a focus on women and children. In this capacity, she is instrumental in developing innovative policy solutions, driving advocacy efforts, and influencing the agendas of national coalitions such as Girls Not Brides, Coalition for Adolescent Girls, the US Civil Society Working Group on Women, Peace, and Security, Alliance To End Slavery and Trafficking (ATEST), and the Coalition to End Violence Against Women and Girls Globally, for which she serves on the executive committee. Milani was recently named to the Board of Directors of Soccer Without Borders which aims to use soccer as a vehicle for positive change, providing underserved youth in the U.S. and overseas with the tools to overcome obstacles to growth, inclusion, and personal success. Milani is a lawyer and human rights advocate with special expertise on women's rights, religious freedom, and conditions in Iran.

ENDNOTES

1. United Nations, Office of the Secretary General's Envoy on Youth, "Ten Things You Didn't Know about the World's Population," <http://www.un.org/youthenvoy/2015/04/10-things-didnt-know-worlds-population/>.
2. UN, Secretary-General's Plan of Action to Prevent Violent Extremism, December 2015, 7-9 A/70/674, http://www.un.org/en/ga/search/view_doc.asp?symbol=A/70/674.
3. Scott Atran "Youth, Violent Extremism and Promoting Peace" Blog, PLOS.org, April 25, 2014, <http://blogs.plos.org/neuroanthropology/2015/04/25/scott-atran-on-youth-violent-extremism-and-promoting-peace/>
4. Jim Mercy, "CDC Measures Violence against Children, Sparks Action," CDC Foundation blog post, November 25, 2013.
5. Andrea Danese and Bruce S. McEwen, "Adverse Childhood Experiences, Allostasis, Allostatic Load, and Age-Related Disease," *Physiological Behavior* 106, no. 1 (2012): 29–39. *Am J. Psychiatry*. 2013 Oct. 1; 170(10): 1114-1133. Doi: 10.1176/appi.ajp.2013.12070957. Martin H. Teicher and Jacqueline A. Samson "Childhood maltreatment and psychopathology: A case for ecophenotypic variants as clinically and neurobiologically distinct subtypes" U.S. National Library of Medicine, National Institute of Health, <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3928064/>
6. Peter Weinberger, "Implications of Research on Traumatic Stress for Countering Violent Extremism," (College Park, MD: National Consortium for the Study of Terrorism and Responses to Terrorism, University of Maryland, 2016).
7. Pete Simi et al., "Trauma as a Precursor to Violent Extremism: How Non-Ideological Factors Can Influence Joining an Extremist Group," (College Park, MD: National Consortium for the Study of Terrorism and Responses to Terrorism, University of Maryland, 2015).
8. Susan Hillis et al., "Global Prevalence of Past-Year Violence against Children: A Systematic Review and Minimum Estimates," *Pediatrics* 137, no. 3 (January 2016), doi: 10.1542/peds.2015-4079.
9. Elbert, Thomas, Roland Weierstall, and Maggie Schauer. 2010. "Fascination violence: on mind and brain of man hunters." *European Archives of Psychiatry and Clinical Neuroscience*. 260(Suppl 2): S100-S105.
10. Guerra, Nancy G., L. Rowell Huesmann, and Anja Spindler. 2003. "Community Violence Exposure, Social Cognition, and Aggression Among Urban Elementary School Children." *Child Development* 74(5): 1561-76.
11. Hirsch-Hoefler, Sivan, Daphna Canetti, Carmit Rapaport, and Stevan E. Hobfoll. 2014. *Conflict Will Harden Your Heart: Exposure to Violence, Psychological Distress, and Peace Barriers in Israel and Palestine*. *British Journal of Political Science*: online first.
12. Ibid.
13. Centers for Disease Control and Prevention, "Adverse Childhood Experiences (ACEs)," web page (April 2016), <https://www.cdc.gov/violenceprevention/acestudy/>.
14. Theresa Betancourt, "Addressing the Consequences of Trauma: Developing Interventions for Youth Exposed to War and Adversity," presentation to the Harvard School of Public Health, Department of Global Health and Population, April 27, 2016.
15. Center on the Developing Child, Harvard University, "The Impact of Early Adversity on Children's Development," InBrief (N.d.), <http://developingchild.harvard.edu/resources/inbrief-the-impact-of-early-adversity-on-childrens-development/>.
16. Andrea Danese and B.S. McEwen, "Adverse childhood experiences, allostasis, allostatic load, and age-related disease" *Physiology & Behavior*, April 12, 2012. Epub August 25, 2011.
17. Center on the Developing Child, Harvard, "The Impact of Early Adversity."
18. Patrick Christian, "Origin and Epidemiology of Violent Extremism and Radicalization," (August 25, 2016) , <https://www.linkedin.com/pulse/origin-epidemiology-violent-extremism-radicalization-christian-phd>.
19. National Child Traumatic Stress Network, "Caring for Children Who Have Experienced Trauma: A Workshop for Resource Parents," handbook, February 2010, http://nctsn.org/nctsn_assets/pdfs/rpc/RPC_ParticipantHandbook_FINAL.pdf.
20. Greg Downey, "Scott Atran on Youth, Violent Extremism and Promoting Peace," PLOS Blogs: Neuroanthropology (April 25, 2015), <http://blogs.plos.org/neuroanthropology/2015/04/25/scott-atran-on-youth-violent-extremism-and-promoting-peace/>.
21. Theresa Betancourt et al., *Comparative Education Review*, 2009; *Social Science & Medicine*, 2009; *Child Development* 2010; *Journal of the American Academy of Child & Adolescent Psychiatry* 2010)
22. Betancourt, "Addressing the Consequences of Trauma" power point presentation to Futures Without Violence and Open Square, April 27, 2016.