

# EX POST PAPER

A RAN Policy & Practice Event

## **Building resilience among young children raised in extremist environments – specifically child returnees**

### **Summary**

The emotional and physical trauma affecting children aged below 10 raised in extremist environments, returning from a conflict zone, or exposed to terrorist or extremist propaganda, indoctrination and recruitment, can be acute. These children are potentially vulnerable to radicalisation and violent extremism later if not properly socialised and reintegrated into society.

The third RAN Policy & Practice Event was held in Warsaw on 4 July 2018. It put together policy-makers and practitioners representing law enforcement, youthwork, health and social care and education to discuss building a comprehensive and holistic approach to safeguarding and building resilience. The focus was threefold: early intervention and normalisation; holistic, multi-agency approaches; and tailor-made child-centred approaches based on individual needs assessment and partnering with parents and families. This ex post paper shares the recommendations and best practices drawn from the meeting – in summarised format.

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The views expressed in this paper are those of the author and do not necessarily reflect the views of the RAN Centre of Excellence, the European Commission, any other institution, or RAN working group participants.

## **A comprehensive and holistic approach to safeguarding and building resilience to radicalisation among children younger than 10**

Children living in an extremist environment, and most notably children who have come (back) from Syria or Iraq, having lived under Daesh rule, have experienced significant emotional and physical trauma. Having been exposed to terrorist and extremist propaganda, indoctrination and recruitment (Jihadi, right-wing or other), adequate immediate care and long-term support are required from services such as child protection, schools, social care and primary and mental health services, as well as families and communities.

For the purposes of this paper, children with such experiences are divided into three age groups, each of which requires a different approach and intervention type:

1. Teenagers/adolescents (10-17 years)
2. Pre-schoolers and younger children (4-10 years)
3. Infants and toddlers (0-3 years).

The Policy & Practice Event in Warsaw invited policy-makers and practitioners from EU Member States to address key issues and challenges in:

- reintegrating children younger than 10 into school and society;
- treating the negative social-emotional effects, in mental health and child development terms, affecting these children (e.g. PTSD and other traumas);

- working with families to positively impact the resocialisation process.

The needs of three categories of children under the age of 10 were discussed at the meeting:

- 1) child returnees from Daesh-held territory who moved there from Europe with one or both of their parents, or were born there to European parent(s) with whom they are returning to Europe;
- 2) children raised in radicalised family environments and those who have been exposed to terrorist or extremist propaganda and indoctrination in the EU;
- 3) refugee/migrant children who have come to Europe with their parent(s) or unaccompanied.

Of all young children who have lived in an extremist environment, some studies identify child returnees as the most vulnerable <sup>1</sup>. A significant number of them have been raised in an environment in which education has been interrupted, alongside normal social, moral, emotional and cognitive development. These have been heavily influenced by indoctrination based on Daesh ideology and propaganda <sup>2</sup>. Children who attended Daesh-run schools from about the age of six have been indoctrinated by the jihadi interpretation of Islam, instilled loyalty to Daesh and hatred to other societies <sup>3</sup>.

These children have also suffered from poor living conditions, exposure to extreme violence and atrocities, and potentially losing their parents or family members in the war. Some of the children might therefore have become accustomed to violence <sup>4</sup>. This makes them

<sup>1</sup> RAN Issue Paper, [Child returnees from conflict zones](#), November 2016

<sup>2</sup> General Intelligence and Security Service (NL) report (2016), Life with ISIS: The Myth Unravelling

<sup>3</sup> A joint publication by the National Coordinator for Security and Counterterrorism (NCTV) and the

General Intelligence and Security Service (AIVD) report (April 2017), [The Children of ISIS: The indoctrination of minors in ISIS-held territory](#)

<sup>4</sup> A joint publication by the National Coordinator for Security and Counterterrorism (NCTV) and the General Intelligence and Security Service (AIVD)

potentially vulnerable to radicalisation later on, if proper long-term rehabilitation plans and care are absent, and children are not properly socialised and reintegrated.

The number of children returning to EU countries is relatively small, in comparison to the number of those who moved with one or both of their parents to a Daesh-held territory or who were born there to European parents. The estimates for France confirm that while 400 children travelled to or were born in Daesh territory, 77 (19%) have returned; from Belgium, 162 travelled or were born, and 24 (15%) have returned; from the Netherlands, 175 travelled or were born and only 4 (2%) returned. The majority were aged below 10.

Apart from the trauma experienced in conflict zones, returning to their home country (or that of their parents) often involves new traumatic experiences for these children and numerous challenges during the process of socialisation and integration. This could be caused by separation from parents who are arrested on return, a lack of sufficient parental guidance or family support, exclusion and social isolation, exposure to conflicting values and world-views, stigmatisation or mental health issues etc., which could additionally affect vulnerability<sup>5</sup>.

This situation is not only relevant to child returnees and displaced children (migrants/refugees); children are also radicalised and exposed to similar trauma within the EU. A violent upbringing, living in a radicalised family, racism, difficult family relationships and a feeling of alienation are among the factors contributing to increased vulnerability<sup>6</sup> and consequently to children

becoming victims of terrorist and extremist propaganda, indoctrination and recruitment.

In Warsaw, policy-makers and practitioners from law enforcement, youth work, health and social care and education (alongside experts from adjacent fields) addressed specific challenges and formulated recommendations on how to build a comprehensive and holistic approach to safeguarding and building resilience to radicalisation among children aged below 10.

### **How to deal with young children raised in extremist environments, specifically child returnees**

This section addresses the specific challenges and recommendations for dealing with children (aged below 10) raised in an extremist environment: (1) in schools, (2) in dealing with trauma and other mental health issues, and (3) in dealing with their parents and family.

#### **The role of primary education**

Reversing radicalisation requires normalisation. Children should be in school, learning to interact with peers and others in a healthy way. One of the keys to successful education, contributing to a society resilient to extremism, is good teaching. Young children, specifically those raised in extremist environments, need a safe and regulated environment in which to grow up<sup>7</sup>. Together with the parents, primary education plays a crucial role in making these children more resilient and restoring a sense of 'normality' to their lives.

Against this backdrop is the extent to which schools across the EU are prepared for the

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report (April 2017), [The Children of ISIS: The indoctrination of minors in ISIS-held territory](#)

<sup>5</sup> RAN Policy&Practice Event ex-post paper, [Common P/CVE challenges in the Western Balkans and European Union](#), Sofia, 4 April 2018

<sup>6</sup> Swedish Ombudsman for Children report (2018), [Children and Young People's Experiences of Violent Islamist Extremism](#)

<sup>7</sup> RAN Manual, [Responses to returnees: Foreign Terrorist fighters and their families](#), July 2017

challenge of supporting and socialising pupils who have come from Syria and Iraq or indeed from extremist families or communities. In Sweden, the Ombudsman for Children interviewed 55 children who had had direct or indirect experience of violent Islamist extremism<sup>8</sup>. The children expressed a lack of trust in adults (parents, teachers, social workers) linked to the fact that the adults did not understand the youngsters' reality and did not speak to them about extremism (for example about films with terrorist content and other types of terrorist propaganda, which are easily accessible on the internet)<sup>9</sup>.

The 2015 RAN Education Manifesto<sup>10</sup> and the 2015 Paris Declaration by education ministers<sup>11</sup> provide recommendations for educators on 'how' to:

- discuss sensitive and difficult topics with their pupils, such as personal feelings, principles and beliefs;
- teach pupils to understand and accept differences of opinion, different convictions, beliefs and lifestyles, as well as to strengthen children's ability to think critically;
- recognise propaganda, and resist all forms of indoctrination and hate speech.

Working with children who were raised in an extremist environment has led to many challenges for teachers, pupils and wider society, especially on how to:

- prevent stigmatisation/isolation – doing this could slow down the process of his/her reintegration;
- develop a support structure for schools in dealing with indoctrinated, traumatised and vulnerable children (e.g. access to expertise and training for school staff, etc.);
- provide tailored support for children who need it in classrooms of 20 or even 30 children, all of whom have specific needs.

In the Netherlands, preparation and capacity to support returnee children in education is integrated into the country's overall approach to returnee children. The process can be divided into three phases:

- 1) Pre-arrival – pre-dossiers on children, parents and extended family;
- 2) Post-arrival – assessment by a national multi-agency team, assessing risks, family, health, well-being;
- 3) School – after decision on the home and family situation, the local authorities arrange housing, care and education.

Schools can obtain support through the national School and Safety Foundation, a state-funded non-governmental organisation (NGO) with educational experts who support schools and teachers in the reintegration and socialisation of child returnees.

In Belgium, support to schools, in the form of the local plans, is provided by 'round tables'. The participants are: youngsters/family; case

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<sup>8</sup> Swedish Ombudsman for Children report (2018), [Children and Young People's Experiences of Violent Islamist Extremism](#)

<sup>9</sup> See the film 'Tussilago' about the Swedish young woman that got involved with a German terrorist during the 1970s, available at <https://vimeo.com/84763962>

<sup>10</sup> RAN Manifesto for Education (2015), Empowering Educators and Schools, available at <https://ec.europa.eu/home->

[affairs/sites/homeaffairs/files/what-we-do/networks/radicalisation\\_awareness\\_network/docs/manifesto-for-education-empowering-educators-and-schools\\_en.pdf](#)

<sup>11</sup> Declaration on promoting citizenship and the common values of freedom, tolerance and non-discrimination through education, available at [http://cache.media.education.gouv.fr/file/01\\_-\\_janvier/79/4/declaration\\_on\\_promoting\\_citizenship\\_527794.pdf](http://cache.media.education.gouv.fr/file/01_-_janvier/79/4/declaration_on_promoting_citizenship_527794.pdf)

workers; youth care organisations (mobile/residential/foster care); theological, trauma and diversity experts, and city staff members. Some recommendations can be found in the roadmap issued by the Youth Care Agency<sup>12</sup>, and in a roadmap for schools<sup>13</sup>.

Regarding the role of schools, the following recommendations can be drawn:

- 'difficult' conversations on sensitive topics should not be avoided in the classroom (however, not all teachers are capable of speaking with children with experiences of violent extremism);
- a professional development programme for teachers on how to work with traumatised children is necessary;
- teachers need training and support in holding challenging conversations without stigmatising pupils (e.g. on identity problems, hate speech, different views and beliefs, etc.);
- teaching curricula should include new teaching materials and tools necessary to build resilience to radicalisation among pupils and to counter the extremist propaganda to which they are exposed, especially on the internet;
- a tailor-made, child-centred approach based on individual needs assessment in education is required (with the support of experts from other fields responsible for providing specific care to a child); at the same time, education should be adaptable to individual learning needs and styles – the returnee child should be perceived as 'just another child';

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<sup>12</sup> See:

[https://jongerenwelzijn.be/professionelen/assets/docs/jeugd hulpaanbieders/radicalisering/draaiboek\\_radicalisering.pdf](https://jongerenwelzijn.be/professionelen/assets/docs/jeugd hulpaanbieders/radicalisering/draaiboek_radicalisering.pdf)

<sup>13</sup> See: <https://www.klasse.be/radicalisering/>

<sup>14</sup> See:

<https://study.com/academy/lesson/bronfenbrenn>

- a long-term monitoring and information-sharing solution to exchange views on problems and progress of a child with parents or other family members should be established (if applicable).

Controversial issues are difficult to deal with in diverse classrooms, but at the same time, they offer an excellent opportunity to work on skills and attitudes such open-mindedness, mutual understanding, respect, tolerance, peaceful conflict resolution, critical thinking and analysis, communication, self-confidence and self-esteem, a sense of belonging/citizenship, emotional intelligence, and social and political understanding.

Child development is affected by social relationships and the world around the child (with schools having an important place in this). The key to achieving the social reintegration of children is thus addressing the issue from a multidisciplinary angle with three main groups: (1) the children, (2) their families, and (3) the community within their home country.

Both Bronfenbrenner's *Ecological Systems Theory of Development*<sup>14</sup> and *The Pyramid Model for Promoting the Social and Emotional Development of Infants and Young Children*<sup>15</sup> can be used not only to respond to crises and problems, but also to make sure the family circles, the living environment and the broader societal context are engaged and prepared to support a child's development.

No single service can provide an effective response to a child's trauma. Instead, a

[ers-ecological-systems-theory-of-development-definition-examples.html](https://www.ers-ecological-systems-theory-of-development-definition-examples.html)

<sup>15</sup> See: Fox, L., Dunlap, G., Hemmeter, M.L., Joseph, G.E., & Strain, P.S. (2003). The teaching pyramid: A model for supporting social competence and preventing challenging behaviour in young children. *Young Children*, July 2003, 48-52.

comprehensive and holistic approach is required, involving multiple actors and multi-agency work (MAW) to address the personal, familial and social needs of the child.

Existing good practices using a holistic multi agency approach

**GO!, Belgium**

- Involves schools, social care partners, mosques, parents, police, NGOs, law enforcement;
- GO! Communication policy is based on three narratives:
  1. a connective narrative (learning together – living together, family support);
  2. an alternative narrative (focus on ‘active citizenship’, citizenship booster and critical thinking);
  3. counter narrative (involve experts on Islam, even for young children).
- The approach incorporates Bart Brandsma’s *Polarisation Management model*<sup>16</sup> for understanding and managing polarisation<sup>17</sup>.

**Pilot Projects funded by the European Commission and Council of Europe:**

**(1) ‘Teaching Controversial Issues’ (2014)<sup>18</sup>**

The aim was to develop effective training on teaching controversial issues and strengthening the capability and confidence of teachers and school leaders in this area.

**(2) ‘Managing Controversy’ (2015)<sup>19</sup>**

The overall objective was to develop a training tool for managing controversy in schools that offers practical support to school leaders/senior managers on how to proactively manage and react to controversial issues in and beyond the school.

Inappropriate teaching methods and approaches could do more harm than good. These could include, for example, distracting children with discrepancies between family values and school views (whom they can trust and how to find their own way), or provoking negative reactions from other parents, who might object to the presence of children in care within their child’s school/class.

Creating a network for teachers to share experiences and best practices is highly recommended, especially for those with a lack of training, time or resources for working with children raised in an extremist environment.

**Dealing with child trauma and mental health issues**

It is well-known that exposure to war and violence has a serious impact on the physical and mental well-being of children. Children raised in extremist environments, specifically child returnees and refugee children whose normal social, moral, emotional and cognitive development has been interrupted by such experiences, are at risk of developing post-traumatic stress disorder (PTSD) and other mental health disorders. Such problems may be short-term, long lasting or appear later; they

<sup>16</sup> Bart Brandsma <https://www.polarisatie.nl/eng-home-1/>

<sup>17</sup> See the RAN ex-ante paper on 'Discussing the draft Polarization Management Manual', 6 July 2017, Amsterdam, available at [https://www.edu.fi/download/186224\\_polarisation\\_management\\_manual\\_amsterdam\\_6\\_july\\_2017.pdf](https://www.edu.fi/download/186224_polarisation_management_manual_amsterdam_6_july_2017.pdf)

<sup>18</sup> See: <https://pjp-eu.coe.int/en/web/charter-edc-hre-pilot-projects/teaching-controversial-issues-developing-effective-training-for-teachers-and-school-leaders>

<sup>19</sup> See: <https://pjp-eu.coe.int/en/web/charter-edc-hre-pilot-projects/project-1-managing-controversy-a-whole-school-training-tool>

could significantly influence the future development and socialisation of a child.

It is therefore important to establish a system that addresses the timely and appropriate:

- 1) recognition of mental health problems (type and manifestation);
- 2) creation and implementation of a care plan to effectively treat children's mental health disorders that is appropriate to the age of the child;
- 3) prevention of the later consequences;
- 4) establishment of a long-term monitoring approach and follow-up plan with adequate treatment.

Children that have survived violent experiences are often unaware that they are showing symptoms of trauma. The ability to recognise the signs and symptoms of PTSD and other trauma in children is essential and allows individuals to correctly interpret a child's behaviour.

Teachers and family members struggle to recognise the symptoms of a child's mental health problems quickly, and lack the expertise to address such symptoms effectively without help from mental health professionals. In addition, it is more difficult to detect PTSD in children than in adults, and to recognise the symptoms of disorders in different age groups (e.g. toddlers, preschool children, etc.). Mental health symptoms should be identified and treated by mental health professionals.

Early assessment is key to recognising problems in how a child functions in different situations. Indeed, impacts and consequences of mental health issues among children raised in extremist environments are significant, including at school, in family and life, and in

social relations. Problems can lead to a loss of interest, anger, anxiety, depression, social retreat, suicidal ideas, aggression and other behavioural issues, such as violence, crime, alcohol and drug abuse, as well as sleeping problems.

Children can also suffer from secondary traumatisation linked to their family – various psychopathological symptoms can occur in children living alongside an individual (parent) suffering from PTSD. Children of war veterans – PTSD patients – have about twice the risk of developing psychopathological symptoms. Croatian experience of dealing with children traumatised by war shows that:

- 30% of the children of veterans with PTSD suffer from secondary traumatisation;
- 10% of those who survive a traumatic event will later develop symptoms of PTSD;
- 10% develop behavioural disorders or psychological conditions that disturb normal functioning<sup>20</sup>.

When intervention is necessary, it is necessary to assess not only the child's, but also the family's situation, as well as the parent-child relationship. Experts have a 'double' job, one focused on the child, another focused on their parents (if they are present), as well as on possible family dysfunction and inadequate forms of parental behaviour. Constant support from mental health professionals is also needed for foster parents taking over the care of a traumatised child.

It is therefore recommended to put multidisciplinary services and structures in place at national, regional and local level, and to build organisational capacity and ensure direct (to children) or indirect (to schools and families) appropriate support. Experts from

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<sup>20</sup> See: Boričević-Maršanić at al.(2014). *Sekundarna traumatizacija djece veterana oboljelih od*

*posttraumatskog stresnog poremećaja*, available at <https://hrcak.srce.hr/file/198789>

different fields (e.g. a psychiatrist, a psychologist, an expert in special educational needs, a work therapist, a social worker) should be included, while cross-sectoral cooperation involving social care and other support systems (e.g. education) will facilitate effective long-term plans to help limit negative impact on the child's development and wellbeing. A good example is the Swedish Center for Preventing Violent Extremism.<sup>21</sup>

#### Existing good practice: French experience of psychological evaluation of child returnees

Some **77** French children have returned to France, and 50 have been evaluated at a paediatric and child psychiatry level, in so-called referral centres (62% of them are under 5 years old).

##### The care protocol:

- parents are held in pre-trial detention, while children are entrusted to the child protection agency by a court order and placed in homes or foster homes;
- the care protocol includes psychological evaluation of child development and symptoms once a week in referral centres;
- interaction with parents (if available) and the host family is advisable.

##### Psychological/psychiatric assessment include:

- child development and symptoms;
- interaction with parents, if available;
- interaction with the host family;
- interview with staff from the Child Protection Agency (e.g. a specialised educator).

There is often limited information on a child's history (almost no information on how children

were raised in Daesh-ruled territory). However, most of them have been exposed to multiple adverse events (such as bombings, traumatic images, violent deaths of family members, uprooting and separation from their parents at arrival).

PTSD cannot be diagnosed immediately, symptoms often appear at later stage, with visible fluctuations, such as attachment, depression, separation anxiety or sleep disorders.

The following recommendations were formulated at the meeting:

- establish contact between teachers and mental health services – the former might have a lack of knowledge on trauma effects, which might not be visible immediately, but could be at a later stage, and should be diagnosed by health care professionals;
- consider mental health issues affecting the whole family, not only the child;
- educate children, (foster) families and teachers on trauma symptoms and on how to deal with them;
- create trauma awareness training for practitioners in contact with children in need of intervention (they also feel distressed and helplessness and suffer from loss of confidence in their professional abilities; educate professionals on the symptoms of trauma);
- at policy level – implement guidelines or protocols for practitioners on how to deal with children raised in extremist environments and suffering from trauma and other mental health issues;

<sup>21</sup> <https://www.cve.se/in-english.html>

- keep continuity and coherence of care, in order to treat disorders (some symptoms might occur later);
- continuously evaluate the impact of such protocols/guidelines on the child.

It is not possible to predict the future of these children, but added trauma can be avoided by proper care.

### The role of parents and families

The key to both detecting the first signs of radicalisation and achieving the social reintegration of children is first partnering with parents, as well as other family members. The ultimate goal for long-term rehabilitation is to offer stability to the child, by providing family support and building connections between families and communities.

In certain cases however, parents can do more harm than good. Parents sometimes fail to provide sufficient support and security for their children, due to substance or physical abuse, involvement in crime, or other factors. Alternatively, they themselves can be a risk factor, and may have deliberately raised their children in an extremist environment.

In certain cases, child protection services intervene, and have a number of options at their disposal:

1. keep the child in the family, but offer intensive support;
2. placement with relatives/wider family;
3. placement in foster care;
4. placement elsewhere (government care facility).

If leaving the child with the parents is not an option, giving preference to putting the child with grandparents or other family members (aunts, uncles...) can be the best possible alternative – if they are known not to be radicalised and to be capable caretakers.

Two cases from Austria (two families with 8 children aged 4 to 13 years, who spent 1.5 years in Daesh territory) offer good experiences of sending returning children to grandparents and relatives, after the parents had been arrested. The children are well, and have no visible symptoms of trauma so far (however, the experience from France is the opposite, with many returning children showing varied signs of trauma).

The Austrian experience in dealing with child returnees involved overcoming many challenges:

- a lack of timely information about the precise return date, or the living conditions or experiences of the children during their stay in a conflict zone;
- finding foster families at short notice;
- dealing with publicity and reactions from press and public, and preparing an appropriate communication protocol;
- finding social workers with competence in working with child returnees.

It is recommended that practitioners:

- maintain personal relations and direct contact between children and their parents, even if the latter are imprisoned (except if this is contrary to the child's best interests);
- appoint a single social worker who will continuously be responsible for the child (to build trust and confidence);
- have a contact person in each institution involved in MAW to optimise cooperation;
- prioritise grandparents and other relatives over foster care solutions (do not separate siblings, if possible).

In the Netherlands, the programme for partnering with grandparents of child returnees include the following steps:

1. Preliminary investigation
  - The Child protection Board (CPB) investigates options for caretaking within the child's family network;
  - The CPB also indicates what specific care this child will need (tailor-made approach).
2. A return plan for the child is prepared, and includes advice on
  - where the child can be accommodated;
  - what kind of trauma care will be needed;
  - whether the child's religious beliefs are an issue;
  - level of school education and security issues (for both the community and the child).

The assessment of the child (on trauma, family situation, level of extremism, attachment and child development) is made by the Dutch National Advisory team (which comprises 18 professionals from specialised service deliverers), under the coordination of the Child Protection Board and the National Extremism Support Centre.

CPB caseworkers visit the grandparents or other relatives to discuss, among other elements:

- the background of the son/daughter who went to Syria and/or Iraq as foreign terrorist fighter;
- their views on their child joining Daesh;
- their current relationship with their child;
- their awareness of their grandchildren's current situation;
- whether they are prepared to look after their grandchildren;
- whether they are open to support workers such as psychologists, trauma experts, etc.

Upon return from Syria or Iraq, parents are taken into custody in some EU countries, while

a child is handed over to a legal guardian. This is done in the presence of family members to reduce the stress and trauma of separation from parents.

In France, one third of the 77 returnee children have been returned to family members. Grandparents can take care of children on a voluntary base, if approved by the judge (based on the ability assessment). However, this situation can be hard for both sides:

- it can be traumatising for the children if they were too young to remember their grandparents, or they have not met them before, since they were born in Syria/Iraq (sometimes DNA is needed to prove identity);
- grandparents may be anxious about their children (imprisoned, missing or killed) – they need psychological support for themselves;
- grandparents also need broader support from other institutions on caring for their grandchildren – this can include financial support;
- maternal and paternal grandparents may disagree on who should take responsibility for the children.

Parents who are not radicalised can play a proactive role in protecting children against risks – they can create a safety net and be instrumental in helping their children to leave an extremist environment and mind-set. Thus, it is important to create awareness among parents and other family members on how to protect young children from extremist influences.

At times, even non-radicalised parents can be part of the problem, if:

- the parent-child relationship is absent or difficult (including excessive family conflict, ineffective problem solving, lack of intimacy/time spent with children or weak emotional bonding);

- parents do not talk, or feel uncomfortable talking to their children about problems and difficult topics considered taboo;
- parents have little awareness of what children do online;
- parents do not reach out for help (for example, in communities with cultural barriers to seeking help or when they are afraid of being stigmatised within the community);
- families do not accept the reality – therefore they may refuse professional help or assistance.

Parents who are themselves involved in radical or extremist activities often support the engagement of their children in such activities. The case from Bulgaria presents the role of parents in far-right extremist environments:

**Radicalisation threats during sport events**

Two pre-teen boys presented at a football match; their bodies were painted with Nazi and hooligan symbols:

- The parents denied involvement, but this seemed unlikely (they are members of a hooligan fraction and have criminal records);
- It was not a first or an isolated case;
- The parents were very reluctant to accept help from social workers, or even to recognise this as a problem to begin with;
- The authorities intervened, but fines for the parents were minimal;
- The football club did not react.

Conclusion:

Preventive measures are key (media campaign against violence and hate speech at sport events, fines for clubs that do not cooperate/do enough to prevent such actions, penalties for parents, call for tolerance, the banning of violent symbols and swastikas, etc.).

All parents and family members need guidance, support and professional help. Denmark has an excellent example of coordinated and organised work to prevention involving families. The Centre for Prevention of Extremism was established in 2017, to work in:

- 1) Counselling
  - Strategic counselling for local government and other local actors on action plans to coordinate, collaborate and share knowledge across sectors;
- 2) Analysis and Research
  - Collecting and sharing knowledge and the latest research from the field – both national and international, initiating new research projects and assessing efforts and initiatives;
- 3) Methods
  - Developing new tools (common assessment tool) and methods for preventing extremism;
- 4) Civil society
  - Capacity building of associations working with prevention.

The Danish model introduces cooperation between institutions from the security, social and education areas at national and regional level. The 'Info-house' was established to ensure information sharing between police (security focus) and municipality (social focus), as well as to carry out risk assessment and assessment of resilience and 'well-being/functionality'. In addition, a new national corps of mentors and parent coaches has been introduced, comprising 100 educated mentors and parent coaches who help raise awareness of radicalisation and violent extremism <sup>22</sup>.

<sup>22</sup> See: Methodology manual on 'Mentoring effort, parent coaching and relatives and carers

networks', available at <http://uim.dk/publikationer/mentoring-effort->

Public campaigns to raise awareness among parents of different types of radicalisation and extremist propaganda (Jihadi, far-right or others) are also recommended.

## **Conclusion**

Children are equipped to recover from trauma and develop resilient coping strategies when the appropriate environment is created and maintained.

Building resilience through creating such an environment should be the key focus of any intervention strategy.

## References to RAN papers for additional reading

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