

# RAN H&SC

## Ex-post paper

14-15 September 2016, Hamburg (Germany)

### Meeting on children and youth growing up in a radicalised family/environment

The focus of this H&SC working group was on children growing up in a radicalised environment and who are at risk of cross-generational radicalisation and violent extremism including both those children radicalised in Europe (both right-wing and Islamic extremists) and children radicalised in war-zones. The workshop addressed two overarching questions: what are the effects of violent extremist ideologies on children and what are the challenges in providing support to these children (including support from social, pedagogical and psychological perspectives)?

The need for a multi-agency response to prevention and support was identified: as well as the police, local authorities, schools, families, etc., professionals working in the health and social care sectors have an important role to play in working with children who are being radicalised by their immediate family environment. It is important for those working in the health and social care sector to be empowered to not only interpret the signs of radicalisation but also to effectively engage with children born in a radicalised environment and those returning to Europe from Daesh held territories.

### The effects of violent extremism on children born in a radicalised environment

#### *Understanding the role that children play in Daesh*

Understanding the role that children play in Daesh is important for effective engagement with these families/children. Findings from a research study that analysed the propaganda of children growing up with Daesh over a 7 month period, found that children living with Daesh were used as child soldiers, messengers, spies, human shields and for outreach work.<sup>1</sup> There was an obsession with using children in propaganda; children were subjected to watching violent acts of terrorism, including beheadings. In some cases children even carried out these beheadings. Propaganda also included pictures of children going to school, accessing health services and partaking in Eid celebrations to depict that there are services for families that want to perform 'hijrah'. This propaganda was used to reinforce the Daesh' message that this was the only true 'Islamic state' and that people should perform 'hijrah' in the same way the Prophet Muhammad did when he went from Mecca to Medina. Overall the propaganda largely related to violence and clearly aimed to normalise acts of terror in the eyes of children.

Children that return from Daesh strongholds are left without their social networks and require support services and resources to create an alternative social network in Europe. Within the research paper there was a focus on the length and extent of indoctrination that occurs within Daesh and the need for social and psychological support services to re-educate these children in order to debunk their entrenched Daesh ideology. The event involved discussion on the relevance of the DDR framework (disarmament, demobilisation, and reintegration) used by child protection agencies for rehabilitating child returnees. The research paper provided a brief overview of the rehabilitating or

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<sup>1</sup> Noman Benotman & Nikita Malik, 'Children of the Islamic State', Quilliam Foundation, 2016.

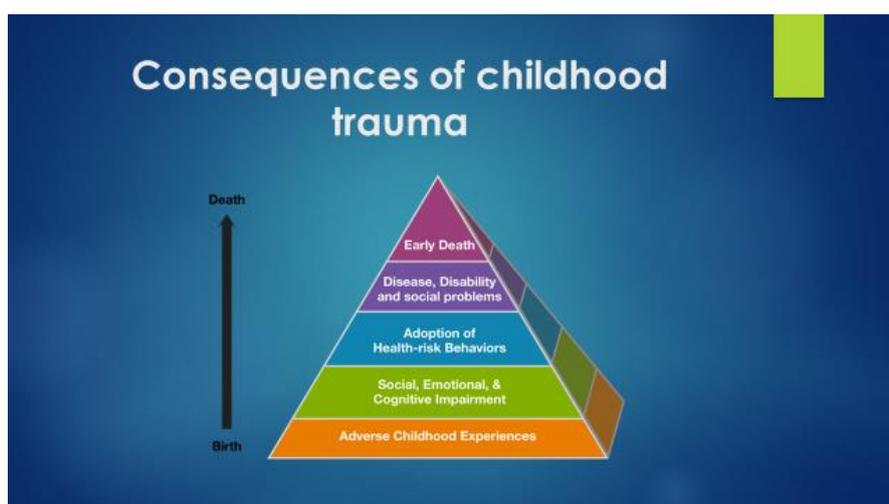
de-radicalisation process. Central to this discussion was critique that the framework fails to consider the political and religious indoctrination that are experienced by child soldiers in creating the IS ‘utopia’. Discussion focussed on the need for cultural sensitivity and tailoring support to incorporate respect for a child’s political and religious viewpoints though ensuring that these views do not have a violent undertone. These cultural sensitivities were perceived as important for successful DDR.

*Trauma informed practice*

Understanding that trauma during childhood can have long-lasting effects on the child’s health and social development is important for effectively engaging with child returnees. Children in Europe that have experienced specific traumatic events such as sexual/physical abuse or the loss of a parent might have a variety of support available to them. However it is much less clear what type of trauma child returnees from Daesh are experiencing. Instead there is a focus on the extent to which they are indoctrinated by extremist, religious ideology and on how to influence this. A child’s development is effected by trauma and multiple traumas need to be properly understood in order to be addressed effectively by practitioners. It is suggested that the cognitive development of child returnees would inevitably be effected in the same way trauma effects children in general, since they possess the same biological makeup as other children. It is advised that professionals working specifically with this target group need to be trauma-informed ensuring the best possible support is provided.

The consequences of childhood traumas are visualised in figure 1.1 below. It shows that these children might experience cognitive impairment which might translate in behaviours that are linked to health risks resulting in co-morbidity (multiple diseases/disorders). Examples of the neurobiological effects of trauma include depression, anxiety, hallucinations, impaired memory and anger management issues. These can have long-lasting health consequences such as, Ischemic heart disease, cancer, lung disease, liver disease and early death. These children may also experience social problems such as homelessness, re-victimisation, delinquency and criminal behaviour, and intergenerational transmission of trauma and abuse.

**Figure 1.1 Consequences of childhood trauma**

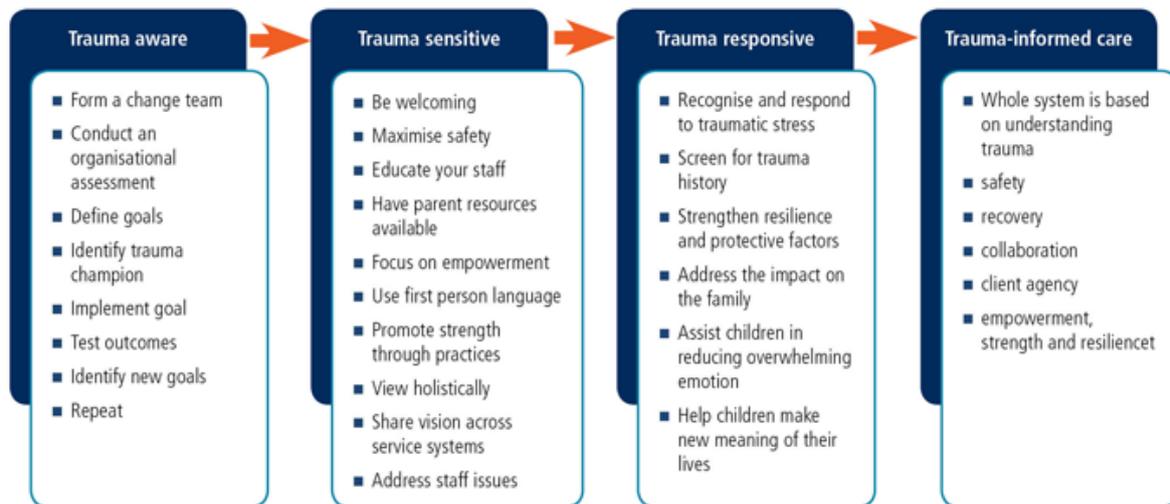


Practitioners working with children growing up in a radical environment (both in Europe and in current war-zone areas) need to ensure they understand the different categories of trauma. The more traumas children have, the more likely they are to have mental health and physical issues (as

described above). These children are more likely to misread information/conversations and become hyper-sensitive. These children are often wrongly diagnosed and stigmatised as having personality disorders. There is a need for practitioners to understand the 'survival brain' of these children in terms of the flight/fight/freeze response to trauma. This is where the 'thinking brain' of these traumatised children gets taken over by the lower brain functions which go into 'survival mode'. Children in this 'survival mode' will find it difficult to engage because their initial response is to survive rather than think 'rationally' and have dialogue with professionals trying to support them. – It should be understood that these children do not 'fail to engage' with services, as is commonly assumed, but rather that these children are 'unable to engage' because of a perceived threat. Thus professionals working to challenge extremist ideologies cannot do so when a child is in 'fight or flight mode' because a child is not 'thinking'. It is important to ensure a child feels safe; the process of building rapport and creating a welcoming and comfortable environment are key contributors for a child's transition from the 'survival brain' to the 'thinking brain'. This process of creating an environment and building a relationship with a child returnee can take several months. Though it is imperative to ensure effective engagement before work on counteracting extremist views can occur.

Based on current knowledge on the effects of trauma on children's future, trauma-informed practice is of key importance when working with child returnees. There is a need to offer a child returnee or a child growing up in a radicalised environment in Europe a shared care plan involving a case manager to ensure continuity of support (these children do not react well to change). This care plan would involve information on the background of the child and details of the approach taken by multiple support agencies. This shared care plan should form an iterative document where each agency is aware of progress/lack of progress across multiple sectors. The care plan should involve collaboration between justice, school, health and social care, addiction services and voluntary and community organisations across these sectors. It is pivotal to ensure that staff within these services are trauma-aware. This includes practitioners and front-line staff such as receptionists; for example, receptionists are often the first port of call for engaging with organisations so it is important that they understand the ways in which the behaviours and attitudes of these children and/or families are linked to trauma (e.g. a child might be aggressive because they are in 'survival mode'). Trauma-informed practice is a result of a four stage progression: creating trauma awareness, trauma sensitivity, trauma responsiveness and finally trauma informed practice. This trauma-informed model of care can be seen in more detail in figure 1.2. It was argued that professionals can only effectively work with radicalised children if they become trauma-aware and adhere to trauma-informed practice.

Figure 1.2 Trauma informed model



Source: Australian Institute of Family Studies - cited in Wall, Higgins and Hunter, 2016, *Trauma-informed care in child/family welfare services*.

Based on the acknowledgement of severe trauma, it is crucial that professionals working with those children coming from war-zones understand that these children need a considerable amount of time to first adjust to new surroundings before any engagement can be achieved. On top of traumas experienced in the war-zone area, these children have the additional trauma of their refugee journey and being in a totally new surrounding which is alien to them.

### Working with children from radicalised background: problems, obstacles and the need for tools

This section focusses on three key areas of discussion:

- Problem assessment:** the number of child returnees and children growing up in radicalised families in Europe. The discussion within this section is twofold and based on the two target groups of children cited above; firstly it focuses on the extent to which it is estimated that *child returnees* will become a focus within participants' work over the coming months/years; and secondly this is compared to the problem of children currently growing up in *radicalised families in Europe*.
- Effective Strategies:** Social and psychological traumas and effective strategies to address these. The focus of this discussion is on the social and psychological problems and traumas that are witnessed in children returnees/growing up in a radicalised family. Existing methods and tools needed to support such children with trauma are also discussed. More specifically, the feasibility and transferability of using these tools in working with children radicalised in families within Europe and children coming from war-zone areas are explored.
- Obstacles and challenges:** working with children being radicalised by their family. This section focuses on the identification of the types of challenges and obstacles encountered (or expected to be encountered) when working with these two target groups.

Figure 1.3 provides a summary overview of the key lessons learned from these discussions.

Problem assessment	Social & psychological traumas	Effective strategies	Obstacles and challenges
<ul style="list-style-type: none"> <li>• Robust data is needed on the number of child returnees in order to assess the risk more accurately</li> <li>• The risk of far right extremist groups is increasing</li> </ul>	<p><u>Psychological:</u></p> <ul style="list-style-type: none"> <li>• Personality disorders, ADHD, PTSD, Toxic stress</li> <li>• Aggression and behavioural problems</li> <li>• Developmental regression (emotional and cognitive)</li> </ul> <p><u>Social:</u></p> <ul style="list-style-type: none"> <li>• Short and long term vulnerability</li> <li>• Identity loss and confusion</li> <li>• Social exclusion</li> <li>• Drug abuse</li> <li>• Extreme ideological world views</li> <li>• Criminal and violent behaviour</li> </ul>	<ul style="list-style-type: none"> <li>• Becoming trauma aware</li> <li>• Addressing anger management before radical ideology</li> <li>• Peer-to-peer support from people that were previously radicalised</li> <li>• Psychological and social support services for sexual and physical abuse available to these radicalised children (as is the case for other children)</li> <li>• Culturally sensitive leisure and sport opportunities in the community</li> <li>• Developing a network hub to share expertise</li> <li>• Governmental support to enable effective interventions</li> </ul>	<ul style="list-style-type: none"> <li>• Political instability in Bosnia and Herzegovina has led to inadequate government resources</li> <li>• The media focus on jihadism has overshadowed the risk of far right extremists</li> <li>• Evidencing legitimate reasons for professional intervention</li> <li>• Lack of experience and skillset to work with child returnees/born in radicalised environments in Europe</li> <li>• Time constraints to nurture relationships and build trust</li> <li>• Multi-agency working and information sharing across services</li> </ul>

**Figure 1.3: Overarching lessons learned**

**Problem assessment:** *the number of children returnees and children growing up in radicalised families in Europe*

The extent to which child returnees (from Daesh regions) were perceived as a risk varied across the different countries. The risk of having to support child returnees now and in the near future was considered to be low across all countries. Countries that reported a high number of foreign fighters felt that this risk might increase in the near future. However, more consistent and robust data and analysis of foreign fighters and returnees is needed in order to be able to estimate this risk more accurately. All countries represented mentioned having issues, in differing degrees, with children growing up in radicalised families within Europe. Of special concern in some countries is the increasing presence of far right radical families.

***Obstacles and challenges encountered when working with children being radicalised by their family/immediate environment***

There are various challenges that arise when working with children growing up in radicalised families and child returnees. The majority of these challenges relate to the ways in which professionals work with these children, and two challenges were external to this area: political instability and the media. The political situation in Bosnia and Herzegovina reflects challenges for engaging with these children. For example, tracking children that return home from current war-zone areas and collecting this information is limited in Bosnia and Herzegovina. The political instability of Bosnia and Herzegovina has meant that this area of work has not been addressed resulting in inadequate government resources to support interventions with these families.

On the other hand, some participants felt that there was a great deal of focus on jihadism in the media which has overshadowed the extent and risk posed by the rise of right wing extremism. Thus the focus of discussions on violent extremism tends to focus on jihadism whereas there is a need to recognise the dangers of far right extremists within this discourse.

At practitioners' level, working with radicalised families/children has multiple challenges. On one level it is important not to have interventions where practitioners are discriminating against children/families. This would not only be morally wrong but would also add to the contempt already felt by these families towards authorities and social services. The need to have legitimate reasons for professional intervention is sometimes challenging in itself. Professionals would need to find concrete grounds on which to base their intervention, such as lack of attendance at school/complaints from the schools, signs of abuse and neglect or children engaging in criminal behaviour. A concern shared in this regard by practitioners is the lack of experience of working with these families and the lack of awareness of how to approach these families/children. Some practitioners feel that it is difficult to work with right wing ideology and were unsure on the ways in which this should be addressed and challenged; for example there was no consensus on whether the approach should focus on adopting a theological perspective, a moral perspective on what is right and wrong or a legal perspective dependent on the laws of the country. Some participants felt that they did not always have the time to develop trust and rapport with these families.

Information sharing and multi-agency working was presented as a challenge from different countries. In the case of Denmark, sharing information across the same services was difficult. For example, in the case of Denmark, where multiagency approaches are set-up and used for several decennia, for some specific cases sharing information between employment service and social service can pose challenges.

***Effective strategies: Social and psychological traumas and effective tools***

The social and psychological problems and traumas witnessed in children (returnees) include ADHD, PTSD, aggression and behavioural problems, toxic stress, developmental regression (emotional and cognitive), extreme ideological world views, social exclusion, criminal and violent behaviour, drug abuse, short and long term vulnerability, identity loss and confusion. These children are often

labelled as having personality disorders whereas these behavioural issues reflect the effects of trauma and should be treated professionally within this context.

Even though a wide range of tools and methods exist to address some of the above mentioned social and psychological problems and traumas, all participants agreed that there was a lack of effective strategies of working effectively with children growing up in radicalised families. The lack of trialled tools is even more pronounced when it comes to working with child returnees. Therefore, evidence based research of these tools is needed. The development of a network hub to share good practice and effective tool kits that practitioners have used would also be useful. Participants suggested a range of possible tools and methods to ensure effective practice. An adequate starting point for interventions would be trauma awareness to understand the multiple psychological effects on working with these families/children. Challenging radical behaviour can only take place once this person is not in flight/fight/freeze mode and engaging and reasoning with them can only happen once they are 'thinking' rationally. It is important to understand that anger management needs to be addressed before challenging the radical ideology of these children. As such, the trauma of these children needs to be professionally 'treated' ensuring they have the psychological support needed in dealing with their experiences, whether it be the loss of a parent or the experience of sexual abuse. The same psychological and social support services available for other children experiencing these traumas needs to be extended to these children growing up in radicalised families/children returning from Daesh.

Participants agreed that peer-to-peer support from previously radicalised people would be an effective form of engagement with these radicalised children. Mentors and professionals need to be skilled and adequately trained to work with these families. These former radicalised peers might also be able to contribute to training professionals to better understand for example right wing ideology. These can then potentially feed into establishing effective train the trainer programmes.

Social networks for children/families are perceived as pivotal to de-radicalisation to reduce social exclusion. Key to this is ensuring that there is support for children to adjust in schools but also to ensure that there are culturally sensitive leisure and sport opportunities in the community. Whilst it is acknowledged that evidence based research is needed to explore effective practice when working with radicalised families/child returnees they also felt that governments had a role to play. Governments need to provide monetary support to enable effective interventions and the rehabilitation of these families into the wider community. This learning can then be shared across Member States.

## National/regional examples of working with children from radicalised families

### **An example from the UK**

#### *My fascist family – Generational extremism and the Far Right*

A presentation delivered from the perspective of the UK focussed on children born into right-wing families. Family influences were key to the radicalisation of children in far-right groups. Extremism tends to become a cross-generational phenomenon and has a strong sense of family identity. There are various similarities between far-right groups and Islamic extremists, such as the vulnerability of these children. The presentation showed that an increasing number of far-right families have mental health vulnerabilities. Another similarity drawn between far-right groups and Islamic extremists was

the exploitation of political situations and scandals; for example, far-right groups used the rise of Daesh and incidents such as the Drummer Lee Rigby murder in London, England, to further entrench White supremacist ideology. Central to their 'fight' is the perceived threat of the 'Islamification' of the UK. Similarly, Daesh uses the political situation in the Middle East and the situation in Palestine to reinforce the idea that 'Islam' is under attack from the West and needs to be protected. Both narratives spread the notion that it is not possible to live as a Muslim in Europe. One of the key drivers for both right-wing groups and Daesh is to use these issues to fuel anger which then feeds into violent extremist activity.

The use of language within far-right groups and how this is used to provide a strong sense of identity for the group was explored. Language is key to enabling the 'othering' process which then contributes to divisions of 'them' and 'us'; and it is this use of language that legitimises White supremacy which is one of the key ideals for far-right groups. Similarities can be drawn between this 'them' and 'us' dichotomy used by right-wing extremists and Daesh' discourse; Daesh' discourse focusses on terminology such as 'the true believers', 'infidels', 'kufar' and the 'non-believers'; these then in turn feed into a sense of superiority and the need to defend against an enemy. Thus both these forms of extremism use the same rhetoric.

### **German approaches to supporting the next generation**

#### *A practitioner's experience of far right extremism*

A practitioner shared the experiences of working with far-right extremist families in Germany, possible indicators of extremist views and practical ways in which to challenge ideals. Extremist views of children and their families in kindergarten were shared. Some of these extremist views included parents not wanting their child to play with a black doll, not wanting them to play with children of a different ethnicity or families who were demanding that their child have more pork options at meal times (specifically because of the high percentage of Muslim children). There was also increasing resentment towards refugees. It was problematic for professionals to maintain a good working relationship with these families whilst challenging their radical views. For example, it is challenging to deal with families displaying the swastika symbol in their houses. Though it is illegal to display this in public in Germany, there are no laws about displaying the symbol in homes. It is important that professionals understand the need to engage in conversation about these ideals because ignoring them further perpetuates them and maintains its normalisation. The key to these interactions is to be clear that the values of equality and self-determination are non-negotiable. Similarities and differences were discussed between a family displaying the swastika in their home and a woman wearing a niqab in her home. Both the niqab and the display of the swastika were regarded as extremist views by some. Although some felt that the niqab was a symbol of oppression the overall distinction between the niqab and the swastika (as used in the context of Nazi Germany) centred on the latter being a symbol of war, mass murder and torture and therefore warranted being challenged.

#### *Legato – a counselling organisation in Germany*

Another German presentation from Legato focussed on the need to support families and exit-work through systemic counselling, which considers the interpersonal relationships within a group/family. An important aspect of their counselling services consists of the need to break down social exclusion

and isolation of these families. Acceptance-based and systemic counselling also holds importance on reducing social isolation from the community and peers because it is this isolation that allows extremist ideology to flourish. One of the ways in which systemic counselling operates is to provide families with different constructions of life and to make them aware of different perspectives. The key to any intervention is that practitioners work on building a relationship based on trust and respect with these families. Most of Legato's cases are referred to them by teachers, social workers and parents calling with a concern and in almost all of the 300 cases, the radicalised youngsters grew up in a non-religious families. They are currently developing guidelines and methodologies together with other counselling offices in Germany.

*ChamaLion: A German initiative to prevent radicalisation*

ChamaLion, is a prevention project being piloted in schools for children aged between 8-13 years. The project involved various exercises and tasks for children based on three central themes:

1. Belonging and orientation - this introduced children to diversity and different ways of life. This also acknowledged and embraced children's own origins and backgrounds
2. Identity and acceptance – this involved the acknowledgment of a child's strengths and weaknesses;
3. Conflict management – this focussed on children learning to deal with conflict and becoming self-aware in order to prevent violence.

These themes can be understood as areas that lead children to become susceptible to radicalisation. Therefore these three themes were seen as essential topics with which to engage children in order to prevent violent extremist ideology.

**Bosnia and Herzegovina**

*Radicalisation of children and youth in Bosnia and Herzegovina: the need for a strategic approach*

People were believed to have joined Daesh from Bosnia and Herzegovina because they believed they were performing 'hijrah'. Data on child returnees in Bosnia and Herzegovina is limited but recent research (carried out by the Atlantic Initiative Centre for Security and Justice Research) found that a total of 81 children from Bosnia and Herzegovina have joined Daesh; 10 of whom have since returned but details on their whereabouts are not known. More than half (59%) of Bosnia and Herzegovina citizens in Daesh held territories are non-combatants and did not join to become combatants but rather to perform 'hijrah' (high percentage of these were women and children).

The various traumas that these children experience were highlighted. For example, a young child that experiences the loss of a parent and then subsequently their adoptive parents are also killed within a short period of time. A child returnee who has had such experiences are not viewed in terms of their various traumas but are rather stigmatised and not adequately supported. Upon returning to Bosnia and Herzegovina, foreign fighters are imprisoned for one year but are not subsequently tracked or 'supported' after this time. In the case of children, nobody really knows what happens with them or where they are in the country. Another problem presented concerns the fact that prisons in Bosnia and Herzegovina are being used as a hub for radicalisation; a problem that was not being addressed by the Bosnia and Herzegovina authorities. This was also a problem that French representatives at

the event shared about the situation in French prisons. Though interventions within French prisons are taking place to counteract prisons being used as avenues for Daesh recruitment.

The Bosnian perspective further focussed on the social exclusion of children in Salafi families. Evidence from the experiences of a practitioner in Bosnia and Herzegovina showed the existence of the 'Salafi village' in Bosnia and Herzegovina. This is closed off to health and social care services because the village inhabitants do not want any interventions from the outside world. They operate in a village that is closed off to other communities and have their own ideals about schooling and challenge mainstream educational values. The Bosnia and Herzegovina representatives felt there was a need to rethink children's rights for those children from Salafi families. For example, similarities and distinctions were drawn between the children who experienced the Bosnia and Herzegovina war in the 1990's and children growing up today in radicalised families. The trauma of children that experienced the Bosnia and Herzegovina war was acknowledged nationally and professional support was available. Though for Salafi children the situation is quite different, their trauma is unlikely to be acknowledged and treated professionally. Salafi children are stigmatised and there is a high level of prejudice toward them whilst the children of the Bosnia and Herzegovina war were not stigmatised because almost everyone had experienced the war. This shows the varied ways in which trauma is perceived and the different possible approaches for practice. Further to this, social services acknowledged that they had a role to play in supporting families/children that were affected by the Bosnia and Herzegovina war, though there is a lack of acknowledgment from social workers that they have a role to play in supporting families within this Salafi village. This points towards the need to develop practical intervention strategies for working with radical families.

One of the common themes running across the different European countries is that radical families being targeted for interventions feel they are being singled out and discriminated against. Practitioners feel this forms an obstacle in relation to engaging with these families given they do not always have the necessary tools or skills to work with these families (as discussed above).

## **Denmark**

### *Breaking down closed doors at a cost*

A regional example from the Nørrebro district of Copenhagen, Denmark focussed on social work practice with children growing up in a radical environment and on possible ways of engaging with these families. An interesting distinction from other regions within Denmark (and other parts of Copenhagen) was that foreign fighters from Nørrebro leave to join Daesh for monetary reasons. These children were predominantly from families of low socio-economic backgrounds and were not highly educated (in contrast to the families leaving from Aarhus).

This practice is illustrative of the issue of radical families not engaging with social services, for example on issues related to education. The parents of children that do not attend school regularly are often the target of social work intervention. Though often engagement with these parents tends to be poor and a challenge because these families do not participate in the requested meetings organised by social services. One of the underlying factors for this lack of engagement is the low level of confidence in local authorities by such families. These cases are often referred to as 'closed-circuit families' and tend to be closed by social services because of the lack of cooperation from families. Social services in Nørrebro was encountering the issue of 'closed-circuit' families and getting them 'on board'. It was felt that the legislation to support their attempts at an intervention was lacking so

subsequently, the law was changed in Denmark (in 2006) which enabled social services to cut child benefits, roughly €120 per month per child, if these families did not adhere to Danish laws (laws on compulsory education, or if children committed a crime or if children had serious behavioural issues). Although social services can use this law to coerce families to engage in their interventions it is rarely enforced. A survey carried out in 2014 found that the fine had been actioned only one occasion. In practice, families receive two warnings before being fined. Usually families start cooperating before the second warning. Families will be angry at first but afterwards understand the concerns, which are mainly about schooling or the well-being of their child/children. In this way the practitioner is able to start communicating with families, meet regularly, and make concrete plans. Statistics shows that in Nørrebro, after 2014, a social worker achieved 90% turnout at meetings and 25% of his families were fined (all who received fines expressed understanding), no children were taken into custody, and one family left to join Daesh in Syria.

In the Nørrebro case this hard-lined approach seemed to have worked and many more families engaged with social services and participated in meetings. Although this approach was successful in the case of Nørrebro, discussion arose around the controversial factors surrounding this law and its various ethical dilemmas. For example, some social workers refuse to fine families that are already under economic pressure and feel that enforcing fines would lead to added family distress. The law is also believed to heighten families' distrust with social services and the ethics of the law is questioned.

#### ***A mother's account of her 'mujahid' son***

The final presentation of the workshop discussed a mother's account of her son who joined Daesh and was subsequently killed in Syria. The discussion highlighted various symptoms that can be seen as cues for parents that their child is becoming radicalised. For example, extreme views of gender norms and behaviour, increased sense of purpose and increasingly spending time alone away from family and friends (isolation from loved ones). Vulnerable children are particularly at risk of being groomed in this way – in this case, the child had been diagnosed with Asperger syndrome. This links with the psychological discussions that took place earlier which suggested that those with mental health vulnerability are more at risk of becoming radicalised.

The testimony highlighted the lack of support for families whose children join Daesh. This presentation extends the discussion on trauma to the families of children that have joined Daesh. Trauma associated with losing a child needs to be acknowledged and treated professionally. These families experience not only losing a child but the inability to have a funeral because their child's body has not been returned home; thus having no sense of closure further elevates their trauma. This led to discussion on European laws on gaining death certificates of foreign fighters when their body has not been returned home. At present, because a medical professional/coroner cannot physically declare that a person has deceased these families are unable to gain a death certificate. This then brings a further set of challenges including the inability to close bank accounts etc. The distress and anxiety experienced by families that are caused by unanswered questions around the motives for their child joining Daesh have not been recognised by authorities. As such families have come together and set-up various organisations working to fight back against terrorism and extremism (e.g. Families Against Terrorism and Extremism - FATE).

This mother's account highlighted the distinction between Islam and the teachings of the Qu'ran and the ideology of Daesh. She argued that the violent interpretation and extremist ideology of Daesh needs to be challenged from a theological perspective. Central to this perspective is the need to highlight that Islam is a religion of peace. Understanding this difference between Islam and Daesh ideology is important for families but also for practitioners and support agencies working with radicalised families and child returnees.