

Tomorrow's Players Under Occupation: An Analysis of the Association of Political Violence With Psychological Functioning and Domestic Violence, Among Palestinian Youth

Alean Al-Krenawi, PhD
Ben-Gurion University of the Negev

John R. Graham, PhD, RSW
University of Calgary

Mahmud A. Sehwal, MD, PhD
Treatment and Rehabilitation Center for Victims of Torture, Ramallah, Palestine

A 2005 survey of 2,328 youth (ages 12 to 18) in the West Bank, Palestine, revealed an association between exposure to politically violent events, domestic violence, and school violence and with psychological symptomatology. Results also found associations between family violence, family economic status, and psychological symptomatology. Respondents reported low levels of family functioning. Data revealed some geographic variability in experiences of politically violent events, domestic violence, school violence, and psychological symptomatology. Implications for practice are discussed.

Keywords: Palestinian, political violence, domestic violence, psychological symptomatology

The implications of contemporary wars on the collective health status and well-being of affected populations, at home or in exile, go beyond the loss of life and destruction of physical infrastructure (Pedersen, 2002). Political violence has long been understood to be deleterious to the well-being of communities (Gidron, Katz, & Hasenfeld, 2002), adults (Dawes, 1994), and children (Goldson, 1993; Leavitt & Fox, 1993). Being in a war-torn context can have profoundly negative consequences to a family's capacity to generate wealth, to family stability, and to family and community functioning. When crisis and loss become the norm, individuals like communities, lose their cadence and balance. According to Thabet and Vostanis (2004), children living in war zones are at high risk of developing different types of psychopathology and posttraumatic stress disorder (PTSD). Jones and Kafetsios (2005), in their study among Bosnian adolescents, also found a positive association between exposure to political violence and psychological problems.

The Israeli–Palestinian conflict has escalated since 2000 into the El-Aqsa Intifada. As a result, both Palestinian and Israeli youths are exposed to terrifying events. For example, a significantly higher percentage of Israeli youth who live in the settlements in the disputed territories, and who are exposed to attacks on these settlements report moderate to very severe levels of posttraumatic symptoms in comparison to youth living in other places (Solomon

& Lavi, 2005). One study of Palestinian children exposed to war trauma (Thabet & Vostanis, 1999) found 72.8% with PTSD reactions of at least mild intensity, and 41% reporting moderate to severe PTSD reactions. More recent research links direct exposure, and/or that moderated by the media, with children's sleep disturbance, somatic complaints, constricted affect, impulse control, and difficulties in concentration. Palestinian children living in war zones are also at high risk of suffering from depressive disorders (Thabet & Vostanis, 2004).

A recent examination of mothers of Palestinian youth (El-Sarraj & Qouta, 2005) failed to show any moderating effect of good maternal mental health or low neuroticism in protecting children's mental health from the negative impact of war trauma. A 2005 investigation (Khamis, 2005) discovered the expected association between family environment, parental style of influence, and PTSD symptomatology among school-age Palestinian children; but family ambiance (child's experience of anxiety in home environment) was the only predictor of PTSD.

In the West Bank, as in Gaza, services for individuals seeking psychosocial treatment are limited. Individuals may seek help from general practitioner physicians and/or at primary health care centers that may provide referrals to psychiatric or psychological counseling; or through such civil society organizations as the Centre for the Rehabilitation of Victims of Torture, Ramallah, West Bank. However the resources for such piecemeal services are few, and service underutilization and service inaccessibility are common (Al-Krenawi, Graham, & Sehwal, 2004).

Exposure to political violence leads to a multitude of significant changes in the structure and everyday actions of the family unit (Joshi, O'Donnell, Cullins, & Lewin, 2006; Weine et al., 2004). The family unit, when subjected to political violence, becomes highly vulnerable to various stress-related factors (Al-Krenawi et al., 2004; Khamis, 2005; Srour, 2006). Suad (2004) identified the challenge to gender and age roles as one of the major changes to

Alean Al-Krenawi, PhD, Spitzer Department of Social Work, Ben-Gurion University of the Negev; John R. Graham, PhD, RSW, Murray Fraser Professor, Faculty of Social Work, University of Calgary; Mahmud A. Sehwal, MD, PhD, Director, Treatment and Rehabilitation Center for Victims of Torture, Ramallah, Palestine.

For reprints and correspondence: Alean Al-Krenawi, PhD, Spitzer Department of Social Work, Ben-Gurion University of the Negev, Beer-Sheva, Israel, P.O. Box 653, Beer-Sheva 84105, Israel. E-mail: alean@bgu.ac.il

families exposed to extended periods of violence. Familial relations become overburdened by conflict as traditional normative understandings that define the family unit, structure, and hierarchy are confronted. Jewkes (2002) illustrated that violence may be a tool that is used when facing situations of conflict in relation to familial struggles. She concluded further that when violence is an established practice in a society, it is more likely to occur at domestic levels (Jewkes, 2002).

Literature is beginning to consider the association between exposure to political violence and domestic violence. For example, Sheidow, Gorman-Smith, Tolan, and Henry (2001) found that youth who reported higher rates of exposure to violence also reported higher rates of domestic violence. However, there has been little development of conceptual frameworks postulating how the two concepts are linked; how the relation might vary across time, place, and society; and how it might relate to economic, social, political and cultural structures.

Economic status and level of education are known to be associated with the psychological well-being of families and individuals. Previous findings (Harpham, Grant, & Rodriguez, 2004) identified low levels of education and unemployment as potent high risk factors for poor mental health. Indeed, chronic poverty has a deleterious impact on multiple-life domains including: basic needs, family, social relations, leisure, and self-esteem (Wilton, 2004). According to Tolman and Wang (2005), domestic violence is associated with various forms of material deprivation as well as increased welfare dependence and decreased work reliance. Other studies (e.g., Moore & Selkove as cited in Tolman & Wang, 2005) have linked job loss to domestic violence. Low educational attainment has also been found to be associated with domestic violence (Vest, Catlin, Chen, & Brownson, 2002). Domestic violence, in turn, has been linked to increased rates of mental health problems, including depression, suicidal ideation, and PTSD (Golding as cited in Tolman & Wang, 2005).

Moreover because the educational system is a part of the broader society, there is a reason to suspect a relation between the environment of political violence and high rates of school violence. According to Laub and Lauristen (1998), school violence is a reflection of violence in the broader social context. Research suggests a relationship between adolescents' exposure to violence and the externalization of individualized responses (Buckner, Beardslee, & Bassuck, 2004; Lambert, 2005). Turner, Finklehor, and Ormrod (2006) suggested that the externalization of responses to violence exposure was enacted through aggressive behavior, which would increase the level of violence that was witnessed in school systems.

Taking these variables into account, Palestine's situation suggests that without intervention current and future prospects may be bleak. Economic resources are limited, unemployment is high, political and social infrastructures are threatened by instability and war, and are not improved by ongoing political occupation (Al-Daqaq, Karim, Ezbididi, Said, & Abu Fasha, 2004; Bocco et al., 2006).

In the present study, we focus on Palestinian youth of the West Bank, a population that may be considered tomorrow's players in any postconflict reconstruction and political resolution. The West Bank is an area of land between Israel and Jordan, totaling 5,860 square kilometers. With a population of over 3 million, and nearly half of the population under the age of 14, growth rates are high

(Abi-Hashem, 1992; Al-Krenawi & Graham, 2003). The West Bank and Gaza together constitute Palestine, which is administered by the Palestinian Authority (PA). Most of the population is Muslim, and common Palestinian values include rootedness to the land, strong family bonds, social identity from family and community, and a holistic outlook to life (Abi-Hashem, 1992; Al-Krenawi & Graham, 2003).

The Palestinians have been an occupied people since 1967 and have had 60 years' experience of political unrest in the aftermath of the 1948 creation of the state of Israel. During this time, Palestinians have lived in a state of crisis affecting all aspects of Palestinian life (Al-Krenawi & Graham, 2005). The 1967 capture of the West Bank and Gaza initiated a period of political occupation that further restricted Palestinian political autonomy. As a result of the ongoing conflict with Israel, Palestinians have been under military curfew, and have experienced overwhelming economic loss. The First Intifada, an uprising from 1987 to the early 1990s, had deep consequences to all aspects of Palestinian life. The Second Intifada, from September 2000 to the present, has been equally intense. In 2005, more than 60% of Palestinian households lived below the national poverty line, compared to 20% in 1998. World Food Program estimates of 2004 indicate that 37% of the Palestinian population is food insecure and does not receive adequate food to meet minimum nutritional requirements (Palestinian Authority, 2006; Al-Ashhab, 2005).

We analyzed the social and psychological consequences of ongoing political violence experienced by Palestinian youth in the West Bank. We predicted an association between exposure to politically violent events with domestic violence, school violence, and poor mental health. We further hypothesized that higher economic status would be associated with better mental and lower rates of domestic violence in comparison to those reporting moderate to low economic status.

Method

This study is based on a national longitudinal survey conducted in the West Bank in 2005. The sample was derived from major cities and refugee camps, and several villages that were randomly selected from a computer database of the Palestinian Central Bureau of Statistics. The sample was restricted to male and female adolescents ages 12 to 18 attending high school. We also made sure that all geographic districts in West Bank had the same probability of being included in the final sample. Schools and respondents within each district were randomly selected. Permission to conduct the study was obtained from the Palestinian Ministry of Education. In addition, the research team contacted the parents of the adolescents, explained the aims of the study, and asked their approval for the participation of their sons and daughters in the study. From the initial set of 2,852 participants, the final sample consisted of 2,328. Of the final sample, 1,202 (51.6%) were male and 1,128 (48.4%) were female; 98.5% were Muslim; and only 1.4% were Christian. The mean age was 15.4 years ($SD = 1.23$). Most of the respondents' parents were married 89.2%; 167 (7.1%) reported that their fathers and/or mothers had died. The mean number of children living at home was 7.09 ($SD = 3.06$).

Interviewers, who were trained by the research team, included both men and women who were social work and psychology

students from universities in the West Bank. The interviewers were present during questionnaire administration to provide help completing the survey, as required. Following standard university ethical review protocols, participants were informed about their right to withdraw from the study at any time.

Measures

The self-report questionnaire consisted of (a) questions about demographic variables such as gender, religion, father's and mother's education, and the socioeconomic status of the adolescent's family; (b) measures of exposure to violence, including politically violent events, domestic violence, and school violence, which were developed by the research team based on focus groups adapted to cultural norms and specific situations; and (c) outcome measures, including the Brief Symptom Inventory (BSI), a measure of psychiatric symptomatology, and the McMaster Family Assessment Device (FAD) measure, a measure of family functioning.

The Politically Violent Events Scale assessed the level of subjective severity of experiencing different political events activated by the Israeli army. Respondents were asked first to indicate (Yes or No) whether they experienced any of the following events: physical or verbal abuse at a military checkpoint, the arrest of themselves or a family member, being subject to long curfew periods, injury by soldiers, death of a relative, or property damage or loss during military house searching. If the answer was yes, they were asked to rate the level of severity, using a scale ranging from 1 (*no impact*) to 5 (*serious impact*). Sample question: "Has the Israeli army ever made a search in your house?"; Cronbach's alpha = .92.

The Domestic Violence Scale assessed violence between parents and children or between siblings (9 items; Subscale 1) and violence between spouses (4 items; Subscale 2). Respondents were asked to rate the level of occurrence based on a scale ranging from 5 (*all the time*) to 1 (*never*), with a higher score indicating more occurrence of violence within the family. Sample item: "My father beats me and my brothers and sisters." Cronbach's alpha = .87; alphas for subscales = .85 and .92 for (Subscales 1 and 2), respectively.

The School Violence Scale examined the presence of violence in the school environment. It consisted of questions checking for active or verbal violence; for example, whether the student had witnessed any violent incidents during the last month, whether students bring weapons to school, or whether students experienced verbal or physical violence. It also examined whether students threatened each other, whether the students feel frightened to go to school and whether they witnessed or directly experienced violence at school. Sample question: "Does anyone of your friends bring weapons to school?" Responses were based on a scale ranging from 1 (*never*) to 5 (*always*), with a higher score reflecting more violence in the school environment; Cronbach's alpha = .87.

The Brief Symptom Inventory (BSI) is a shortened version of the Hopkins Symptom Checklist (Derogatis & Spencer, 1982). It includes 53 items assessing symptoms experienced during the last month. The BSI has nine dimensions: somatization, interpersonal sensitivity, obsession-compulsion, depression, anxiety, hostility, phobic anxiety, paranoid ideation, and psychotic symptoms. In addition, the scale provides a General Severity Index (GSI), a Positive Symptom Index (PSDI) and a Positive Symptoms Total

(PST). The scale has been successfully used to assess the mental health of Soviet, American, and Israeli adolescents in several studies (Canetti, Shalev, De-Nour, 1994; Slonim-Nevo & Sheraga, 1997). The internal consistency of the nine subscales is adequate (Cronbach's $\alpha = .71$ to $.81$) and an adequate level of reliability has been found to exist by test-retest analysis ($r = .60$ to $.90$). Cronbach's alpha in the current study = $.94$, with subscale scores ranging from $.60$ to $.78$. The internal reliability of the current measure, in general, and of its subscales was measured in a Jewish research population (Slonim-Nevo & Shraga, 2000) with reasonable results (Cronbach's α s ranged from $.62$ to $.90$).

The reliabilities of the subscales among respondents in this study were as follows. Somatization: $\alpha = .73$, $N = 2,300$; obsessive-compulsive: $\alpha = .73$, $N = 2,151$; interpersonal sensitivity: $\alpha = .59$, $N = 2,120$; depression: $\alpha = .74$, $N = 2,222$; anxiety: $\alpha = .48$, $N = 2,222$; hostility: $\alpha = .69$, $N = 2,330$; panic (phobic anxiety): $\alpha = .65$, $N = 2,315$; paranoid ideation: $\alpha = .64$, $N = 2,320$; psychoticism: $\alpha = .67$, $N = 2,232$; all items together: $\alpha = .94$, $N = 2,321$.

The FAD was used to assess family functioning. The FAD was developed by Epstein and colleagues (Epstein, Baldwin & Bishop, 1983; Miller, Epstein, Bishop, & Keitner, 1985). This questionnaire includes 60 items on seven dimensions of family functioning: problem solving, communication, roles in the family, emotional involvement, behavior control, emotional responses, and general functioning. We used only the 12 scale items that assess the general function dimension. Ridenour, Daley, and Reich (1999) found that these 12 items give a satisfactory picture of the family's general function. All subscales were based on a scale that ranged from 1 to 4, with higher scores indicating more problems. The scale has satisfactory reliability (Cronbach's α s = $.72$ to $.92$), good test-retest reliability ($r = .66$), and high validity, as indicated by comparing the scale's scores to measures of similar constructs (Epstein et al., 1983; Miller et al., 1985); $\alpha = .60$ in the current study.

To ensure accuracy of translation, the BSI and FAD were translated into Arabic, back translated by a professional translator fluent in both Arabic and English, and then independently translated back into English. Both measures have been successfully utilized in previous research among Arab youth in the Middle East (Al-Krenawi, Graham, & Slonim-Nevo, 2002; Kazarian, 2005).

Results

Table 1 provides basic demographic information for the sample. One third of respondents self-evaluated their family economic status as "very good" to "good"; the remaining two thirds evaluated as "moderate" to "poor." Over two thirds of respondents had fathers who were unemployed. Additional analysis revealed that those reporting good or very good economic status had less psychological symptomatology in comparison to those who reported a lower family economic status, multivariate Wilks' $F(13, 2058) = 6.97$, $p < .01$. In addition, respondents from very good or good family economic status reported less domestic violence between parents and between family members, compared to their counterparts who reported a lower family economic status.

Significant differences in mental health symptomatology were found between respondents with high exposure versus low exposure to politically violent events (see Table 2). Results of a

Table 1
Sociodemographic Characteristics of the Sample

	N	%
Gender		
Men	1,202	51.6
Women	1,128	48.4
Total	2,330	100
Religion		
Muslim	2,296	98.5
Christian	32	1.4
Other	2	0.1
Total	2,330	100
District of residence		
Jinin	184	7.9
Kobatia	112	4.8
TolKarm	246	10.6
Kalkliah	119	5.1
Salfit	72	3.1
Naples	368	15.8
Ramallah	188	8.1
Jerusalem	175	7.5
Villages around Jerusalem	95	4.1
Jericho	39	1.7
Beit Leham	126	5.4
Hebron	434	18.6
South of Hebron	170	7.3
Total	2,328	100
Marital status of parent		
Both alive/married	2,077	89.2
One (or both) of the parents died	167	7.1
Parents divorced or living separately	62	2.6
One of the parents is in prison	4	0.2
None of the above apply	18	0.8
Total	2,328	100
Family socioeconomic status		
Very good	182	8.0
Good	566	25.0
Moderate	826	36.4
Bad	626	27.6
Poor	67	3.0
Total	2,267	100
Is your father working (employed)		
Yes	648	31.6
No	1,402	68.4
Total	2,050	100
	<i>M</i>	<i>SD</i>
No. of children living at home	7.09	3.06
Father's years of education	5.61	13.62
Mother's years of education	4.54	11.77

multivariate analysis of variance (MANOVA) found respondents with a high degree of exposure to politically violent events to report significantly more somatization, anxiety, phobic anxiety and psychotism, multivariate Wilks' $F(13, 2113) = 3.05, p < .01$.

Next, as shown in Table 3, regression analyses were conducted to predict mental health symptomatology by domestic violence, degree of exposure to politically violent events, family functioning, and socioeconomic status. Results found 22% of the variance of mental health symptomatology to be explained by these variables: violence within the family ($\beta = .38, p < .01$), higher degree of exposure to politically violent events ($\beta = -.08, p < .01$), family functioning ($\beta = -.10, p < .01$), and higher economic status ($\beta = -.10, p < .01$).

Inspection of Table 4 reveals that exposure to politically violent events is strongly and positively correlated with psychological

symptomatology, family functioning, violence within family and between parents, and violence witnessed or active within school. Further inspection of the Pearson correlation indicate that exposure to political violence is mostly associated with psychological symptomatology and violence witnessed or active within school.

Discussion

The Second Intifada has had a profound effect on Palestine's economic, political, and social systems. Our research provides evidence that a high degree of exposure to political violence, increased psychological distress, severe economic problems are interrelated. This finding is congruent with the view that a cycle of political violence mutually reinforces psychological distress, and that both mutually reinforce economic problems. The result is a downward spiral of worsening conditions.

The finding that family economic status and psychological symptomatology are positively associated is of concern. Average educational levels of fathers (the cultural breadwinners) are low; and fathers' unemployment rates are correspondingly high. Mothers' average levels of education were also low and their unemployment levels high, and family poverty levels were also high. These phenomena are well understood in the literature, which finds a correlation between low education with low level of job placement success and greater poverty (Graham, Swift, & Delaney, 2003). The fact that mothers' education is low provides a further cause for concern given that lower maternal education is associated with such social problems as children's drug use (Miech & Chilcoat, 2005); lower child educational attainment (Magnuson, 2003); and with various indices of child well-being, including nutrition (Frost, Forste, & Haas, 2005).

One of the present study's most important results involves the association between political violence and other examined parameters. Exposure to politically violent events is strongly associated with psychological symptomatology, violence within family and between parents, and violence witnessed or active within school.

Table 2
Degree of Exposure to Political Violence Events Low and High by Psychological Functioning and Domestic Violence

BSI	Degree of exposure to politically violent events	
	High <i>M (SD)</i>	Low <i>M (SD)</i>
Somatization	1.08 (0.67)	.98 (0.65)
Obsession-Compulsion	1.58 (0.74)	1.53 (0.74)
Interpersonal sensitivity	1.36 (0.87)	1.30 (0.86)
Depression	1.31 (0.84)	1.29 (0.86)
Anxiety	1.26 (0.73)	1.16 (0.73)
Hostility	1.35 (0.81)	1.29 (0.79)
Panic (phobic anxiety)	1.24 (0.80)	1.13 (0.75)
Paranoid ideation	1.37 (0.80)	1.35 (0.81)
Psychotism	1.27 (0.84)	1.19 (0.82)
PST (positive symptom total)	34.40 (10.31)	32.80 (10.42)
Violence between parents and children	0.91 (0.73)	0.93 (0.69)
Violence between parents	0.31 (0.57)	0.28 (0.52)

Note. BSI = Brief Symptom Inventory.

Table 3
Prediction of Mental Health Symptomatology by Political Violence Events, Violence Within the Family, Degree of Exposure to Political Violence, Family Functioning, and Socioeconomic Status: Standardized Beta Coefficients, R², and p Values

	Psychiatric symptomatology
Violence within family	.38*
Violence between parents	.04
Violent incident being witness in the last month	-.02
Degree of exposure to political violence	-.08*
Family functioning	-.10*
Socio-economic status	-.10*
Model summary	R ² = .1; F(7, 2020) = 76.53**

* $p < .01$. ** $p < .001$.

Violence is a world-wide phenomenon that has a terrible impact on life quality, economic status, and self-esteem (Hadi, 2005; Moe & Bell, 2004). Exposure to violence has profound psychological implications for respondents. Previous research correlates recent exposure to violence with predictable worsening of educational achievement, and school-context violence (Ozer, 2005). The extent of exposure to violence among respondents can be likened to what has been described as "urban war zones," in which trauma is regularly witnessed, and those who directly experience it are joined by covictims who witness it (Lott, 2003). On a psychological level, long-term exposure to violence challenges a child's healthy context, in which a loving and sensitive environment provides the child protection. This lack of control over one's environment, and ongoing awareness of chronic danger, can have long-term psychological consequences. Representations of the world may be based on the premise that life is a succession of ongoing danger. Major traumas such as the destruction of one's parents' home may reinforce a sense of helplessness in the world. Negative beliefs toward the world, in turn, may make a person more susceptible to PTSD—to the extent that the trauma corroborates one's underlying worldviews (Foa & Rigges, 1993).

Trauma may be passed intergenerationally. Parents' preoccupation with the state of instability in which they constantly live makes it difficult for them to provide their children with any real sense of stability (Srouf, 2005). Weingarten (2004) argued, that children may be witnesses to their parent's trauma. Parents may be traumatized by political violence in a number of ways. This may include having lived through political conflicts, war genocide, and repressive regimes. Moreover, Angel, Hjern and Ingleby (2001) found that even when a child is not exposed to violent events, growing up in a family subject to (ethnic) persecution and oppression could drastically undermine an individual's development of a sense of security. Political violence may teach children of the Intifada the harmful lesson that violence is a desirable behavior; and violence toward the Israeli army may in turn be generalized to other forms of violence in domestic and school domains. The present study also finds poverty to be an important factor influencing mental health symptomatology. Previous research has confirmed the positive association between poverty as an additional

high risk stressor on psychological health (Bratter & Eschbach, 2005).

Limitations

If broad population health data sets are ever available in Palestine, more random samples may be feasible. Self-reported questionnaires are subject to limitations, and the present sample may have underreported various BSI symptoms, FAD problems, or other questions posed in our instrument. Much of our data collection relied on instruments previously translated to Arabic and tested for validity. There are many other reporting instruments that are used in English and that we did not utilize, including the Diagnostic Interview Schedule With Disaster Supplement (North, McCutcheon, Spitznagel, & Smith, 2002) the Global Assessment of Functioning Scale (Weine, Becker, Levy, Edell, & McGlashan, 1997) according to the *Diagnostic and Statistical Manual of Mental Disorders* (4th ed.; American Psychiatric Association, 1994) or other self-report measures to assess functional impairments in other domains (Pat-Horenczyk et al., 2007).

Implications

Recent scholarship on Israeli adolescents' exposure to political violence identified "a pressing need to develop treatment protocols for school-based interventions for secondary prevention, building resilience, and treating posttraumatic distress" (Pat-Horenczyk et al., 2007, p. 85).

The same priorities certainly exist in Palestine. And yet the Palestinian capacity to improve school-based screening, or enhance the scope and number of clinical services available, is necessarily limited by the PA's operating budgets. These budgetary capacities, in turn, are ultimately political issues, tied to the very peace process that might provide hope to the sorts of victims that this article discusses.

The West Bank has a young population, with nearly half under the age of 14, and nearly two thirds under 19 (PA, 2006; Al-Ashhab, 2005). This young population has numerous stressors. The present study provides considerable insight into the significance of exposure to political violence with respect to psychological symptoms, domestic violence, school violence, family functioning, and individual psychological symptoms. In the absence of

Table 4
Correlation Between Exposure to Politically Violent Events and Research Variables

	Degree of exposure to political violence
BSI	.41*
FAD	.29*
Violence within family	.23*
Violence between parents	.19*
Violent incident being witness in the last month	.34*
Active violence in school	.32*

Note. BSI = Brief Symptom Inventory; FAD = McMaster Family Assessment Device.

* $p < .01$.

positive intervention, ongoing individual and community trauma may persist. These realities, in turn, could have a negative impact on future peace building prospects in the region.

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