



# YOUNG CHILDREN RETURNING FROM IRAK AND SYRIA TO EUROPE : A CHALLENGE FOR CLINICIANS AND FOR SOCIETY

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# Context (1)

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- During 2010's, some french people decided to leave France to join salafi armed groups in Syria and Irak
- Some of them left with children (either two parents left, or one parent abducted children)
- Other children were born during the conflict
- The estimated number of children on the field is 400 to 500

# Context (2)

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- From 2016, children began to return to France
  - With two parents
  - With one parent : mainly mother with the father said to be dead
  - Without parent, presumed dead (with International Red Cross)
- On 23/03/2017 and 23/02/2018, Prime Ministers of France published a circular defining a frame for these returns

# Context (3)

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- When families arrive in France, parents are taken into custody, and most of the time they are held in pre-trial detention (counter-terrorist Justice)
- Children are placed in foster care (usually families) inside the child welfare system by a Children Judge.
- French experts in child psychiatry, psychology and pediatric medicine were asked to participate in the writing of the medical part of the circular.

# Medical and Psych examination (1)

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- Medical emergency is ruled-out at the time of arrival (airport) Parental consent for the assessment is researched
- Day hospitalisation in pediatric medicine within 2 weeks after arrival
- Psychological assessment begin during the day hospitalisation, and is continued on a weekly basis by a psychologist for one to three months. A child psychiatrist is available for supervision and assisting assessment for difficult cases.

# Medical and Psych examination (2)

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- Assessment encompass child development and symptoms, interactions with parent if available, interactions with the foster family, interview with the specialized educator
- If requested, child is referred to psychiatric care
- We have not standardized the assessment yet, in this exploratory stage, but we are planning to do it, mainly with DIPA (Scheeringa) and MINI-KIDS in a proper research project

# Results (1)

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- From July 2017 to now :
  - ▣ 37 children were referred and 35 undergo psych assessment
    - 0 to 2 yo = 15 (nearly all of them born in Syria or Irak);
    - 3 to 5 yo = 8 ;
    - 6 & over = 12.
  - ▣ Assessment is completed for 20 children : all of them have been referred to regular care

# Results (2)

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- At the time of arrival, most of the 0-5 yo had acute stress disorder or adaptation disorder and or developmental delay
- At the end (3 months) : PTSD, desinhibited social engagement disorder, overeating disorder, persisting developmental delay (global or language), mood disorders, anxiety disorders, ADHD... This variety of symptômes and troubles could maybe better resume to the diagnosis of developmental trauma disorder with comorbidities.
- Justice and authorities would like us to give a result back very early, but we need time !
  - ▣ Ex : Ahmed 2y10m at arrival described as « perfect and cool » became more and more inhibited, then desinhibited with an intense hypervigilance and anxiety PTSD diagnosis is possible after 3 months in France
  - ▣ Ex : Lila 3yo was going better, but when she met her mum in jail, all the symptoms came back : regression, encopresis, strong anxiety...
- So, it's definitely impossible to make a « quick » or « stable » diagnosis, despite the strong pressure we have to do so.



# Results (3) : what happened to these children

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- Sudden move to a dangerous place
- We do not know how the life was organized there (living in a family or in a group, with or without father...)
- War events : bombing, threats
- Witness of violent scenes : videos, lifeless bodies in the streets
- Detention with their mother : in ISIS, in Turkey
- Sudden/violent death of the father or in the siblings
- Separation from mother at arrival (in some cases : unknown weaning)
- **Difficulty of personal and family anamnesis : secret, lies, nobody to tell...**

# Results (4) : professionals

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- A lot of professionals feel distressed and helplessness
- Even the best ones
- They just seem to have totally forgotten what they have to do and what they know perfectly how to do
- Possible effect of counter-transferential-issues Some pros feel too close, other one are fascinated, terrorised, These children are also children of families having threaten France and organize Paris attacks : «It's difficult to work with him, his father was engaged against France »
- Supporting professional is now one of our main goals
- We had to engage groups for the foster families, and to organize teaching sessions, that help professional empowerment and stop the cycle of very short placement

# Conclusions (1)

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- No one is prepared, all of us should be !
- First of all, dont'predict !!
  - ▣ **Detect and treat developmental delays and emerging troubles over time**, while the situation is changing (ie : visit to parent, learning death of sibling, or birth in jail)
  - ▣ Work with child's environment when possible
  - ▣ Try to rebuild a life story to help for the building of a self narrative

# Conclusions (2)

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- ❑ Question for the future : how will they grow up ?
- ❑ Will they feel affiliate enough to our societies, or will they develop loyalty conflict ?
- ❑ It will depend in part of us : assessment, care, protection, education, psych perceive as a helping place and not controlling one, development social connexions, resilience promotion, ability to add coherence and continuity in a highly complex interinstitutionnal setting.
- ❑ It will depend also of their families when they will meet again, and the severity of their first wounds.

- As for every baby, we can have great expectations for them, they deserve it and they need it also.

**Thanks for your attention !**

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