

AGE AND EMOTIONAL CHARACTERISTICS OF CHILDREN REPATRIATED FROM TERRORIST ACTIVITY ZONES

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Abstract:

The article talks about the age and emotional characteristics of children repatriated from zones of terrorist activity.

Keywords: repatriate, rehabilitation, reintegration, psychological security, self-returners, actor, terrorism.

Introduction

There are currently more than two dozen protracted armed conflicts in the world. Under the influence of constant negative experiences and emotional turmoil that people experience when they find themselves in such conditions, many people change their outlook on life, beliefs, values, and overall picture of the world.

From 2019 to 2021, in the Republic of Uzbekistan, on the initiative of the President of the country, five special operations were carried out to return women and children from armed conflict zones, thereby supporting the call of UN Secretary-General Antonio Guterres on the importance of assisting governments in resolving the humanitarian crisis in Syria and Iraq [1].

In order to study the psycho-emotional state of women and children who returned from ISIS territories to Uzbekistan, a psychological study was conducted. A representative sample of 193 repatriates was examined. 143 children, 70 girls, 73 boys; 0-4 years old girls 9, boys 13; 5-18 years old girls 61, boys 60 [2, P.14].

Living in a combat zone, especially in territories controlled by radical terrorist groups, threats to life and health, forced relocation, hostage-taking, restriction of freedom, etc. have a significant negative impact on the psyche of children, leading to disruption of adaptation and the development of various mental and behavioral disorders. Studies conducted among child victims of local military conflicts showed a significant increase in the number of psychotic and non-psychotic disorders in the acute period and the presence of the majority of symptoms typical of post-traumatic stress disorder with a predominance of depressive reactions, irritability, outbursts of anger, aggressiveness and asthenic disorders in the delayed period . Of particular importance in the formation of mental disorders in children are problems of the social environment: abuse or neglect by a parent or guardian, lack or low level of education, rejection by peers [3, P.34].

A significant influence on the state of their health was exerted by the features of life in which children were placed for several years: special family and religious upbringing, loss of close relatives (father, brothers, sisters), friends and acquaintances, loss of the usual social environment and subsequently freedom, meager and monotonous nutrition, lack of training and games. Additional stress factors for all children were separation from their mother and a change in their usual social environment.



As a result of the examination, sets of symptoms and behavioral characteristics characteristic of individual gender and age categories were identified:

Children from 1 to 4 years old. All children in this age group, regardless of gender, showed signs of an acute reaction to stress due to separation from their mother. There was either a frequent change of emotions with tearfulness and disinhibition (32.3%), or motor-mental retardation with drowsiness (67.7%) with a gradual decrease in symptoms. In older children, along with a reaction to separation from their mother, mental and behavioral disorders with gender differences were identified.

Children 4-7 years old. Symptoms of an acute reaction to stress with inhibition, prolonged freezing in one position, lack of contact in this age category were identified only in 2 girls (7.4%), and these symptoms gradually decreased over 3-4 years. Wariness, fear of unfamiliar faces, limitation or lack of interaction with peers were in the foreground when examining girls, which indicates the formation of reactive attachment disorder in them in childhood.

The mental status of the boys was marked by anxiety, increased distractibility to external stimuli, and restlessness. Oppositional, defiant behavior with a tendency towards bravado and aggressiveness in games and communication with unfamiliar peers and adults was also revealed, which indicates the possible development of socialized behavior disorder.

It should be noted that all children born in a combat zone or born there under the age of 3 years had delayed psychophysical development (short stature, graceful body proportions, mental development with a predominance of gaming interests over intellectual ones, instability of active attention, a tendency to imitate when completing tasks, underdevelopment of the components of logical and abstract thinking in older children.

Children 7 - 12 years old. In this group of children, at the time of the examination, there were no clinical manifestations of an acute reaction to stress in the form of lethargy or agitation. Girls are characterized by emotional fluency, prudence, and a tendency toward loneliness. During the examination, increased anxiety, tension, low mood when discussing the fate of parents and adaptation to a new life, a feeling of guilt for "returning to normal life," and active avoidance of topics related to the war situation increased. and loss of loved ones, and attempts at questioning revealed tears and refusal of further contact. Considering the presence of anxiety-depressive symptoms and symptoms of avoidance, the development of post-traumatic stress disorder can be assumed.

Boys in this age group remained isolated, communicated with teachers with extreme respect, and tried to avoid contact with other adults. The examination revealed low mood, wariness, feelings of guilt, an active reluctance to talk about the war, the loss of loved ones, the details of life in zones of terrorist activity and especially in orphanages and prison. Persistent questioning also revealed a feeling of helplessness in the situation (the inability to help the mother), irritability, aggressiveness, and in two cases, a carefully hidden desire to take revenge for the death of the father and the imprisonment of the mother.

Children 12-15 years old (girls and boys). During the study, they stayed away from others, did not communicate, and "played" at adults, emphasizing their religiosity in their choice of clothing and food. They willingly kept up the conversation on religious topics and the topic of future marriage. They were skeptical about educational opportunities, saying that a woman's goal was to get



married and have children. They studiously avoided talking about life in the war zone, explaining this by the “painfulness” of their memories.

All school-age children had pronounced pedagogical neglect with the absence or insufficiency of reading and writing skills, limited and religiously oriented knowledge about the world around them.

Taking into account the long-term influence of multiple psychotraumatic factors, accompanied by additional negative impacts - separation from the mother, a change in the social environment, a change in priorities and worldview, etc. - it is possible to predict the development of more serious mental disorders in children in the future. Early detection of mental and behavioral disorders, prevention of post-stress disorders at distant stages of psychological trauma, timely and complete rehabilitation and reintegration into society are of utmost importance.

An increased index of anxious-depressive emotions is characterized by low mood, inexplicable anxiety, and a feeling of impending danger. This condition is a normal human reaction to a crisis or traumatic situation; however, it is important to pay attention to the long-term dynamics of this condition. If it lasts more than six months after the traumatic event, it can develop into a personality disorder. It appears that being in EQ and constantly feeling afraid may have been more traumatic for anxious respondents than for non-anxious respondents. Anxious respondents were more in need of psychological support, which could reduce the intensity of the anxiety-depressive state, help them understand their experiences and direct them to adapt to new living conditions.

The phenomenon of stigmatization can serve as a significant factor inhibiting the adaptation of repatriated children. Negative attitudes are possible due to a lack of understanding of the behavior of children raised in conditions of militant radicalism, “shifting” the blame of parents for participation in a terrorist organization onto the child, fear of possible radicalization, “zombification” of the child, etc. On the part of the child, there is a discrepancy in certain moral values foundations and priorities in the past and in a new social environment - an internal struggle between the desire to live a modern peaceful life and the fear of violating instilled covenants, a sense of guilt before parents, etc. Therefore, it is also necessary to carry out a set of destigmatization measures, including:

- educational work with the population through the media (television, radio, Internet) to form in society the correct understanding of repatriated children exposed to a number of negative stressors;
 - psychological work with relatives (guardians) responsible for providing comfortable living conditions, solving everyday problems, providing psychological support to victims, who are required to actively participate in the process of readaptation of children exposed to a long-term emergency situation;
 - providing legal and social support to children and their guardians;
- training of specialists involved in providing professional assistance to children living for a long time in territory controlled by a radical terrorist group.

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