

**Sheila, 13.5 years old.**

Sheila is 13.5 years old and originates from Afghanistan. She came to the guest house a month ago, together with her younger brother. Immediately, the staff made arrangements for a Dublin II family reunification, with the mother in Germany. All necessary documents, for the initiating of the procedure have been collected. In the early days of her stay Sheila was quite cheerful and active; she participated in all the joint activities with other children in the hostel and seemed to be in a very good mood. After three weeks of staying in the hostel, she joined a summer camp programme for 10 days, near the city. The staff frequently visited the camp and that behaviour remained the same. She was very happy and participated in all summer camp activities and was regularly seen socialising with many of her peers.

Two days after the camp terminated and all the children had returned to the hostel, a sudden gust of wind smashing the bathroom's window shut startled Sheila. She began to shout and tremble in fear and told staff a girl had appeared in the bathroom, without legs and fingers, who tried to harm her. The child could not sleep all night and continued to have metaphysical delusions. A carer stayed with her for the duration of the night and tried to calm her down.

The delusions continued during the next couple of days, making Sheila completely terrified of the prospect staying in the hostel. She constantly stared at the ceiling, claiming that the girl followed her and continually tried to speak with her. Her behaviour terrorised the younger children in the hostel. Strange noises (wind, birds, door closing, etc.) would lead to panics and weeping children. Older children found amusement in the terror and tried to further terrorise Sheila by making voices and suddenly tapping her on the shoulder.

Due to her own angst and the teasing of the other children, Sheila stopped participating in all activities organised inside and outside the hostel and isolated herself from the other foster children and her brother. For her own wellbeing, she had to be constantly accompanied by one of the members of staff.

Concerned by the gravity of the situation, the staff arranged an emergency visit to the psychiatrist. Sheila started sessions and was given light medication to enable her to sleep and restore her regular sleep pattern. Her sleep had been significantly disturbed since the visions began (2-3 hours of sleep a day) and the child was near to exhaustion. Furthermore, her mother was informed of her condition in anticipation of her Dublin transfer. She assured the staff that a similar occasion had never happened while she was still able to care for her daughter. However, she informed the care takers that the minor had suffered from a blow to the head 3-4 years before. Considering that this incident might have affected Sheila's mental wellbeing, this information was passed on to the psychiatrist.

The child psychiatrist diagnosed her with an intense traumatic stress disorder, accompanied with perceptual disorders and severe separation anxiety. During a subsequent team meeting, all members of staff were provided with instructions by the psychiatrist (closing windows to prevent drafts, rationalisation for any noise that terrified her and the other children, collective actions in providing entertainment, etc.). Next, the other children were informed of her condition, in order to prevent them further teasing her.

Following, a psychiatrist instruction, Sheila was monitored closely for a period of two weeks. However, the minor noticed the change in her treatment and the behaviour of staff towards her. During a conversation with her mother, it was overheard that her mother advised Sheila to continue to cry and shout. She believed this would speed-up the completion of the family reunification process.