



Mitigating Negative Impacts of Social Isolation to Prevent Violence: Information for Parents and Educators of School-Aged Children

The public health response to the COVID-19 pandemic has relied on three key activities to slow the spread of the disease in addition to expanding testing:



Hand Washing



Wearing a Face Covering



Keeping Socially Distant

Of these activities, social distancing—the practice of keeping space between yourself and others—combined with the closure of gathering places, as well as voluntary quarantine, has resulted in the switch from in-class learning to remote learning for many children. Parents and educators may be concerned about how the public health response is continuing to impact their children.

Parents and educators are united in ensuring that children remain healthy during this pandemic. The Center for Prevention Programs and Partnerships (CP3) helps people remain safe by working with local communities to develop local prevention frameworks (see sidebar). These frameworks build protective factors that dissuade individuals from **radicalizing to violence** and address risk factors that may make an individual more susceptible to radicalizing to violence. One of those risk factors is social isolation.

Radicalization to Violence

An individual has “radicalized to violence” when he or she comes to believe that the threat or use of violence is necessary—or even justified—to accomplish a goal.

What is Social Isolation?

Social isolation is a state wherein there is a lack of connection between an individual and society. Social isolation (voluntary or involuntary, short- or long-term) may impact a child’s mental health. In fact, a recent meta-analysis of research that examined the impact of social isolation on children found that “[c]hildren and adolescents are probably more likely to experience high rates of depression and probably anxiety during and after enforced isolation ends. This may increase as enforced isolation continues.”¹ Lack of connectivity may also lead to negative self-esteem and a fear of others. Combined, these mental health issues may result in a decline of social cohesion and social capital, which may increase an individual’s willingness to accept messages of radicalization to violence.²

CP3's mission includes raising awareness of risk factors associated with targeted violence and terrorism. A risk factor is a characteristic that may make an individual more susceptible to social harms, such as perpetration of targeted violence or terrorism. Risk factors are not causal; while an individual may have one or more risk factors, such as social isolation, that does not necessarily mean an individual will engage in targeted violence or terrorism.

As **risk factors** can be associated with multiple societal concerns, government agencies often work in concert to address risk factors. For instance, social isolation may also be a factor for health problems addressed by federal, state, and local health agencies.

Prevention activities often address risk factors. Therefore, addressing individual risk factors is often a key component of violence prevention programs. Local communities are best positioned to identify risk factors and to decide how to utilize existing or required resources to address these risk factors. OTVTP provides this product to state and local partners to ensure risk factors are considered as part of their terrorism and targeted violence prevention efforts.

¹ Loads, Maria Elizabeth, et. al. (3 June 2020). “Rapid Systematic Review: The Impact of Social Isolation and Loneliness on the Mental Health of Children and Adolescents in the Context of COVID-19.” *Journal of the American Academy of Child & Adolescent Psychiatry*. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7267797/>

² Social cohesion is defined as “the extent of connectedness and solidarity among groups in society, including the absence of social conflict and the presence of social bonds.” Social capital is defined as “the features of social structures, like levels of interpersonal trust and norms of reciprocity and mutual aid, that act as resources for individuals and facilitate collective action. See: Héctor E. Alcalá, Mienah Zulfacar Sharif, Goleen Samari. (2017). “Social Determinants of Health, Violent Radicalization, and Terrorism: A Public Health Perspective.” *Health Equity*. 2017; 1(1): 87–95. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5586006/>



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Social isolation has been previously identified in cases of terrorism. Mark Rowley, UK head of counter-terrorism, noted that both foreign and domestic violent extremist suspects demonstrated a lack of integration—a characteristic of social isolation.³ Social media often fills the void for individuals who feel socially isolated; however, social media can also amplify violent extremist messaging.



Although a necessary preventative measure, social distancing in combination with increased online activities may leave children vulnerable to messages of violence and extremism. Parents and teachers can mitigate the negative impact of social distancing by:

- Engaging with their children in activities that build protective factors against loneliness, negative self-esteem, and fear of others; and
- Responding to behavioral changes that a child may show and intervening as necessary.

Proactive Tips to Help Mitigate Social Isolation

The Centers for Disease Control and Prevention (CDC) encourage parents to **stay active** and **stay connected**. This includes: encouraging your child to play outdoors, using indoor activity breaks throughout the day to help your child stay healthy and focused, reaching out to friends and family via phone or online chats, and writing letters and cards to friends and family that are not able to visit.⁴ Helping children navigate this pandemic also requires parents and teachers to answer questions from children about COVID-19 in a way that they can understand. This information can be paired with other activities to help children feel safe:⁵

Helpful activities to ensure your child feels safe...

- ✓ **Reassuring children** that they are safe. Let them know it is okay if they feel upset. Share with them how you deal with your own stress so that they can learn from you how to cope with stress.
- ✓ **Limiting exposure** to news coverage of the pandemic, including social media. Children may misinterpret what they hear and can be frightened about something they do not understand. This is particularly important for parents.

When limiting exposure is not possible (i.e. if school resumes virtually), conduct open dialogue with children about what they are hearing/seeing to encourage critical thinking skills and to aid them in constructing their own views about the pandemic and its effects. This is crucial to fostering open lines of communication and building resilience.
- ✓ **Keeping regular routines.** For parents, if schools remain closed, create a schedule for learning activities and relaxing or fun activities.
- ✓ Both parents and teachers should **be a role model**. Take breaks, get plenty of sleep, exercise, and eat well. Connect friends and family members. Discuss these activities that you do yourself with children.
- ✓ For parents, **spend time with your child in meaningful activities** – reading together, exercising, play board games, etc.

³ "Social Isolation Behind Extremism and Terrorism, Police Told." (n.d.). *The Guardian*. <https://www.theguardian.com/uk-news/2017/nov/02/social-isolation-behind-extremism-and-terrorism-police-told>

⁴ Centers for Disease Control and Prevention. "Coronavirus Disease 2019 (COVID-19). Keep Your Children Healthy During the COVID-19 Outbreak." <https://www.cdc.gov/coronavirus/2019-ncov/daily-life-coping/children.html> and Centers for Disease Control and Prevention. "Coronavirus Disease 2019 (COVID-19). Helping Children Cope." <https://www.cdc.gov/coronavirus/2019-ncov/daily-life-coping/for-parents.html>

⁵ Ibid.



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The **American Academy of Pediatrics (AAP)** has noted that “Schools are fundamental to child and adolescent development and well-being and provide our children and adolescents with academic instruction, social and emotional skills, safety, reliable nutrition, physical/speech and mental health therapy, and opportunities for physical activity, among other benefits.

Beyond supporting the educational development of children and adolescents, schools play a critical role in addressing racial and social inequity.⁶ The AAP has also advocated that “... all policy considerations for the coming school year should start with the goal of having students physically present in school”⁷ but added that while returning to school is important, re-opening must be done “...in a way that is safe for all students, teachers and staff” and that decisions on re-opening “...must [be made] based on evidence, not politics.”⁸

The Office for Targeted Violence and Terrorism Prevention does not advocate for any particular decision regarding re-opening schools - this is a state or local decision. The information provided here is for parents and educators to help mitigate some of the negative effects of the public health response on children.

The most important activity that parents can do is **to talk to their child about the pandemic**. The CDC has developed tips and recommendations for talking about COVID-19:⁹

How to talk to children about COVID-19...

- ✓ **Remain calm.** Remember that children will react to both what you say and how you say it. They will pick up cues from the conversations you have with them and with others.
- ✓ **Reassure children** that they are safe. Let them know it is okay if they feel upset. Share with them how you deal with your own stress so that they can learn how to cope from you.
- ✓ **Make yourself available to listen and to talk.** Let children know they can come to you when they have questions.
- ✓ **Avoid language that might blame others** and lead to stigma.
- ✓ **Pay attention to what children see or hear** on television, radio, or online. Consider reducing the amount of screen time focused on COVID-19. Too much information on one topic can lead to anxiety.
- ✓ **Provide information that is truthful and appropriate** for the age and developmental level of the child. Talk to children about how some stories on COVID-19 on the Internet and social media may be based on rumors and inaccurate information. Children may misinterpret what they hear and can be frightened about something they do not understand.
- ✓ **Teach children everyday actions** to reduce the spread of germs. Remind children to wash their hands frequently and stay away from people who are coughing or sneezing or sick. Also, remind them to cough or sneeze into a tissue or their elbow, then throw the tissue into the trash.
- ✓ **If school is open, discuss any new actions that may be taken** at school to help protect children and school staff.

⁶ American Academy of Pediatrics. “Covid-19 Planning Considerations: Guidance for School Re-Entry.” <https://services.aap.org/en/pages/2019-novel-coronavirus-covid-19-infections/clinical-guidance/covid-19-planning-considerations-return-to-in-person-education-in-schools/>

⁷ Ibid.

⁸ American Academy of Pediatrics. “Pediatricians, Educators and Superintendents Urge a Safe Return to School This Fall.” <https://services.aap.org/en/news-room/news-releases/aap/2020/pediatricians-educators-and-superintendents-urge-a-safe-return-to-school-this-fall/>

⁹ The Centers for Disease Control and Prevention. “Talking to Children About Coronavirus Disease 2019: Messages for Parents, School Staff, and Others Working with Children.” <https://www.cdc.gov/coronavirus/2019-ncov/daily-life-coping/talking-with-children.html>



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Watch for – and Respond to - Behavioral Changes



Remaining active and engaged, however, may not be enough to alleviate stress that your child may feel. Behavioral changes to look for may be different for different ages. The CDC identifies specific behaviors to look for in children:¹⁰

- Excessive worry or sadness
- Difficulty with attention and concentration
- Irritability or ‘acting’ out behaviors
- Avoidance of activities enjoyed in the past

- New unhealthy eating habits
- Poor performance or avoiding school
- Unexplained headaches or body aches
- New use of alcohol, tobacco, or other drugs



Behavioral health issues may result in a decline of social cohesion and social capital which may increase an individual’s willingness to accept messages of radicalization to violence.

This list is not exhaustive, and parents and teachers should look for any behavior that is new or otherwise concerning. These behaviors are not indications that someone’s isolation will lead to violence later in life. For an explanation of the difference between risk factors and indicators see: “[Risk Factors and Indicators in Targeted Violence and Terrorism Prevention](#)”. Of concern is that behavioral changes that include verbalized threats of violence (to friends, family, or on social media) – to themselves or others. If you see a concerning behavioral change, there are several national resources that may be able to help. Your local community or school district may also have a list of services for children. With younger children, please contact your pediatrician for guidance.

For more information on the DHS Center for Prevention Programs and Partnerships, please visit: <https://www.dhs.gov/cp3>

¹⁰ Centers for Disease Control and Prevention. “Coronavirus Disease 2019 (COVID-19). Keep Your Children Healthy During the COVID-19 Outbreak.” <https://www.cdc.gov/coronavirus/2019-ncov/daily-life-coping/children.html> and Centers for Disease Control and Prevention. “Coronavirus Disease 2019 (COVID-19). Helping Children Cope.” <https://www.cdc.gov/coronavirus/2019-ncov/daily-life-coping/for-parents.html>



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Resources

For Teachers:

Coalition to Support Grieving Students

- The Coalition to Support Grieving Students is a collaboration of education professionals whose purpose is to create and share a set of industry-endorsed resources that empower school communities across America in the ongoing support of their grieving students). <https://grievingstudents.org/>
- For immediate support: 1-877-536-2722 or, info@grievingstudents.org

For Parents:

Using Social Stories

- For People with I/DD During the COVID-19 Emergency [YAI provides innovative services for the I/DD (intellectual and/or developmental disabilities) community]. <https://www.yai.org/news-stories/blog/using-social-stories-support-people-idd-during-covid-19-emergency>
- For Those with Autism (HMEA's Autism Resource Central) <https://www.autismresourcecentral.org/social-stories-for-young-and-old-on-covid-19/>

Stop. Think. Connect

- A global, online safety awareness campaign whose goal is to protect online consumers from a range of cyberthreats. <https://www.stopthinkconnect.org/>
- Their website name comes from:
STOP: Make sure security measures are in place.
THINK: About the consequences of online actions.
CONNECT: And enjoy the internet.

For Teachers and Parents:

There are several **webinars** that teachers and parents can participate in that walk through some of the impacts of the COVID-19 pandemics:

- **YouthPower2** has an expansive website on "Fighting the Unseen Impacts of COVID-19." This webinar was co-sponsored by USAID. <https://www.youthpower.org/resources/webinar-resources-and-recording-fighting-unseen-impacts-covid-19>
- **The Substance Abuse and Mental Health Service Administration (SAMHSA)** offers a webinar on YouTube titled "Finding Help, Finding Hope: A Forum with SAMHSA and NBC4 Washington." <https://www.youtube.com/watch?v=PRlxmmdsH8Y&feature=youtu.be>

VetoViolence

- VetoViolence is a **free** service from the CDC that provides free prevention information, trainings, and tools designed to empower communities to prevent violence and implement evidence-based prevention strategies. The program is designed to increase protective factors and reduce risk factors for any type of violence. <https://vetoviolenace.cdc.gov/apps/main/home>

Youth.gov

- Youth.gov is composed of representatives from 21 federal agencies that support programs and services focused on youth. This site promotes the goals of positive, health outcomes for youth by identifying evidence-based strategies, resources, and tools. This includes information on violence prevention. <https://youth.gov/youth-topics/violence-prevention>



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National Suicide Prevention Hotline

- This is a confidential, free, 24-hour-a-day, 365-day-a-year, hotline and web-based support, in English and Spanish: ss
1-800-273-8255 (English)
1-888-628-9454 (Spanish)
Lifeline Chat (web-based chat): <https://suicidepreventionlifeline.org/chat/>
- **Active Minds** - This is a suicide prevention resource specifically for youth and has developed specific resources for mental health and COVID-19.
<https://www.activeminds.org/>

KnowBullying Mobile App

- The Substance Abuse and Mental Health Services Administration (SAMHSA) has developed an app that helps parents, educators, and other caregivers discuss bullying and helps children recognize bullying. The app is based on research that shows that talking with a child for just 15 minutes a day can help children boost their confidence, resilience, and build effective strategies against bullying.
<https://store.samhsa.gov/product/knowbullying>

Substance Abuse and Mental Health Services Administration (SAMHSA)

- This is a confidential, free, 24-hour-a-day, 365-day-a-year, information service, in English and Spanish, for individuals and family members facing mental and/or substance use disorders. This service provides referrals to local treatment facilities, support groups, and community-based organizations. Callers can also order free publications and other information.
Helpline: 1-800-662-4357
TTY: 1-800-487-4889
Treatment Services Locator Website: <https://findtreatment.samhsa.gov/>