

As much normality as possible

An interview with Silvia Exenberger, co-author of a study on the effects of COVID-19 on children



What effects does COVID-19 have on the mental well-being of children aged 3 to 12? This question is the focus of a study currently being carried out by the research department of the Department of Child and Adolescent Psychiatry, Psychotherapy and Psychosomatics at Hall Hospital in Austria. Co-author Silvia Exenberger, clinical and health psychologist and former employee of SOS Children's Villages, reports in an interview, which stressors children are particularly troubled by, what is important for children in this crisis and how parents, caregivers and teachers can support them

What is the purpose of the study you have been working on?

S. Exenberger: The aim is the long-term recording of symptoms of anxiety, stress and trauma as well as the quality of life of 3 to 12 year old children. In a first step, we surveyed 220 children and 440 parents from hotspot regions, in a second step, six months later, another 224 children and 703 parents. We are planning to develop an early detection tool for stress symptoms that can be used in schools and kindergartens, for example.

According to your study, which restrictions and threats are particularly troublesome for children?

S. Exenberger: The greatest limitation for the children was the sudden lack of social contact, the fact that they could not meet grandparents, friends and other important people anymore. Both children and parents have identified this as the biggest problem.

In the second survey, at a time when the lockdown had been loosened, their quality of life rapidly rose by 80%. The main reason for this was that the children were able to see their friends again. The fact that the schools were re-opened also played a role, mainly as a place to meet friends. Homeschooling was reported as a problem especially in the second round. The long duration of distant learning and the constant change from open to closed schools put a strain on children. This also had an effect on their friendships, which were often not very harmonious during this eventful, restless time. As the schools re-opened, things relaxed again.

What differences did you notice between the first and second round of the survey?

S. Exenberger: At first, we noticed less fear and trauma symptoms. Children and parents found the situation stressful, but not alarming. In the second survey period, anxiety and trauma symptoms increased by 60%, both from the perspective of the parents and the children. The symptoms were increasingly clinical. Children were particularly concerned that family members might get sick. In children of kindergarten age, somatic complaints such as stomachache or poor sleep have increased. In summary, we can say, permanent exposure to stress is difficult for everyone.

What are the differences between girls and boys?

S. Exenberger: In the first survey, more girls than boys stated that they felt fear. That has now changed, because we saw in the second round that boys also felt more threatened. In the second round, parents mentioned significantly more aggression and attention deficits, also in girls. Probably girls tended to withdraw in the beginning, while boys tended to act out the burden. It is interesting how parents - or mothers, who mainly answered the questions - assessed children: According to their statements, their daughters experienced fewer threats. However, the girls themselves experienced it differently. In contrast, the parents' assessment of their sons was fairly correct.

Parents also rated their daughters' quality of life higher than their sons. This may have to do with girls being less outspoken, perhaps due to the gender cliché of girls having to be more social. There are now fewer mis-

judgments, because the girls have become louder and more aggressive.

When you think of the target group of SOS Children's Villages - children with separation experiences, children who live in alternative care or are at risk of being placed in alternative care - to what extent can your findings be transferred to these children?

S. Exenberger: I can think of something that we experienced on the wards of the hospital where I work. During the lockdown, the teenagers could have gone home. However, most of them did not want that, because they have peace and quiet on the wards, feel safe, receive regular and reliable care, and can stay away from conflicts at home. We know that domestic violence has increased in recent months. In that sense, alternative care may be a safe place. Exit and contact restrictions can also be a relief in some cases, e.g. if biological parents are unreliable.

You are working on an early detection tool for stress symptoms. What could that look like?

S. Exenberger: We are currently doing interviews with educators - kindergarten teachers, teachers and their managers - in order to assess the needs. We would like to know which priorities teachers set, what has shifted apart from the curriculum itself. The fact that children have been living in social isolation for months means that they have been limited in their developmental tasks. Learning and experiencing social togetherness is very important for children, though. Educators can and must set other priorities.

Eventually, the tool will also include what is a safe place and how to keep in touch. A lot is about setting priorities, learning to deal with a crisis and taking on new roles. Young people need support adapted to the situation. A study done by the University of Innsbruck showed that first-semester students suffered greatly from the fact that it was so difficult to make friends and get to know other students this year. They indicated that they needed the teachers to bring them together, e.g. by offering more group work.

For an organization like SOS Children's Villages, which support measures for children would you consider particularly important?

S. Exenberger: I think it is crucial to enable a life as normal as possible and to help the children to be able to stay in contact with the people who are important to

them. It is all about social learning - this is where the central development tasks lie.

Above all, a strong bond between the caregiver and the child is important so that the child knows: I can fall back on this person, no matter what. SOS families should provide a safe place, both physically and emotionally. Caregivers should try to be optimistic and hopeful, emphasizing that everything will be fine, and that the child and young person can do something. We should let children participate in what is happening around them and involve them, in order to give them control over their own lives. This includes teaching them what to look out for when dealing with themselves and others.

You have also noted positive changes - which ones?

S. Exenberger: Just like many adults, the children enjoyed decelerating. They liked having more time at home, especially spending more time with their fathers, because many fathers were suddenly more at home and doing more with the children. We also observed more appreciation among siblings. However, it is questionable whether this will remain the case for a longer period. Just like the perception of less stress, including consumer stress, presumably changes if this condition lasts longer.

