The side effects of the pandemic: child sexual abuse

Although the current evidence indicates that severe COVID-19 is not common in children and adolescents, the pandemic has taken a high toll on childhood and adolescence. The increase in stress factors among adults, in addition to social isolation, has exposed many pediatric patients to a higher risk for violation of their integrity. In the article by Zunana et al., the authors analyzed the incidence and characteristics of suspected sexual abuse during and before the COVID-19 pandemic.²

Although there is no national registry, in the province of Buenos Aires alone, 9559 cases of child sexual abuse were recorded in 2018. Of these victims, 80% were females.³ Worldwide, 1 in every 5 girls and 1 in every 13 boys are victims of sexual abuse in the family.¹ Consistent with international reports, the data resulting from the complaints made in Argentina indicate that half of sexual abuse situations take place in the home and, in more than 70% of cases, the abuser is part of the family.⁴⁵

It has been suggested that the preventive and mandatory social isolation policy, which in some cases forced victims to share the entire day with their abuser, has been harmful in terms of rights violations, such as maltreatment and abuse. Consistent with this, the study shows that, although the total number of consultations was significantly lower due to the cancellation of scheduled appointments, the rate of consultations due to suspected sexual abuse doubled. If we consider that only a small percentage of sexual abuse cases reach this point, and that missing school may result in many more situations going unnoticed, we may grasp the importance of what this implies.

The study findings highlight some aspects that are worth noting:

- The definition of abuse, which entails a broad range of interventions that do not always lead to a specialized consultation or is translated into clinical signs.⁶
- The relative absence of physical signs or abuse, including sexual transmitted infections, described before for most cases. In this study, however, their prevalence was higher; this is a warning sign because it is assumed that only a small proportion of cases make it to consultation (probably only the ones with more or patent symptoms).

- The demystification of home as a safe environment. And, closely related to this, the importance of advocating for comprehensive sex education aimed at protecting children's integrity, because this allows every child and adolescent to know and exercise their rights.
- The role of school and health checkups as keys for the prevention and detection of abuse situations. Knowledge among health care providers and teachers of the factors that increase the risk, specific and non-specific indicators of abuse, and the time and interest devoted to get to know the family situation are critical in this regard.

Finally, as pediatricians, we should embrace the concept of shared responsibility for the protection of the rights of children and adolescents. National Law no. 26061 is proof of that. Revealing a situation of abuse against a child or adolescent, as well as any other finding that may lead us to suspect this type of situations, even without confirmation, is mandatory and must be reported because it is part of the priority given to child protection. Child sexual abuse is a public crime, so it is our duty to report it to the authorities of the child protection system and justice bodies.⁷

This article provides relevant information to establish the status of the current local situation and make an in-depth analysis of both our role in prevention, detection, and support of children and adolescents and our training and suitability to perform it.

María E. Serra • Fundación para la Salud Materno Infantil (FUNDASAMIN),
City of Buenos Aires, Argentina.
Assistant Editor
Archivos Argentinos de Pediatría

http://dx.doi.org/10.5546/aap.2022.eng.220

To cite: Serra ME. The side effects of the pandemic: child sexual abuse. *Arch Argent Pediatr* 2022;120(4):220-221.

REFERENCES

1. Aprile M, Barcos A, Barros S, Carlis MF, et al. Cuando el tapabocas no protege: pandemia y abuso sexual en las infancias. *Red Sociales*. 2020; 7(2):38-45.

- 2. Zunana C, Peña TM, Cambón Yazigi LD, Merovich MC, et al. Consultas por sospecha de abuso sexual infanto juvenil en la sección de Ginecología de un hospital pediátrico: variaciones prepandemia e intrapandemia de COVID-19. Arch Argent Pediatr. 2022;120(4):225-31.
- 3. Argentina. Ministerio de Desarrollo Social de la Provincia de Buenos Aires. Protocolo Provincial de Prevención, Detección y Abordaje del Abuso Sexual hacia Niños, Niñas o Adolescentes. Diciembre 2019. [Accessed on: November 18th, 2021]. Available at: http://www.abc.gov.ar/sites/default/files/ protocolo_prevencion_deteccion_abordaje_abuso_ sexual_hacia_ninos_ninas_y_adolescentes_-_if-2019-40648778-gdeba-dgcye_-_firmado_2-12-19.pdf
- 4. UNICEF, Ministerio de Justicia y Derechos Humanos de la Nación. Un análisis de los datos del Programa "Las Víctimas Contra Las Violencias" 2018-2019. [Accessed on:

- November 18th, 2021]. Available at: https://www.unicef. org/argentina/media/6776/file/Datos%20%22Las%20 v%C3%ADctimas%20contra%20las%20violencias%22%20 2018-2019.pdf
- 5. Chejter S. Abusos sexuales y embarazo forzado en la niñez y adolescencia: lineamientos para su abordaje interinstitucional. Buenos Aires; Secretaría Nacional de Niñez, Adolescencia y Familia. Plan Nacional de Prevención del Embarazo no Intencional en la Adolescencia: 2018.
- 6. Baita S, Moreno P. Abuso sexual infantil. Cuestiones relevantes para su tratamiento en la justicia. Montevideo: Unicef Uruguay, Fiscalía General de la Nación y Centro de Estudios Judiciales del Uruguay; 2015.
- 7. Ley N° 26.061. Ley de Protección Integral de los Derechos de las Niñas, Niños y Adolescentes. Boletín Oficial. Buenos Aires, Argentina, 21 de octubre de 2005.