

The pandemic of child abuse

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Although readers may already be tired of hearing or reading about issues related to the COVID-19 pandemic, an "invisible" consequence of this tragedy has been the exposure of children and adolescents to situations of abuse with, as yet, unknown consequences.

The pandemic and the measures adopted to deal with it had considerable adverse effects on the health of children and adolescents. Among them, it is worth noting the drop in vaccination coverage, mental health problems and other consequences of prolonged social isolation, and the difficulty in receiving adequate health care.

Last year, Park and Walsh published an interesting article titled "COVID-19 and the unseen pandemic of child abuse." The authors describe the effects of lockdown measures on the rise in cases of various forms of child maltreatment. They also mention that the United Nations described how the response of Member States to the pandemic increased risk factors for child abuse: child abuse increases during public health emergencies; there is an association between the implementation of lockdowns and spikes in calls to child abuse helplines; lockdowns push children closer to their abusers; there are barriers to accessing community help able to recognize and report child abuse; and child abuse

rates are likely to stabilize at a higher level than before the pandemic due to the persistence of social risk factors (unemployment and financial insecurity). They also point out how situations of child abuse increased in different countries that implemented health-related lockdown measures, including the suspension of in-person classes, in contrast to Sweden, which did not close schools and did not establish a lockdown and where no increase in cases of child abuse and no evidence of learning loss were observed.

In addition, data on maltreatment from the Centers for Disease Control and Prevention (CDC) in 2020 showed an increase compared to 2013. More than 11% of surveyed adolescents suffered physical abuse, and more than 55% experienced emotional abuse; whereas the 2013 report was 5.5% and 13.9%, respectively.²

In Argentina, the UNICEF recently reported that 6 out of every 10 children and adolescents are raised around violent practices: yelling, humiliation, and corporal punishment, and at least 300 000 children aged 0 to 3 years are *left alone* or in the care of an underage sibling.³

The social and emotional difficulties experienced by girls and boys in their early childhood remain, although improvements have been observed thanks to the changes in and lifting

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of mitigation measures compared to the beginning of the pandemic. It has been estimated that, in 3% of households, situations of family violence persist.⁴

Teaching children that certain behaviors have consequences is an important part of their upbringing. Positive parenting practices include providing guidance on how to manage emotions or conflicts, so as to promote good judgment and responsibility, and preserve children's selfesteem and physical and psychological integrity. Too often, however, children are raised using a punitive approach, including the use of physical force or oral violence, in an attempt to elicit behaviors desired by caregivers. According to the studies, exposing children to violent discipline hinders child development, learning skills, and academic performance; inhibits positive relationships; causes low self-esteem, emotional distress; and sometimes leads to risk-taking and self-harm.5

According to the 2019–2020 national survey of children and adolescents, 2.6% of mothers of children aged 1 to 14 years believed in corporal punishment as an appropriate way to properly raise and educate their children.⁶ The survey also showed that 35.4% of children and adolescents experienced corporal punishment in the last month and 6.6% suffered severe corporal punishment (being hit on the ears or head, or being hit hard and repeatedly). Also, 59.4% experienced other violent methods of discipline (for example, emotional abuse).

Violent behaviors are not innate, but learned. This is suggestive that we need to work on conveying to caregivers how to manage child behavior, discouraging the use of violent approaches.

As pediatricians, we should be aware that such conditioning situations of child and adolescent abuse may become chronic due to the persistence of risk factors, such as unemployment and fear of the future. We must be prepared to report and intervene in cases that we see in our practice.

It is important to learn from this unfortunate experience so that the urgency of the moment does not fail to estimate the severe impact certain decisions can have on the lives of children and adolescents, especially when they are sustained in the long term.

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