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References

1. Ptacek JT and Eberhardt TL. Breaking bad news: A review of the literature. *JAMA* 1996; 276: 496–502.
2. Baile WF, Buckman R, Lenzi R, et al. SPIKES-A six-step protocol for delivering bad news: Application to the patient with cancer. *Oncologist* 2000; 5: 302–311.
3. Fallowfield L. Giving sad and bad news. *Lancet* 1993; 341: 476–478.
4. World Health Organization. WHO coronavirus disease (COVID-19) dashboard, <https://covid19.who.int/> (2020, accessed July 19, 2020).
5. VandeKieft GK. Breaking bad news. *Am Fam Physician* 2001; 64: 1975–1978.
6. Narayanan V, Bista B, and Koshy C. “BREAKS” protocol for breaking bad news. *Indian J Palliat Care* 2010; 16: 61–65.
7. Bogle AM and Go S. Breaking bad (news) death-telling in the emergency department. *Mo Med* 2015; 112: 12–16.
8. Naik SB. Death in the hospital: Breaking the bad news to the bereaved family. *Indian J Crit Care Med* 2013; 17: 178–181.
9. Fallowfield L and Jenkins V. Communicating sad, bad, and difficult news in medicine. *Lancet* 2004; 363: 312–319.
10. Rimmer A. How can I break bad news remotely? *BMJ* 2020; 369: m1876.
11. Wolf I, Waissengrin B, and Pelles S. Breaking bad news via telemedicine: A new challenge at times of an epidemic. *Oncologist* 2020; 25: e879–e880.
12. Directorate General of Health Services. COVID-19: Guidelines on dead body management. New Delhi: Directorate General of Health Services, Ministry of Health & Family Welfare (EMR Division), Government of India, https://www.mohfw.gov.in/pdf/1584423700568_COVID19GuidelinesonDeadbodymanagement.pdf (2020, accessed June 16, 2020).
13. Chaturvedi SK and Chandra PS. Breaking bad news: Issues important for psychiatrists. *Asian J Psychiatr* 2010; 3: 87–89.
14. World Health Organization. Mental health and psychosocial considerations during the COVID-19 outbreak, https://www.who.int/docs/default-source/coronavirus/mental-health-considerations.pdf?sfvrsn=6d3578af_2 (2020, accessed July 11, 2020).
15. Banerjee D. The COVID-19 outbreak: Crucial role the psychiatrists can play. *Asian J Psychiatr* 2020; 50: 102014.
16. Medical Council of India. Telemedicine practice guidelines—Enabling registered medical practitioners to provide health-care using telemedicine, <https://www.mohfw.gov.in/pdf/Telemedicine.pdf> (2020, accessed July 11, 2020).

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Ascending Child Sexual Abuse Statistics in India During COVID-19 Lockdown: A Darker Reality and Alarming Mental Health Concerns

Child sexual abuse (CSA) has been identified as a serious public health concern. This issue has been a global challenge. The World Health Organization (WHO)¹ defines CSA as a coercive act with a child who is unable to comprehend or provide consent, leading to serious physical or psychological damage. CSA includes sexual activities like inappropriate touching of private parts or indulging the child in touching the private parts of the perpetrator, molestation, sodomy, exhibitionism, pornography, and cybersexual acts.²

It is considered offensive in every culture.

Prevalence rates of CSA range from 8% to 31% for females and 3% to 17% for males.³ The highest rates have been reported for boys (<18 years) in Africa, i.e., 19.3% and for girls, in Australia, i.e., 21.5%. Asia has the lowest rates both 11.2% for girls and 4.1% for boys.⁴

CSA is linked with an adverse impact on the child's normal development and maturation.⁵ It also affects neurobiological systems and endocrinological profiles. Such trauma experienced during the abuse has lifetime ramifications. The CSA survivors are at greater risk of developing psychiatric disorders, such as personality disorders. Moreover, the most common sequelae for adult survivors include developing into perpetrators and increased risk for relational violence.⁵ About 37% of India's population comprises children under 18, with a large proportion of them lacking basic nu-

trition, education, and access to health services. Around 53% of Indian children reported experiencing different kinds of abuse, which included being forced to nude photography, assault, inappropriate touching, and sexual abuse.⁶

CSA During the Lockdown: Challenges and Possible Solutions

The pandemic situation is moving fast toward “an emerging social crisis.” According to the American Psychological Association, there has been a spike in cases of intimate partner violence and child abuse in the USA during this “lockdown.” The key risk factors include overstressed caregivers becoming violent or abusive due to economic crisis and children's restricted mobility as the schools are closed. The children are struggling to cope with an alternative lifestyle and the trauma ex-

perienced due to these increasing incidents.⁷ The Childline India Foundation reported a 50% increase in the phone calls than usual days in the last two weeks of the lockdown. Out of the total calls received during the period, 30% were related to protection from abuse.⁸ During lockdown, CSA can be devastating as the isolation has further limited support networks, making it even more difficult for the victims to seek help or escape. When the data reveals that 93% of perpetrators are relatives or known individuals,⁸ this also exposes the possible magnitude of the associated helplessness and mental health consequences in the victims. Another related alarming fact is that the vulnerable population is among the homeless, rag pickers,⁹ and those who beg on the streets. Thousands are being exploited in exchange for a meal or a daily wage just enough to sustain their livelihood. A more pathetic aspect of the scenario, as reported by The Childline India Foundation, is the regularly received “silent calls” in the helplines where the child behind the call would not know “what / how to express”.⁹

To combat this broader “child rights crisis,” UNICEF has recommended and emphasized the need for proper circulation of information and services available for protection of children from violence, abuse, and neglect during COVID-19 via text messages, educational platforms, and social media. Telecounselling services are also recommended to be made available like online classrooms. Positive, nonviolent parenting and stress management self-help guides are required to be provided to parents. Social and community workers are suggested to be involved to ensure child protection services in fragile contexts and humanitarian crises.¹⁰ UNICEF has also recommended child and family courts and juvenile justice boards to remain functional as an essential service and to

hold emergency hearings and execute court orders for the care and protection of children who are at immediate risk of neglect or abuse, obviously taking appropriate social distancing measures.¹⁰

The data are alarming, and the scenario with respect to CSA is frightening. Children are the future of human civilization. Protecting their basic rights is of utmost concern. When their safety is at stake even at home, which is supposedly the safest shelter, and that too during this tough time, it indicates immediate concerns and measures for intervention are of paramount significance. This calls for the implementation of legislative actions and community-based interventions through virtual media to prevent a further rise in the statistics and to ensure child protection. Otherwise, this would leave a regressive impression about the present and become a substantial threat to the future. The situation is challenging; thus, collaborative efforts may help to unveil a better tomorrow.

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References

1. World Health Organization. *Report of the consultation on child abuse prevention*, 29–31 March 1999. Geneva: WHO, 1999. http://www.who.int/violence_injury_prevention/violence/neglect/en/ (accessed August 10, 2020).
2. Wolak J, Finkelhor D, Mitchell KJ, et al. Online “predators” and their victims: myths, realities, and implications for prevention and treatment. *Am Psychol* 2008; 63: 111–128.
3. Barth J, Bermetz L, Heim E, et al. The current prevalence of child sexual abuse worldwide: a systematic review and meta-analysis. *Int J Public Health* 2013; 58: 469–483.
4. Stoltenborgh M, Van Ijzendoorn MH, Euser EM, et al. A global perspective on child sexual abuse: meta-analysis of prevalence around the world. *Child Maltreat* 2011; 16: 79–101.
5. Choudhry V, Dayal R, Pillai D, et al. Child sexual abuse in India: a systematic review. *PloS One* 2018; 13: e0205086.
6. Singh MM, Parsekar SS, and Nair SN. An epidemiological overview of child sexual abuse. *J Family Med Prim Care* 2014; 3: 430.
7. Abramson A. How COVID-19 may increase domestic violence and child abuse. Washington, DC: American Psychological Association, 2020. <https://www.apa.org/topics/covid-19/domestic-violence-child-abuse> (accessed July 28, 2020).
8. Unni JC. Social effects of Covid-19 pandemic on children in India. *Indian J Pract Pediatr* 2020; 22: 102–104.
9. Buckshee D. Child abuse, pornography on the rise in India’s COVID-19 lockdown? *Quint FIT*, 2020. <https://fit.thequint.com/coronavirus/is-child-abuse-on-the-rise-in-indias-covid-19-lockdown> (accessed July 12, 2020).
10. The Alliance for Child Protection in Humanitarian Action, End Violence Against Children, UNICEF, WHO. COVID-19: protecting children from violence, abuse and neglect in the home, version 1, May 2020. <https://www.unicef.org/sites/default/files/2020-05/COVID-19-Protecting-children-from-violence-abuse-and-neglect-in-home-2020.pdf> (accessed August 10, 2020).

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