Child sexual abuse during a lockdown
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The problem

Child sexual abuse (CSA) can be is broadly defined as ‘... the involvement of a child in sexual activity that he or she does not fully comprehend, is unable to give informed consent to, or for which the child is not developmentally prepared’.

What we know about CSA and how we know it

CSA is notoriously underreported, with just 5-20% of cases thought to come to the attention of authorities. Estimates of prevalence, based on victimisation studies, vary widely internationally, with some countries having rates in excess of 30%. For the UK, a recent study reported that 12% of girls and 8% of boys experienced some form of sexual abuse before the age of 16 years.

Offenders are overwhelmingly male. Studies typically report that in around 90% of cases offenders and victims have a pre-existing relationship, and that in around half the cases a family member is the perpetrator. In up to 70% of cases, the offence occurs in the home of the perpetrator and/or victim, and can occur even if there are other people in the house at the time.

In the majority of cases the offender does not use force or threats to gain the compliance of the child. More typically, the offender will have, or will build, an emotional relationship with the child, and will use persuasion or bribery to convince the child to engage in sexual acts. Children are naturally submissive to adults and do not have the cognitive and social maturity to comprehend the illegitimate use of adult authority. They may fail to report sexual abuse because they do not identify what happened as inappropriate, they are embarrassed and ashamed, they are unsure who to report to, they do not think that they will be believed, or they feel a sense of loyalty to the offender.

While it is tempting to make a clear-cut distinction between paedophiles and non-paedophiles, it is more accurate and useful to think about sexual attraction to children as falling on a continuum. Given the ‘right’ circumstances, the potential for ‘normal’ individuals to perpetrate CSA is more widespread than is perhaps comfortable to acknowledge. Offending can often occur while the perpetrator is undertaking supervisory and care-giving activities with the child (baby-sitting, bathing, putting the child to bed etc).

Attempts to prevent CSA fall into two broad categories. Offender-focussed prevention seeks to change the deviant sexual propensities of offenders through psychological interventions, with the aim to create safer individuals. Offence-focussed prevention seeks to change the situational factors that permit individuals carrying out CSA at a given time and place, with the aim to create safer locations. Of these two approaches, offence-focussed prevention offers strategies that can take effect immediately.

What we think might happen in the covid-19 pandemic

CSA follows opportunity. Thus, it is likely that the incidence of CSA occurring outside the home will fall, while that occurring in the home will rise, since potential offenders and victims are locked down together.
Some ideas in response

Given the need for immediate responses to COVID-19 related increases in CSA, offence-focussed prevention centring on the family home is called for. Of all the locations in which CSA might occur, tackling offending in the home is the most challenging. The home is by definition a private space. Behaviour within the home is hidden from public scrutiny while there is no external authority to ensure that prevention strategies are implemented. In most cases, strategies will need to be implemented via a capable guardian within the home. This in turn is problematic since the lock-down will typically involve only immediate family, so any potential offender is most likely to be the father or stepfather of the child, although it may also include visitors to the house as lockdown restrictions ease.

Inevitably, where the potential offender is the father or stepfather, mothers will have a central role to play in keeping their children safe. It is acknowledged that this places them in a very difficult position. On the one hand they need to be wary of potential risks to which their children may be exposed; on the other hand they should not be overly suspicious and alienate their partner by placing unwarranted restrictions on their access to the children. The reality is the vast majority of fathers and stepfathers pose no risk to their children and indeed they play a vital role in children’s social and psychological development. There is no easily solution to this dilemma, beyond mothers being attentive to cues from the child or the partner that might give reason for concern. Such cues include:

- Physical signs of abuse – e.g., swelling, rashes etc around genital area
- Behavioural and psychological signs – e.g., anxiety, fear, rebellion
- Age-inappropriate sexual behaviour or language from the child
- An adult’s over-enthusiastic attempts to be alone with the child

Where there are concerns, guidance for keeping children safe within the home includes the following:

- Exercise judgment with respect to whom intimate care giving duties are given (bathing, dressing, toileting etc)
- Know where the child is and whom they are with at all times
- Encourage activities in communal settings
- Check on the child unexpectedly when the child is alone with another adult
- Talk to the child following activities with an adult. Note changes in mood etc. Believe the child if he/she discloses abuse
- Develop clear house rules, such as: always lock the bathroom door, do not walk around the house without clothes on, etc
- Contact support organisations (e.g., NSPCC, Lucy Faithful Foundation) for further advice, or report directly to child welfare authorities if you have reasonable suspicions that abuse has occurred.

Relevant resources

Darkness to light: Protecting children during a crisis

NSPCC: COVID-19 and keeping children safe from abuse

Lucy Faithful Foundation: Covid-9 – Implications for child sexual abuse