Do they even count? Investigating the scale, nature and impact of experiencing child perpetrated child sexual violence (CP-CSV) in England and Wales

Project exploring the scale and nature of CP-CSV involving peers aged 13 and under in England and Wales.

Key details

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| Level of research | PhD |
| Project start date | October 2024 |
| Date due for completion | August 2028 |

Research context

Child perpetrated child sexual violence (CP-CSV) is often understudied (Finkelhor and others 2013, Johnson 1988, Sperry and Gilbert 2005).

Where studies have been undertaken, the percentage of those who have experienced sexual violence (SV) perpetrated by someone aged under 18 ranges between 17.8–51% for girls and 3.1–26% for boys of the total of those who have experienced any form of SV (Finklehor and others 2013, Young, Grey and Boyd 2009). However, inclusion criteria for these studies vary making likefor-like comparison problematic.

Research shows that 48% of victim-survivors of child sexual abuse (CSA) were aged below 10 when their abuse began (Karnsa and Kelly 2021). The Office for National Statistics (ONS) found that of those abused aged 16 and under, 48% of this began when aged 11 or under (2019). Meanwhile children under 10 are responsible for 34% of abuse in those aged under 16 (Taylor 2003), and the most common perpetrator (37%) of CP-CSV was a friend or acquaintance (ONS 2019).

Research that focuses on the age of both the victim-survivor and perpetrator at the same time is limited. Nevertheless, the young age of the victim-survivors found in some research, and the young age of more than a third of perpetrators suggest that further research into CP-CSV is imperative.

If we extrapolate from this, recognising that data suggests 48% of survivors of child sexual abuse experience abuse aged 11 and under (Karnsa and Kelly 2021), and that the ages of victim-survivors and perpetrators of CP-CSV are similar, there is evidence to suggest that CP-CSV in those aged 12 and under is a problem which is being overlooked (Johnson 1988, Hackett and others 2013, Larrson and Svedin 2002, Tener and others 2022). It is this gap that the current research aims to help fill.

Research methodology

The research will use a mixed methods approach combining quantitative and qualitative data, grounded in feminist epistemology given the gendered nature of sexual abuse. It will focus on the lived experience of women/girls recognising the vast majority of those who perpetrate abuse as a child are male (Hackett and others 2013) and the vast majority of those who experience abuse as a child are female (NSPCC 2021).

The research will be conducted through trauma informed principles, ensuring safety, trust, choice, collaboration, empowerment and cultural consideration are all built into the design of the work (Women and Girls Network, n.d.).

The research will answer the following questions:

1. What is the scale and nature of CP-CSV involving peers aged 13 and under in England and Wales?

- 2. How is CP-CSV involving peers constructed by victim-survivors and professionals and what are the benefits and limitations of this?
- 3. What are the impacts of experiencing CP-CSV involving peers and what factors shape a victimsurvivor's experience of disclosure and/or support?
- 4. What can we learn from victim-survivors about the motivating factors for perpetrators, and actions to enable the prevention of CP-CSV involving peers?

The study will be undertaken using three methods:

- 1. A quantitative research approach, identifying the number of victim-survivors of CP-CVS involving peers accessing specialist sexual violence support services in England and Wales, and those in contact with other key services (such as health and police).
- 2. Expert interviews (n=5) with professionals working in the field of CP-CVS to explore their understanding of CP-CVS, and their views on how this is defined.
- 3. Interviews (n=20) with adult survivors of CP-CVS involving peers to identify how victim-survivors construct understandings of their experiences, and the impacts of this on their support needs and access to services, and their views on prevention of CP-CSV.

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