



# Pre-Trial Therapy Protocol

A service-level policy for  
therapy providers



## About the Bluestar Project

This protocol forms part of a suite of best-practice resources developed by Emma Harewood of [Harewood Consultancy](#) on behalf of the Bluestar Project. The Bluestar Project (2021–2022) at [The Green House](#) was designed to understand the barriers and facilitators to accessing pre-trial therapy services among children and young people who have experienced sexual abuse.

The subsequent training and resources have been designed to apply to any practitioner or service working pre-trial with any victims/survivors of any form of abuse/crime.

## Contact the Bluestar Project

All resources and information about our Training and Accreditation Programme can be found at [www.bluestarproject.co.uk](http://www.bluestarproject.co.uk)  
Contact the Team on: [bluestarproject@the-green-house.org.uk](mailto:bluestarproject@the-green-house.org.uk)

## About this guide

This template is designed to assist therapists/therapeutic and specialist support services in creating local pre-trial therapy protocols to operationalise the Crown Prosecution Service (CPS) guidance on pre-trial therapy.

There is a set of principles to follow when providing victims of sexual violence with therapy before a criminal trial. New [Pre-Trial Therapy](#) guidelines were published by the CPS in 2022, which apply to both adults and children/young people. These guidelines were produced after consultation with experts and voluntary sector providers, and are aligned with the principles in the [Attorney General's Guidelines on Disclosure 2022](#).

**Although the CPS guidance was designed for therapy services, the information in this guide applies to services providing therapy, health and advocacy services for children and adults who have experienced sexual abuse. However, pre-trial therapy guidelines apply to all crime types where support services have been accessed prior to a case reaching court. The best practice guidance in this set of resources is also transferable to other service providers supporting victims of other crime types e.g., domestic abuse services.**

## Acknowledgements

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# Definitions

**‘Pre-trial therapy’ describes any therapeutic support given to children or adults during a criminal justice process. There are a set of principles to follow when providing victims with therapy during a criminal investigation and before a criminal trial, as described by the Crown Prosecution Service (CPS).**

The CPS first published guidance in ‘Provision of Therapy for Vulnerable or Intimidated Adult Witnesses’ in 2001<sup>i</sup> and in 2020 shared the revised ‘Draft Guidance on Pre-Trial Therapy’<sup>ii</sup> for public consultation. The final guidance<sup>iii</sup> was published in 2022 and seeks to clarify and enable access for victims to therapy and counselling, without impacting on criminal justice processes.

The CPS has made the following commitment to victims:

You may be having or thinking about having therapy or counselling to help you recover from your experiences. We are clear that you should receive, as soon as possible, effective treatment and therapeutic support to assist your recovery. **Therapy should not be delayed for any reason connected with a criminal investigation or prosecution.** If you receive therapy before a trial the police must only collect notes from your therapist or therapy provider in pursuit of a reasonable line of enquiry. It will only be a reasonable line of enquiry if there is some reason to believe that the notes will contain material relevant to the case. This is important in making sure there is a fair trial process. The information may also help us to build the case or be in a better position to respond to issues raised by the defence.<sup>iv</sup>

## Victim

The term used for consistency in this document (rather than ‘complainant’, ‘survivor’ or ‘witness’) to refer to an adult, young person or child who has made an allegation that a crime has been committed against them. The term victim is used in this guide only when directly referring to or quoting the CPS guidelines.

## Service user

An adult, young person or child who has made an allegation that a crime has been committed against them and for whom a referral has been received by a therapeutic service.

## Therapist

Any professionally trained practitioner or one undergoing training who is providing therapy to victims.

## Therapy

The range of psychological and emotional counselling and therapeutic approaches and support provided for difficulties that are associated with and/or exacerbated by a criminal offence.

## Key messages from Guidance on Pre-Trial Therapy

Therapists and victims are encouraged to jointly agree on what type of therapy is best and when is the right time for such therapy. Neither the police nor the CPS may decide this.

If a victim decides therapy would be helpful for them, it should not be delayed for any reason connected with a criminal investigation or prosecution.

The CPS guidance explores the benefits of therapy for victims engaging in the criminal justice process.

Certain therapeutic approaches may present challenges for the criminal justice process and victims should be informed of this by their therapist.

Therapy notes can be requested by the police or prosecution if justification is given that they form part of a reasonable line of enquiry and with the consent of the victim (or their parent/carer).

Therapists, investigators and prosecutors must comply with data protection legislation when processing therapy notes.

Only in exceptional circumstances can a court order the release of notes against the wishes of the victim (or their parent/carer).

## Referral into Service

When a referral is received for a child or an adult who has alleged abuse (i.e., the service user), it is important that the therapist is aware of any ongoing criminal investigations, and explores the potential for future criminal investigations, so that they can apply the protocol for pre-trial therapy. Services should include a relevant question in the referral in process, such as:

- Are there any ongoing criminal investigations related to the reason for referral?
- At what stage in the criminal justice process is the case?

At the point of accepting a referral, if there is an open criminal investigation, the service should seek consent from

the service user to request a 'Summary of the Allegation' from the officer in the case (OIC). *See the example template (Appendix 1).*

Some Police forces may not be able to release a Summary of Allegation to therapy services. In these instances, it would be beneficial to request from the OIC, at minimum, the name of the Charge under investigation. Other referring agencies may also have access to the Charge if the service user has accessed their service e.g., Sexual Assault Referral Centre (SARC), Independent Sexual Violence Advisor Service (ISVA). Details of the Charge under investigation can be requested at the point of referral into your service e.g., via your referral form.

## Decision to commence therapy pre-trial

Therapists are encouraged to explain the options and jointly agree with each service user on what therapy is best and when is the right time for that therapy, ensuring that the needs of the service user are prioritised. **These decisions are not for the police or CPS to make.** The therapist has a unique relationship with the service user and can provide reassurance in the pre-trial period by explaining the impact of the criminal justice process on therapy and confidentiality.

The role of the therapist is to:

- Discuss suitable therapeutic options with the service user, agreeing on the type(s) of therapy and when to proceed.

- Advise on the potential implications of certain therapies, including guided imagery, dream interpretation, free association and hypnotic age regression, which can be viewed by some as leading to false memories.
- Support the service user if the police and CPS seek consent to access their notes.

The service user is encouraged to inform the OIC that they are accessing therapeutic support. The therapist can play a vital role in informing the OIC and CPS of the benefits of pre-trial therapy and providing reassurance that they will be following the CPS guidance. Therapists and therapy services are under no legal obligation to let the OIC know that therapy has commenced.

## Benefits of pre-trial therapy

After traumatic events, such as sexual abuse, a child or adult's brain can struggle to sequence events, access memories and recall language, all of which are essential to giving evidence and being cross-examined in a criminal trial. The changes to the brain can include:

- Under-activation of the 'thinking brain' (pre-frontal cortex), resulting in difficulties concentrating and processing.
- Under-activation of the 'emotional regulation centre' (anterior cortex), resulting in difficulties managing emotions and in being more reactive or subject to triggering.
- Over-activation of the 'fear centre' (amygdala), resulting in difficulty feeling safe, being calm and sleeping.

Difficulty accessing memories is more pronounced in children, whose memories are organised differently and can be affected by language abilities and social understanding. Children do not always recall information in a linear way, and memories can fade. Children have generally had fewer experiences than adults and can find it harder to interpret or understand abuse experiences.

Memories of traumatic events are most vulnerable to poor recall, as the raw information received at the time of the event is processed by the amygdala (fear centre) in the brain and is therefore not stored by the brain in an organised way for easy recall. For more information you can watch a video from the London Trauma Specialists, 'The Brain Model of Post-Traumatic Stress Disorder (PTSD)':

<https://youtu.be/yb1yBva3Xas>

Pre-trial therapy allows a service user to talk about their emotions and feelings and what triggers them and to develop the skills and confidence to articulate a narrative of their experience. The National Institute for Health and Care Excellence (NICE) guideline for post-traumatic stress disorder (PTSD) states:

**Do not delay or withhold treatment for PTSD solely because of court proceedings or applications for compensation.** Discuss with the person the implications of the timing of any treatment to help them make an informed decision about if and when to proceed, in line with Crown Prosecution Service guidance on pre-trial therapy.<sup>v</sup>

## Contracting at the start of pre-trial therapy

An important part of therapeutic contracting pre-trial includes introducing the service user to the concepts of record keeping, information sharing, confidentiality and disclosure of notes as part of the criminal justice process.

The therapist should explain to the service user that pre-trial therapy is the provision of therapy while a criminal investigation is still underway and before an allegation has gone to trial. Key facts to share about pre trial therapy are in **Box 1**.

### Box 1: Key facts about Pre Trial Therapy

If a service user wants to talk about their abuse in therapy, they should not be stopped.

However, they should be reminded that any new information about the allegation under investigation or new disclosures need to be recorded.

As part of the criminal justice process, the police or CPS may seek in limited circumstances, the service user's consent for the therapist to share their session notes.

The therapist will record minimal session notes during pre-trial therapy.

Confidentiality applies unless the service user gives their consent for information to be shared with a third party or if they disclose that they or someone else are at risk and need safeguarding.

The therapist will confirm the service user's consent before sharing the notes.

If the service user does not consent to their session notes being shared, a Crown Court can issue a court order or Witness Summons (subpoena) for the notes.

These approaches to therapy may present challenges for the criminal justice process, including hypnotic age regression, deliberate attempts to recover forgotten memories, leading questions and recovered memory therapies. If the service user wants to access these therapies they should not be stopped, but should be informed of the risks.

After providing information about pre-trial therapy, the service user's written agreement should be sought at their first appointment, before therapeutic support commences. In some instances, it will be helpful to offer this information in an easy read format. Article 9 (2) (a) of the General Data Protection Regulation (GDPR),<sup>vi</sup> on

special category data, requires therapists to gain explicit consent<sup>vii</sup> for collecting, using, and storing special category data. This information is usually set out in a service's privacy notice<sup>viii</sup> or an 'Agreement for Service', which can be created to include a section on notes for pre-trial therapy. See **Box 2** and **Box 3** for suggested content.

### Box 2: Suggested content for an 'Agreement for Service'

An agreement, contract or consent agreement for therapy should explain:

- How information shared by the service user will be stored and used.
- That there will be times when the service cannot keep information confidential.
- That if the service user (or another person) is at risk and needs safeguarding, the service will need to share this information with partner agencies.
- That if, during pre-trial therapy, the service user shares an additional or new disclosure, the service need to record the disclosure in notes and if a notes request is received from the OIC may need to be shared.
- How the service will respond to a disclosure of notes request from the police or CPS, including seeking consent from the service user.
- That a Crown Court can subpoena notes.

### Box 3: Easy read

**What am I consenting to?** You are consenting to us keeping a record of your care and agreeing to who we can share the notes with.

**Why is it important?** We will keep information about you confidential unless you consent to us sharing your notes, we are worried about your safety or there is a legal reason to share information. Sharing your notes with other professionals can help us support you and, where relevant, help the police to progress your criminal investigation.

The therapist should spend time explaining the agreement to the service user to ensure that they understand the content. Each service user (or their parent/carer) should be asked to sign the agreement to access therapy pre-trial.

Where the therapist has access to the Summary of Allegation, the therapist should explain to the service user that a 'Summary of the Allegation' has been provided (or requested) from the OIC and that the therapist will not, therefore, be asking the service user to recall the detail of the abuse during sessions.



## Types of therapy

Trauma-focused therapy can enable the processing of traumatic events and reduce the likelihood of dissociation in court. It may lead to additional memories of the incident being recalled or to the ordering of fragmented and disorganised memories into a more coherent shape. Therapists can provide service users with the skills to manage their emotions with less regular or less severe dissociation, to help them communicate their needs, to identify when they are dissociating and to make sense of any explicit memories they have about their trauma. For more information about dissociation, visit Beacon House resources.<sup>ix</sup> For children, the central purpose of the therapy should be to help them make sense of what has happened. Cognitive and behavioural therapies work well alongside creative therapies, including art, music and dance.

**Therapists have a role in providing assurance to the police and CPS colleagues of the benefits of pre-trial therapy.**

All therapeutic support should begin with an assessment of need, listening to the hopes of the service user and enabling a formulation-based approach. The offer of therapeutic support should be decided jointly between therapist and service user on the basis of the assessment. The assessment process may require more than one session, and it will be necessary to consider initial stabilisation work, including resources and signposting to other support where available, especially when there is a long wait to start therapy. The lengthy delays for charging decisions and trial that occur in the criminal justice system can also become part of the trauma; it may be important to reflect on this in therapy.

The new Guidelines are clear that certain therapies may present challenges to the criminal justice process, however if service users want to access these therapies they should not be stopped as their wellbeing must take precedent, but they do need to be informed of the risks.

**Table 1: Summary of therapeutic options**

Beneficial therapies	Child-focused therapies	Present challenges for CJS
Narrative exposure therapy (NET)	Psychoeducation, including safety, sexual health and relationships	Recovered memory therapy, which involves victims identifying memories of childhood abuse that they had no prior recollection of
Prolonged exposure (PE)	Relaxation and grounding techniques	
Trauma-focused Cognitive behaviour therapy (TF-CBT)	Recognition and expression of feelings	Explain to victims that techniques associated with an increased risk of false memories, including guided imagery, dream interpretation, and hypnotic age regression – can be viewed by some legal professionals as leading to false memories
Sensorimotor and body-oriented therapies	Empowerment	
Eye movement desensitisation and reprocessing (EMDR)	Addressing psychological consequences of abuse, e.g. guilt, shame and difficulty trusting others	
	Assertiveness and communication skills	

Continued below



**Table 1: Summary of therapeutic options** *(continued)*

Beneficial therapies	Child-focused therapies	Present challenges for CJS
Group therapy – taking care to avoid sharing case information	Trauma-focused therapy to process traumatic memories  Wishes, hopes, and fears for the future  Group therapy – taking care to avoid sharing case information	Deliberate attempts to recover forgotten memories  Leading questions, suggesting to a victim what may have happened

The CPS guidelines highlight that group therapies which focus primarily on disclosing or sharing experiences related to criminal offence can present difficulties to the criminal justice process. This is because there is a risk that defence teams can argue that hearing the accounts of others can change or influence a service user’s memory. The following options can enable service users to access the evidence-based benefits of a group setting,<sup>x, xi, xii, xiii</sup> whilst minimising the risk of impacting the criminal justice process:

- Workshops and courses for adult service users that provide psychoeducation on managing the impact of the trauma of sexual violence and abuse.
- Workshops and courses for parents of children who have experienced sexual abuse, providing psychoeducation to equip parents to support their children.

Each workshop/course needs to have a clear contracting process with ground rules, including that the attendee will not share details of their (or their child’s) abuse.

The previous CPS Guidelines discouraged services from delivering groups pre-trial. The new guidelines are clearer and no longer say ‘don’t do groups’, but do recommend certain types of groups. If service users want to access pre-trial therapy groups they should not be dissuaded if this is the right option for them, but they do need to be made aware of the risks.

The CPS advises minimal note keeping in these scenarios, limiting the record to the topic of the session and confirmation of the attendance of the service user. The CPS does not comment specifically on courses and workshops for young people. However as there are increased risks that group members will contact each other outside of the facilitated workshop/course setting, therapist should remind young people that sharing case information could impact on their criminal justice process.

*See the [Bluestar Project Guide to Running Groups Pre-Trial](#) for further information.*

# Note keeping in sessions

Note keeping in sessions should follow existing organisational and professional guidance <sup>xiv, xv, xvi, xvii, xviii</sup> on record keeping, information sharing and information security, as well as the current legal framework. <sup>xix, xx, xxi, xxii</sup> In addition, there should be a particular focus on ensuring

notes are factual, accurate and timely and do not include the therapist's self-reflections or interpretations. The note-keeping guide published alongside this protocol provides an easy read summary of best-practice note keeping during pre-trial therapy.

## Case notes

Session notes should be simple, factual, and succinct, **including only:**



The presentation of the child, parent, or adult service user, including any factor necessitating risk management or safety planning, e.g., self-harm.

Who was present in the session and the time/date.

Topics discussed or the overall theme of the session.

Resources used, e.g. sand tray, conversation cards or paint.

Strategies discussed, e.g. de-escalating, distraction or dissociation.

Simple formulation, avoiding hypothesis or interpretation.

Next steps, including onward referrals where relevant.



Exact or verbatim detail of what was said, unless a new or additional disclosure is being recorded (see section 8 below).

Statements that suggest misplaced guilt and shame, e.g. 'I blame myself' or 'I feel very guilty for what happened'.

Jargon or generalisations, e.g. 'Jim has attachment issues'. The use of jargon in notes might cause a client accessing their record to feel stereotyped and unvalued.

The therapist's self-reflections or hypotheses (as if they were factual).

The therapist's interpretations (as if they were factual).

If the service user makes statements or gives factual information that is recorded, this must be made clear by the use of quotation marks or some other means, e.g., 'the client said that...'. If the client's words are recorded in the notes, they must always be accurately quoted, especially where dates, places, times or names are included.

## Additional information

These documents form part of the case record:



Assessment tools, e.g., RCADs, PDQ, TSCC and GAD. These require professional interpretation and may need explanatory cover notes if requested by the police or CPS.

Letters to referrers and the professional network. Care should be taken in letters and reports to differentiate between the therapist's hypothesis and interpretations from factual information. Any third-party information (e.g. information about another family member) must be redacted.

These documents **do not** form part of the case record:



Additional information, e.g. a service user's often highly sensitive personal comments and drawings/artwork.

Third party email correspondence or meeting notes from conversations with other agencies

Process notes, i.e. the therapist's written observations and impressions.

Supervision notes and case management, which are clearly defined as the therapist's opinions and hypotheses.

For newly qualified therapists, some services utilise an additional checklist or tick boxes in the electronic case record when delivering therapy pre-trial, with prompts, such as:

- Has the therapist read the Summary of Allegation?
- Was anything already alleged discussed?
- Were there any new or additional disclosures about this case?
- Were there any new disclosures about another incident?

See also [Appendix 2](#).

## New or additional disclosures made during therapy

Therapy can enable descriptions of incidents that were previously blocked, for example, by shame or self-blame, to come to mind and be shared. It is important to keep detailed notes, as these notes could be valuable evidence for the victim in the criminal justice process.

Having ensured they are familiar with the summary of the allegation before the session, the therapist should be aware of any new or additional disclosure about the case or any new incident as it is being shared. If the therapist suspects a service user is making a new or additional disclosure, they will need to commence taking detailed notes – verbatim where possible – of what is said by the service user and by the therapist. **It is important to confirm with the service user whether the disclosure is new or additional and whether the police have been informed.**

The therapist should explain that they are taking detailed notes so that the information can be recorded accurately, but that they are still listening carefully.

*This protocol includes a template for recording verbatim notes after a new or additional disclosure (see [Appendix 3](#)).*

## Training and supervision of staff

All staff working in services supporting victims of alleged sexual abuse should receive training in pre-trial therapy, including appropriate types of therapeutic support, responding to new or additional allegations, the disclosure-of-notes process and note keeping.

Therapists are not required by the police or CPS to seek out the OIC after a new or additional disclosure is made. The duty to pro-actively seek information around new or additional disclosures sits with the police. In all cases where new or additional disclosures are made, it is considered best practice for therapy services to encourage victims to speak with the OIC (if known) to remind them that therapy / counselling is ongoing and that a disclosure about this incident under investigation has been shared.

They should also ask them to confirm the notes for accuracy and inform them of who the information will be shared with and of the likely next steps.

Immediately following the session, the therapist should finalise the session notes, adding any further details, including times and location. If a notes request has already been received and this disclosure falls within scope of the request, the therapist should inform the OIC of any additional disclosures as soon as possible. Adult victims should be encouraged to report new disclosures to the police via 111. Therapists have a duty to report any new or additional disclosure made by a child directly to social care for safeguarding reasons. In these cases follow your local/service-level safeguarding procedures.

Supervision can be used for the ongoing review of notes quality and content and include the chance to reflect on notes through the eyes of a defence barrister.

Services should seek advice from the OIC or local CPS when developing a local protocol.

# Responding to notes requests

As part of an investigation and charging decision, therapeutic notes can provide valuable insight into the impact of the abuse on the child/adult victim and can include new or additional disclosures. The Criminal Procedure and Investigations Act states that the police are obliged to follow all reasonable lines of enquiry. The CPS advises that '[i]t will only be a reasonable line of enquiry if there is some reason to believe that the notes will contain material relevant to the case'. It is important to keep lines of communication with the OIC open to be able to test whether any request is a reasonable line of enquiry.

They may be seeking to identify any material 'which might reasonably be considered capable of undermining the case for the prosecution against the accused or of assisting the case for the accused'. For this reason, the OIC may ask to view notes held by organisations providing therapeutic support.

The CPS advises that the police must only collect material from therapists or therapy providers if:

- It is strictly necessary as part of a reasonable line of enquiry that points towards or away from a suspect
- They are able to explain to the therapy provider why the information is required and can be specific about what is required
- The request is for the minimum amount of information that is enough to cover the line of enquiry.

**According to the CPS Guidelines, Police cannot request access to Entire Therapy Notes. Therapy and counselling notes cannot be accessed on a speculative basis.**

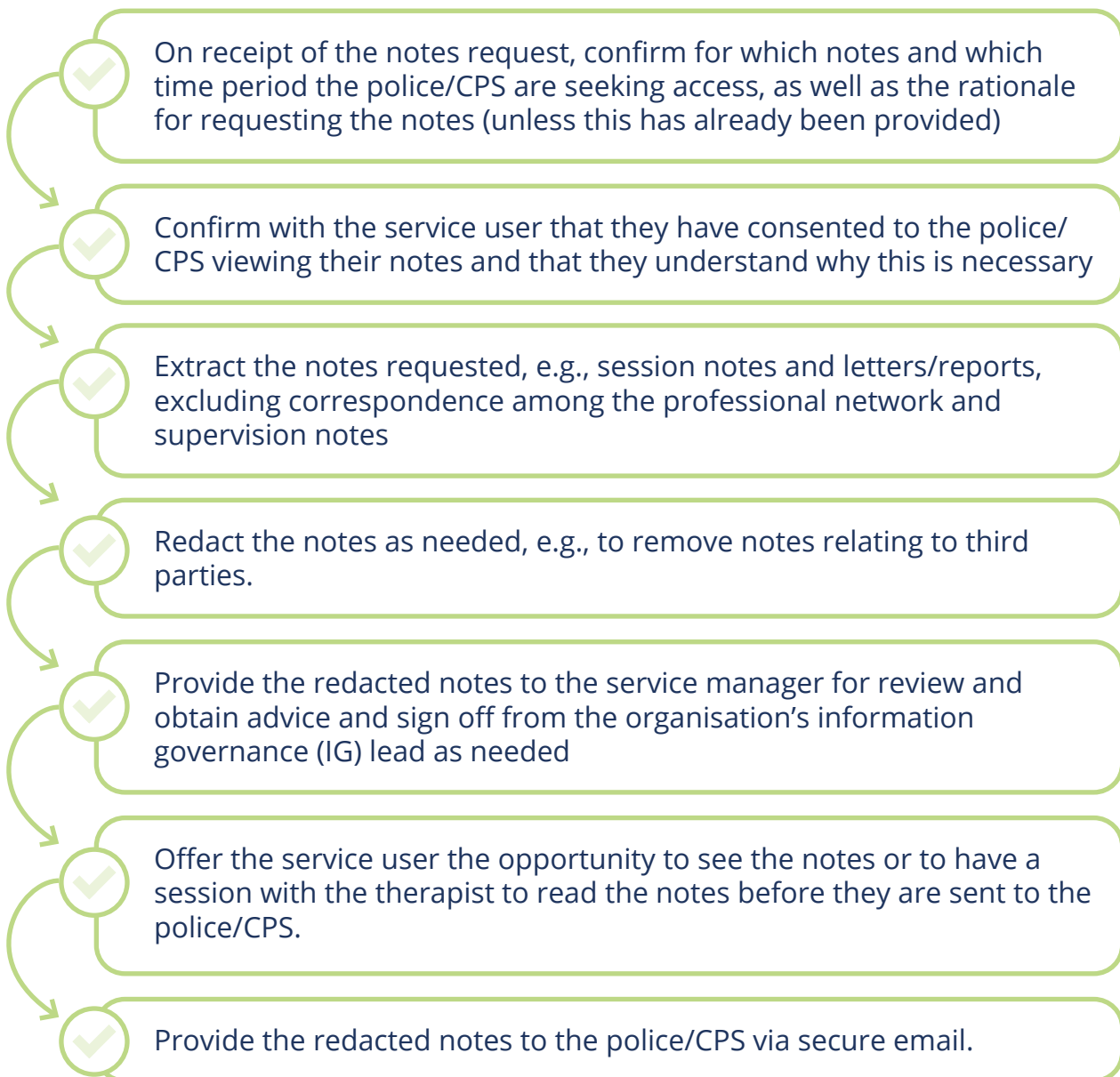
When receiving a notes request from the OIC or CPS, the therapist should expect to receive as part of the request:

- An overview of the victim's allegations
- Issues in the case the OIC is seeking to evidence from the notes.
- An invitation to raise with the OIC any notes that may be sensitive if used as evidence or disclosed to the defence
- Consent from the child, parent or adult whose notes they wish to view.
- Details of the type of notes requested, e.g. session notes, letters and the time period in question.

Therapists are encouraged to seek the above information before commencing the note-sharing process. If a service provides more than one type of support (e.g., therapy and ISVA services), therapists should confirm with the service user what they consent to being shared. If the service user has not consented, the notes should not be released; it is the responsibility of the OIC to first gain the service user's consent.

**It is considered best practice to share with the service user the notes that will be shared and consider together which content is relevant.**

## Therapists should undertake a series of checks before releasing notes:



Professionals in the criminal justice process are not always familiar with the language of assessments and formulation in practitioners' notes. A brief report to accompany the notes can provide useful context and an explanation of the impact of the trauma on the service user. The therapist is

encouraged to offer the police/CPS a brief report, in addition to the case notes, to help the police/CPS understand their work with the service user. This can reference symptoms that are consistent with the current literature in the field of sexual violence and include the impact of the trauma on the service user.

See the **Bluestar Project Responding to Notes Requests Guide** which includes a *Sample Cover Letter (Appendix 2)* available from the [Bluestar Project Toolkit](#)

## The Attorney General's Guidance on Disclosure 2022 outlines a three-step approach for the OIC and CPS when requesting notes:

1

Establishing a reasonable line of inquiry – give a clear rationale to therapist and not seek speculative review of notes

2

Establishing relevance – detail what they believe is contained in the notes and limit the request to the relevant section/date

3

Balancing rights – aim to maintain rights to privacy in line with Article 8 of the ECHR

Finally, disclosure of therapeutic notes to the defence should only occur if the notes meet the disclosure test (capable of undermining the prosecution's case or assisting the defence case) and a victim should be informed which notes have been disclosed to the defence so there are no surprises at trial.

If the notes do not contain information about the allegation, or a specific piece of information related to the reasonable line of enquiry - services should not release notes to the Police and are within their rights to do so under Article 8 of the ECHR.

## Responding to court requests

Even where consent to share is not granted by a service user (or the parent of a service user), the service has a legal duty to share information following a court order or Witness Summons (previously subpoena). The process of note sharing in this instance is similar to the process following a police or CPS request (described above).

### The therapist/service should:

Confirm that the request is from a solicitor's office and that the accompanying court order relates to the service user

Confirm the exact details of notes requested and the date for submission of the notes

Contact the organisation's IG lead and/or legal team for assistance with a timely response and advice on redactions

Extract the notes requested

Redact the notes as necessary, ensuring a valid rationale for redaction with a supporting legal framework

Provide the redacted notes to the service manager for review

Provide the redacted notes to the IG lead and/or legal team for review and sign off

Offer the service user a session with the therapist to read the notes before they are sent to the solicitor's office

Provide the redacted notes to the solicitor via secure email.





## Appendix 1: TEMPLATE

# Summary of Allegation

<b>Name of victim:</b>	<b>Date of birth:</b>
<b>Name of alleged perpetrator:</b>	<b>Has the alleged perpetrator been charged?</b> YES/NO
<b>Details of charges or counts faced by the alleged perpetrator:</b> <i>(Please include the current stage reached in criminal proceedings.)</i>	
<b>Summary of allegations made by the victim:</b> <i>(Please note, this summary should provide enough information for the therapist working with the service user to recognise a variation from the original allegations made or to distinguish a new disclosure.)</i>	
<b>Dated:</b>	<b>Signed:</b>
<b>Name of officer:</b> <i>Please add contact number and email below</i>	
<b>Email:</b>	
<b>Telephone:</b>	



## Appendix 2: TEMPLATE

# Pre-Trial Therapy Checklist

To be completed by the counsellor/therapist.

1	Has the summary of the allegations made by the service user been read prior to the session?	Yes	No
2	Did the service user discuss any details of the allegations against the alleged perpetrator?	Yes	No
3	If yes, was there any inconsistency between the details given and the allegations made by the service user (as contained in the police summary)? If yes, note the inconsistency.	Yes	No
4	Did the service user disclose any new allegations against the alleged perpetrator? If yes, note this disclosure in detail.	Yes	No
5	Did the service user disclose any further abusive experiences by or towards any other persons? If yes, follow local safeguarding procedures. <b>Date reported:</b> <b>Who the report was made to:</b>	Yes	No



## Appendix 3: TEMPLATE

# Recording a New or Additional Disclosure

To be completed by the therapist.

<b>Name of service user:</b>	<b>Date of birth:</b>
<b>Date of therapy session:</b>	<b>Time:</b>
<b>Location of therapy session:</b>	<b>Name and role of therapist:</b>
<b>Any other person(s) present and their role(s):</b>	
<b>What was the disclosure?</b> <i>(Record verbatim where possible, using speech marks to denote exact wording.)</i>	
<b>How did the service user present?</b> <i>(Consider tone of voice, eye contact, facial expression, fidgeting, etc.)</i>	
<b>What did the therapist say in response?</b> <i>(Record verbatim where possible, using speech marks to denote exact wording.)</i>	
<b>What action was taken by the therapist in response to the disclosure?</b>	
<b>Any additional observations?</b>	

# References

- <sup>i</sup> <https://www.cps.gov.uk/legal-guidance/therapy-provision-therapy-vulnerable-or-intimidated-adult-witnesses>
- <sup>ii</sup> <https://www.cps.gov.uk/publication/draft-guidance-pre-trial-therapy>
- <sup>iii</sup> <https://www.cps.gov.uk/legal-guidance/pre-trial-therapy>
- <sup>iv</sup> <https://www.cps.gov.uk/our-commitment-rape-victims>
- <sup>v</sup> National Institute for Health and Care Excellence (2018). Post-Traumatic Stress Disorder Guideline. <https://www.nice.org.uk/guidance/ng116>
- <sup>vi</sup> <https://ico.org.uk/for-organisations/guide-to-data-protection/guide-to-the-general-data-protection-regulation-gdpr/consent/what-is-valid-consent/#what5>
- <sup>vii</sup> Explicit consent is not formally defined in the UK GDPR. Consent that is inferred from a person's actions, such as their attending an appointment, cannot be treated as explicit consent. Explicit consent must be expressly confirmed in words. A consent statement does not have to be written by a service user in their own words; it can be written by a therapist in a privacy statement or agreement to service. However, the therapist must make sure that the service user can clearly indicate that they agree to the statement, for example by signing their name or ticking a box next to it.
- <sup>viii</sup> <https://ico.org.uk/for-organisations/make-your-own-privacy-notice/>
- <sup>ix</sup> [https://beaconhouse.org.uk/wp-content/uploads/2020/02/Dissociation-in-Children-Teens-Resource\\_compressed.pdf](https://beaconhouse.org.uk/wp-content/uploads/2020/02/Dissociation-in-Children-Teens-Resource_compressed.pdf)
- <sup>x</sup> Allen, S.N., & Bloom, S.L. (1994). Group and family treatment of post-traumatic stress disorder. *Psychiatric Clinics of North America*, 17, 425–437.
- <sup>xi</sup> Charuvastra, A., & Cloitre, M. (2008). Social bonds and post-traumatic stress disorder. *Annual Review of Psychology*, 59, 301–328.
- <sup>xii</sup> Harney, P.A., & Harvey, M.R. (1999). Group psychotherapy: An overview. In B.H. Young & D.D. Blake (Eds.), *Group treatments for post-traumatic stress disorder* (pp.1–13). New York: Brunner/Mazel.
- <sup>xiii</sup> Litwack, S.D., Beck, J. G., & Sloan, D.M. (2015). Group treatment for PTSD. In U. Schnyder & M. Cloitre (Eds.), *Evidence based treatments for trauma-related psychological disorders. A practical guide for clinicians* (pp. 433–448). New York: Springer.
- <sup>xiv</sup> British Psychological Society (March 2019). Electronic Records Guidance. <https://www.bps.org.uk/sites/www.bps.org.uk/files/Policy/Policy%20-%20Files/Guidelines%20on%20the%20Use%20of%20Electronic%20Health%20Records%20%28Updated%20March%202019%29.pdf>
- <sup>xv</sup> <https://www.hcpc-uk.org/standards/meeting-our-standards/record-keeping/>
- <sup>xvi</sup> British Association of Art Therapy. Therapy Note Writing and the Law. <https://www.baat.org/Assets/Docs/General/Art%20Therapy,%20Note%20Writing%20and%20The%20Law.pdf>
- <sup>xvii</sup> British Association of Counselling and Psychotherapy. Confidentiality and Record Keeping Within the Counselling Professions. <https://www.bacp.co.uk/media/9706/bacp-confidentiality-record-keeping-crp-gpia065-sep20.pdf>
- <sup>xviii</sup> British Association of Counselling and Psychotherapy. Good Practice in Action 070: Working in the counselling professions with the CPS guidance on pre-trial therapy with adults in the criminal courts.

<sup>xix</sup> UK Data Protection Act, 2018.

<sup>xx</sup> EU General Data Protection Regulation.

<sup>xxi</sup> Freedom of Information Act and Mental Capacity Act.

<sup>xxii</sup> Ministry of Justice, Criminal Procedure and Investigations Act 1996 (section 23(1)) Code of Practice (March 2015).

