



Keeping Secrets:

Our 2022 research report
exploring the barriers and
facilitators to pre-trial therapy and
support for children and young
people affected by sexual abuse.
Funded by the Home Office



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About the Bluestar Project

This policy report presents the findings of the Bluestar Project – an exploratory research study (Jan 2021–Mar 2022). The project was funded by the Home Office Childhood Sexual Abuse Support Services Transformation Fund. The project was sponsored by the Green House, a specialist children's sexual violence therapy and support service.

About the report

This report summarises the key findings from the research, which aimed to understand the barriers and facilitators to accessing pre-trial therapy services for children and young people who have experienced childhood sexual abuse (CSA). We use these findings to make best practice and policy recommendations for the future delivery and commissioning pre-trial therapy services across the United Kingdom (UK).

Acknowledgements

We are grateful to our Best Practice Advisory Group, who represent the practitioners, researchers and survivors who shared their time, expertise and passion in the development of this research. This research has been generated in partnership with the Sexual Violence Consortium (SARSAS, Womankind, the Bridge, Kinergy Southmead Project, Safe Link) in Bristol, the University of Bristol and SafeLives. Collaboration will continue to underpin our efforts as we move from research to improving practice in pre-trial therapy spaces. We would particularly like to thank the practitioners, young people and parents/carers who gave their time and shared their experiences to help us to shed light on this complex issue.

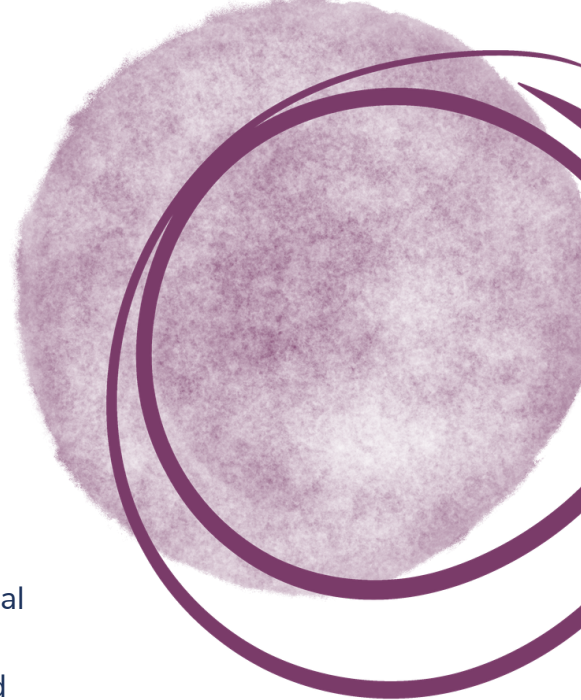
Contact

For more information about the Bluestar Project, you can contact the research team using the following email address info@bluestarproject.co.uk.

Summary of findings

Pre-trial therapy is any form of therapy that is accessed while a criminal case about sexual violence is ongoing.

Historically, legal processes have restricted access to pre-trial therapy, founded on the view that discussing details about the sexual assault could damage the quality of evidence and lead to a miscarriage of justice. Consequently, children and young people are often left without mental health support while their case awaits trial. On average, this wait is two and a half years; however, for some, it is much longer. We set out to understand the factors that are preventing children and young people from receiving the care that they require and investigate how to improve access to services. This policy report explores the barriers and facilitators to pre-trial therapy amongst children and young people who have experienced sexual abuse. We summarise the key findings from our research to make best practice and policy recommendations for the future delivery and commissioning of pre-trial therapy services across the UK.



Barriers to providing effective pre-trial therapy at a time that's right for the child or young person



Therapy services for people experiencing child sexual abuse are **stretched and inconsistent**, leaving many with little or no support.



Current guidance from the Crown Prosecution Service (CPS) has led to the **mistaken belief** that accessing therapy before the criminal justice process finishes will cause the criminal case to fail. Therapy can, in fact, benefit the criminal case by helping the child or young person to give their best evidence in court.



The lack of clarity or shared understanding of what constitutes pre-trial therapy results in **inconsistent support** to families and professionals working with families. Support that is available within the limited specialist sector is often **invisible** to families.



Children and young people are **wrongly being advised** that they should not access therapy until the criminal justice process has ended. This advice often comes from the police, and prioritises the needs of the criminal justice system above the needs of the child or young person.



When pre-trial therapy takes place, children and young people are often **told not to talk about the abuse**. This approach can be damaging to the child or young person, especially as it can echo the secrecy of the abuse and the perpetrator's behaviour.



Therapists are **working within a culture of fear** that their involvement could damage the criminal case for their clients, preventing them from effectively advocating for their clients within the criminal justice response.



"It's like asking somebody to carry a wound for four years, so the criminal justice system can see how bad it was. You know, keep cutting a leg open for four years – don't let it heal up – because we need to see how bad it was. We wouldn't do this for physical injuries, so why do we do this for trauma?"

Specialist Support Worker

Improving timely access to effective pre-trial therapeutic support



More capacity must be created in the therapy sector to enable children and young people to receive support when they need it. This requires more funding and better commissioning frameworks.



All agencies working with the child or young person and their family **need a shared understanding of the role and benefits of therapy** to prevent the current confusion that is causing barriers.



Non-abusive parents and carers provide the best and most consistent support for children and young people. Parents and carers continue to offer support long after the criminal justice process and therapy services end. We need a holistic pathway of **support for the whole family** to help parents and carers to manage this role.



The pathway of support must recognise the role of all agencies that are involved with the family. The emotional support provided by Children's Independent Sexual Violence Advisor's (CHISVAs) and schools is vital to children and families, but is often unrecognised within the system.



All agencies that support the child or young person must work more closely together as part of an effective family-focused system to enable consistent and effective care for families.



"It will just help people out so much being able to speak to someone."

Specialist Support Worker

Definitions

Childhood Sexual Abuse (CSA)

In England, the government definition of CSA, as set out in Working Together to Safeguard Children 2018, is as follows: Child sexual abuse involves forcing or enticing a child or young person to take part in sexual activities, whether the child is aware of what is happening or not. These activities may not necessarily involve a high level of violence. The activities may involve physical contact, including assault by penetration (for example, rape or oral sex) or non- penetrative acts, such as masturbation, kissing, rubbing and touching outside of clothing. They may also include non-contact activities, such as involving children in looking at, or in the production of, sexual images, watching sexual activities, encouraging children to behave in sexually inappropriate ways or grooming a child in preparation for abuse.

Pre-trial therapy

Pre-trial therapy is any type of therapy that is accessed while a criminal case is undergoing investigation by the police, awaiting charge by the CPS or awaiting a court date.

CHISVA

A CHISVA is an adviser who works with children and young people who have experienced sexual abuse. They support the child or young person with a range of emotional and practical issues and act as their advocate when speaking to other agencies. Furthermore, CHISVAs will help the child or young person to access other services they may need.

Introduction

Childhood sexual abuse (CSA) is a devastating crime that can cause severe and long-lasting emotional trauma. Without the right support at the right time, this trauma can have a detrimental impact throughout the child's or young person's life.

It is estimated that as many as 15% of girls and 5% of boys will experience CSA before the age of 16.ⁱ Many of these cases will never make it into the criminal justice system. The majority of those who experience CSA do not tell anyone about the abuse at the time.ⁱⁱ Even fewer see their case reach court – in the year ending March 2020, only 12% of CSA offence investigations resulted in a decision to charge the offender.ⁱ

In cases where the abuse comes to the attention of the police, the criminal justice process can become a barrier that prevents the child or young person from getting the support that they need to recover. This is due to advice from the Crown Prosecution Service (CPS) that states that receiving therapy could undermine the child's or young person's evidence in court.ⁱⁱⁱ

There is currently an average wait of more than two and half years from the time of a reported CSA offence to the completion of the trial, and for some, this wait is much longer.^{iv} During this time, many children and young people are being advised not to access therapy, which leaves them to cope with both the trauma of the abuse and the stresses of the court process without this vital help.

- i Karsna, K. and Kelly, L. (2021) *The scale and nature of child sexual abuse: Review of evidence* Essex: Centre of Expertise on Child Sexual Abuse, available at <https://www.csacentre.org.uk/documents/scale-nature-review-evidence-0621>.
- ii Office for National Statistics. (2020) 'Child sexual abuse in England and Wales: Year ending March 2019', available at <https://www.ons.gov.uk/peoplepopulationandcommunity/crimeandjustice/articles/childsexualabuseinenglandandwales/yearendingmarch2019>.
- iii Crown Prosecution Service. (2002) 'Therapy: provision of therapy for child witnesses prior to a criminal trial', available at <https://www.cps.gov.uk/legal-guidance/therapy-provision-therapy-child-witnesses-prior-criminal-trial>.
- iv Office of National Statistics. (2020b). Sexual offences prevalence and trends, England and Wales: March 2020. <https://www.ons.gov.uk/peoplepopulationandcommunity/crimeandjustice/articles/sexualoffencesprevalenceandtrendsenglandandwales/yearendingmarch2020>

Timely therapeutic support is crucial to tackling the emotional and psychological impact of CSA, which can include post-traumatic stress disorder (PTSD), depression, anxiety and a range of behavioural problems.^{v, vi} Research demonstrates that therapeutic interventions for CSA can be effective if offered at the right time and according to the child's needs.^{vii, viii} However, even those who are not advised against pre-trial therapy are likely to find themselves on a long waiting list for this help. An analysis of data from a Freedom of Information request found that a quarter of children and young people (including those who had experienced abuse) who were referred to Child and Adolescent Mental Health Services (CAMHS) in 2018 to 2019 were not accepted into treatment.^{ix}

We urgently need to improve access to therapy for children and young people whose case is within the criminal justice system. As there is little existing research regarding pre-trial therapy, there is little evidence to help us to understand how to tackle this problem. This report begins to address this gap. It draws on a survey of therapists who work with children and young people who have experienced sexual abuse, as well as interviews with therapists, wider professionals, and most importantly, the children, young people and affected families.

At the time that this research took place (March 2022), a consultation process was underway to update the CPS guidelines that are currently causing some of the barriers. While this is a positive step, the updated guidelines are yet to be published. Once published, there will still be much to do to embed those new guidelines successfully and tackle the wider systematic problems that add to the barriers for children and young people who need help.

- v Kendall-Tackett, KA., Williams, LM., Finkelhor D. and Steinberg R. (1993), 'Impact of sexual abuse on children: A review and synthesis of recent empirical studies', *Psychological Bulletin*, 113(1): 164–80.
- vi Tyler, K. (2002) 'Social and emotional outcomes of childhood sexual abuse: A review of the recent research', *Aggression and Violent Behaviour*, 7(6): 567–89.
- vii Stevenson, J. (1999) 'The treatment of the long-term sequelae of child abuse', *Journal of Child Psychology and Psychiatry, and Allied Disciplines*, 40(1): 89–111.
- viii Wethington, H., Hahn, R., Fuqua-Whitley, D., Sipe, T., Crosby, A., Johnson, R., Liberman, A., Moscicki, E., Price, L., Tuma, F., Kalra, G. and Chattopadhyay, S. (2008) 'The effectiveness of interventions to reduce psychological harm from traumatic events among children and adolescents – A systematic review', *American Journal of Preventive Medicine*, 35(3): 287–313.
- ix Crenna-Jennings, W. and Hutchinson, J. (2020) *Access to child and adolescent mental health services in 2019* London: Education Policy Institute, available at https://epi.org.uk/wp-content/uploads/2020/01/Access-to-CAMHS-in-2019_EPI.pdf

Methods

This policy report is based on a synthesis of datasets that were collected by the Bluestar Project's research activities. The research question that we explored was as follows:

What are the barriers and facilitators to pre-trial therapy for children and young people who have experienced sexual abuse?

We chose a mixed-methods study using the following:



A scoping review of existing literature ^x



A quantitative survey of CSA specialist therapy providers across the UK (n=118) ^{xi}



One-to-one interviews with wider agency professionals (e.g. police, children's social services, specialist advocacy services, CHISVAs, safeguarding leads and pastoral teams in schools) (n=14)



One-to-one interviews with therapists involved in the delivery of pre-trial therapy (including specialist voluntary sexual violence providers and CAMHs) (n=12)



One-to-one interviews with young people (n=3) and their parents/carers (n=4)

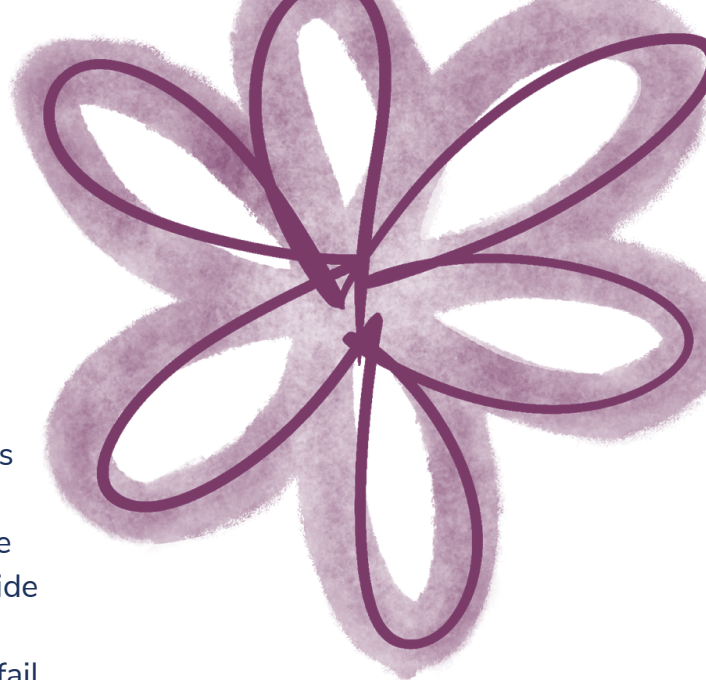
The participants were recruited via the project's network of contacts using a snowball sampling method, and all research tools were co-produced in partnership with our Best Practice Advisory Group. Interviews were conducted remotely through Microsoft Teams and over the phone from April–October 2020. Interview transcripts were analysed inductively using an iterative thematic analysis^{xii} in Nvivo (Version 12, Release 1.3). Findings were reviewed by Best Practice Advisory Group and refined by the research team.

^x Retter, E., Halliwell, G., Daw, J., Hay, S. (2022) 'Keeping secrets: Findings from a scoping review of literature exploring barriers and facilitators in the delivery of pre-trial therapy to children and young people who have experienced sexual abuse.' The Green House.

^{xi} Retter, E., Halliwell, G., Daw, J., Hay, S. (2022) 'Schooled in fear: Findings from a survey of UK-based therapists exploring attitudes and experiences of delivering pre-trial therapy to survivors of childhood sexual abuse.' The Green House.

^{xii} Braun, V., & Clarke, V. (2006) 'Using thematic analysis in psychology', *Qualitative Research in Psychology*, 3, 77–101.

Policy Context



Since 2002, a set of CPS guidelines have been in place, which offer advice and state the expectations regarding pre-trial therapy for children.ⁱⁱⁱ These guidelines clearly state that the best interests of the child should be at the heart of any decision to provide pre-trial therapy. However, they also caution that providing therapy could cause the criminal case to fail.

Under these guidelines, therapists are required to keep the police and CPS up to date with any planned or ongoing sessions and share any therapeutic notes that are relevant to the case. As a result, there are warnings in the guidance about the potential for inconsistencies to arise in the child or young person's evidence during therapy sessions. The guidance strongly emphasises that the abuse should not be discussed within therapy. Alongside this, there are restrictions on the type of therapy that can be provided and a caution that therapy may be seen as coaching by the criminal justice system.

Following concerns that survivors of sexual abuse were experiencing barriers to accessing therapy because of these guidelines, the CPS conducted a consultation, which ended in 2020. New draft guidelines were published that place greater emphasis on survivors' wellbeing and encourage prompt access to therapy, with a wider range of therapies permitted.^{xiii} Unfortunately, at the time of publishing this report (March 2022), the final guidelines have not yet been released.

- iii Crown Prosecution Service. (2002) 'Therapy: provision of therapy for child witnesses prior to a criminal trial', available at <https://www.cps.gov.uk/legal-guidance/therapy-provision-therapy-child-witnesses-prior-criminal-trial>
- xiii Crown Prosecution Service. (2020) 'Draft guidance on pre-trial therapy', available at <https://www.cps.gov.uk/publication/draft-guidance-pre-trial-therapy>

Alongside these challenges, there are problems in the wider CSA policy landscape, which affect the provision of therapy for all children and young people who have experienced sexual abuse. Until recently, the government's strategy for tackling CSA was spread across a range of different strategies relating to violence and abuse for both children and adults. As a result, the framework for funding and commissioning services is fragmented. Currently, the availability of CSA support services is highly inconsistent across different local areas, and services are underfunded.^{xiv} As pre-trial therapy sits within these wider support services, it is affected by these challenges.

In 2021, the government published a dedicated strategy for preventing, tackling and responding to CSA.^{xv} This combines the government's policies on CSA into one strategy for the first time. The strategy acknowledges that there is much more to do to improve the 'disjointed and difficult to navigate' services and the 'fragmented commissioning landscape'.

xiv Limeculture. (2021) 'Meeting the needs of victims of child sexual abuse', available at <https://limeculture.co.uk/wp-content/uploads/2021/03/Spreading-Excellence-2021-Final-1.pdf>

xv Home Office. (2021) 'Tackling child sexual abuse strategy', available at <https://www.gov.uk/government/publications/tackling-child-sexual-abuse-strategy>

Barriers to providing effective pre-trial therapy at a time that's right for the child or young person



Therapy services for those experiencing child sexual abuse are stretched and inconsistent



There is a mistaken belief that children and young people who have experienced sexual abuse should not access therapy until the criminal justice process has ended



When pre-trial therapy does happen, the choice to talk about the abuse is often taken away from the child or young person



Professionals delivering pre-trial therapy are working within a culture of fear



Without a clear pathway to therapy, emotional support for children and young people is being provided invisibly by other agencies

Barriers to pre-trial therapy

Therapy services for those experiencing child sexual abuse are stretched and inconsistent

One of the most important barriers to accessing pre-trial therapy is the simple lack of available services. Over half (58%) of the service managers who we surveyed for this research felt that they rarely or never had enough capacity to meet demand. No service manager reported that they always had capacity. More than one in ten (13%) told us that the average wait for their services was nine to ten months. The children, young people and parents who we interviewed were keenly aware of the pressure on services and how this limited the support that they could expect to receive.



"I would have... I would like more sessions, but obviously the waiting list is really... really long. But it would be nice to have a few more sessions, working up to the court."

Young person

The difficulty regarding accessing services is harder for some families than others. There is a particular lack of services for younger children, with only 31% of those that we surveyed providing support for those aged three-to-five years, and only 11% providing therapy for those aged under three. Services had a range of other referral criteria, including the geographical area, the type of abuse and who had made the referral, which further restricted the offer for some families.

Alongside this, the services that are available are not easily visible to families or the professionals who are working with them. When searching the websites of voluntary CSA therapy services, we found that only 12% contained information about pre-trial therapy. A literature review that was conducted as part of this research found a lack of evidence around what is being delivered and what is effective. This lack of understanding and visibility has caused widespread confusion amongst professionals regarding what can be offered to families whose case is still within the criminal justice process. This leaves families struggling to access the limited support that is available within a system that is extremely difficult to navigate.



"This is why I got confused because I don't understand the difference between the Sexual Assault Referral Centre [SARC] and the police [Early intervention hub], and also therapy services... so I was getting a little bit tied up in circles."

Parent

There is a role for both commissioners and service providers to design a pathway to pre-trial therapy that meets demand and is clear for both families and professionals to understand.

Recommendations



Pre-trial therapy providers should collect standardised data on the uptake of pre-trial therapy, types of service delivered, attrition and therapeutic outcomes. This will promote visibility of demand and build awareness of how effective services are at assisting recovery and the provision of best evidence. Commissioners should build this request into service specifications when tendering new services and ringfence funding for key service support functions, such as research and data analysis.



Therapy services should have information on their website describing pre-trial therapy services so that children/young people can make informed choices regarding engaging with this form of support.



Central and local commissioners need to work together to develop a more effective strategy for funding CSA therapeutic services. This needs to reflect demand and capacity in local areas and coherently tie together the different funding streams that are available for the provision of CSA services.



CSA service providers should work with local commissioners to develop a broader range of evidence-based wait-list management and non-therapeutic services to enable prompt access to pre-trial support for children/young people, alongside support groups for parents/carers. These services should be co-produced with children/young people and their parents/carers to ensure that they adequately address their pre-trial needs.

There is a mistaken belief that children and young people who have experienced sexual abuse should not access therapy until the criminal justice process has ended

Confusion amongst professionals regarding the current CPS guidelines means that some families have been told that they cannot access therapy before the trial has ended. This mistaken advice has had a detrimental impact on the children and young people affected.



"I was obviously... I was quite alone obviously. I didn't have much family around, so I was alone, and I didn't have anyone to talk to, obviously. I suffered quite badly because I didn't have anyone that I could open up to about it, so I went through the trial without no support."

Young person

This myth originates from the cautions regarding accessing therapy in the CPS guidelines, as outlined in the policy section of this report. However, it is perpetuated by advice from wider professional agencies, such as the police, and in some cases, children's social services and CAMHS. This was discussed by therapists and many of the other professionals we interviewed.



"I think a lot of officers will still say, "Oh, we'll ask you not to have therapy before the trial", but we say, "No, we can do that – we work within the guidelines", so there's still that kind of... idea that "no-no, no, you can't have any support"."

Children's Independent Sexual Violence Advisor

A member of the police who was interviewed for this research told us that although they would never say 'don't do counselling', they 'normally try to wait until after court'.

Currently, the needs of the criminal justice process are being wrongly held above the needs of the child or young person. But discouraging therapy can also harm the criminal justice process. As the draft CPS guidelines clearly state, therapy not only supports recovery but can also help the child or young person to give their best evidence in court.^{xii}

While not all children and young people will want to access therapy before their trial, currently, the option to choose is not often available. There is an urgent need to dispel the myth that therapy can be harmful to the trial for the benefit of both the child's or young person's recovery and an effective criminal justice process.

Recommendations



The CPS need to urgently finalise and publish the draft pre-trial therapy guidelines and widely disseminate key messages across all agencies that are involved in supporting children/young people through the CJS. In particular, the police should not be denying access to therapy or making requests for information that is not a reasonable line of enquiry.

xii Braun, V., & Clarke, V. (2006) 'Using thematic analysis in psychology', *Qualitative Research in Psychology*, 3, 77–101.

When pre-trial therapy does happen, the choice to talk about the abuse is often taken away from the child or young person

For those who are given the option to access therapy before the criminal justice process has ended, there are often limits on what can be discussed during the therapy session. In our survey of therapists, one third (31%) reported that children could talk about the abuse within the pre-trial therapy they provided, whereas 40% said that they could not. We also found a middle ground, with some therapists gently directing their clients away from discussing the abuse.



"If it was pre-trial, kind of acknowledge it and just kind of move away slightly, and go "Ok, well how do we manage that?" but being less explicit about...the why and what."

Therapist

These inconsistencies across services come from mixed interpretations of the CPS guidelines and the lack of evidence about what pre-trial therapy should look like. We found that no accredited training programme or standardised policy was being used across services, which meant that each service was providing a different form of support. Most therapists did not agree with the limitations that they or others were imposing. Eight out of ten (79%) said that it was wrong to stop a child from talking about the abuse if they needed to. Most concerning, some described how this approach reflected the secrecy of the abuse and the perpetrator's behaviour. The damaging impact on children and young people was voiced by the children and young people themselves.



"Just even being able to have one person who you can talk to about it to would help so much cos it damaged my mental health not being able to speak about it."

Young person

Because of the demand on services, those who cannot speak about the abuse in pre-trial therapy may not have another chance to access therapy after the trial. There is a need to dispel the myth that children and young people cannot talk about abuse in therapy. Therapists need to feel confident when dealing with disclosures of abuse and know when and how to share information appropriately.

Recommendations



All services (therapy non-therapeutic) need to ensure that they permit children/young people to talk about abuse within their services if that is what they need to do. Professionals should be equipped to inform children/young people of the duty of disclosure in a positive way and share any relevant information with the police after obtaining the consent of the survivor.



Therapy services should follow a standardised protocol/policy on how to deliver pre-trial therapy according to the CPS guidelines to ensure consistency of care for children/young people.

Professionals delivering pre-trial therapy are working within a culture of fear

The therapists that we interviewed expressed a real fear that their involvement could damage the criminal case for their clients. Often, this was a fear that their therapeutic notes could be used against their client or that they may be called as a witness against their client in court. Some were worried about being accused of coaching the child or young person.

Moreover, therapists were concerned that the criminal justice defence team or perpetrator might see the very personal notes of the child's or young person's therapy sessions.



"It's just about saying that these notes will then be seen by both parties, so that already feels hugely vulnerable. "Does that mean that my rapist will see what I'm doing in therapy?"."

Therapist

These fears impacted how they recorded notes in pre-trial cases. Most spoke about keeping their notes brief and objective. Others felt pressure to record everything in greater detail than usual for the criminal justice process but lacked an understanding of what would be most helpful.

Many of the fears and actions that were taken by therapists in response, were not based on a strong understanding of the criminal justice process. Despite worries about being called as a witness, this was not something that many therapists who we interviewed had experienced for themselves.



"It's just a completely alien process for me – I've never been in a courtroom in my life – so, just the whole set-up would be very intimidating."

Therapist

To dispel these fears and allow the therapists to work in a way that benefits them, children, young people and the criminal justice process, therapists need to be supported to gain a better understanding of how their evidence may be used.

However, many of their concerns were not unfounded. Although both the current and draft CPS guidelines clearly state that therapy notes should only be requested where they are relevant to the case, we found examples of inappropriate requests for evidence, such as children's artwork. Alongside this, our research has shown that children and young people are being let down by the lack of a trauma-informed approach in court cases.



"...after two years and having just been given a court date, they're now questioning whether she should be a witness because she's got eating and sleeping problems, when eating and sleeping problems are, very clearly, often a trauma-driven difficulty."

Specialist Support Worker

Therapists should feel able to advocate on behalf of their clients and help criminal justice professionals to understand the impact of trauma. Additionally, they should feel empowered to share information with their client's consent because it may help to strengthen a case. This will require a shared understanding between therapy and criminal justice professionals regarding each of their roles to remove the fears surrounding pre-trial therapy on both sides. The police, CPS and the professionals working within the courts need consistent training on when it is appropriate to request evidence from the therapeutic process to give professionals and families the confidence that evidence from therapy will not be misused.

Recommendations



All therapeutic services supporting children/young people who have experienced sexual abuse should receive training on pre-trial therapy processes. This should focus on building knowledge of the criminal justice process, note-taking, responding to note requests from the police and how to manage disclosures.



Therapy services should build relationships with local police services and the CPS to improve information sharing and partnership work around pre-trial therapy cases. The police and CPS should find a senior local representative who can oversee and consistently respond to queries from therapy services regarding pre-trial therapy.

Without a clear pathway to therapy, emotional support for children and young people is being provided invisibly by other agencies

Therapeutic services are one of many forms of support for children, young people and their families. When therapy services are not available, we found that other professionals who are involved with the family are stepping in to fill the gap. However, they are doing so without the necessary support and training they need. We heard of excellent work by schools and Children's Independent Sexual Violence Advisors (CHISVAs) to support children and young people who had experienced child sexual abuse.



"She also was getting weekly phone calls from the pastoral support teacher at her primary school...and then also weekly pastoral calls from the secondary school. Because she was about to transition, they took her on early, so she was getting like two pastoral care calls a week."

Parent

Unfortunately, the education professionals we spoke to told us that their role was not always recognised by the other agencies that were involved in the criminal case. For instance, schools were often uninvited to key meetings. For those working in schools, this lack of involvement also left them without a good knowledge of sexual violence or the criminal justice system, despite often being the people to whom disclosures are made. We found that education professionals had little knowledge of the pre-trial therapy guidelines and that any disclosures were being dealt with within standard safeguarding procedures.



"You're just there to listen and take the first bit, and then you refer it to the specialists, but no-one tells you what to do when the specialist is six, seven or eight months away, and you've got a child that's struggling in the meantime – what you can and cannot do – there's no clear guidance."

Primary School-based Family Support Worker

It is important that the role of all agencies that are involved with the family is fully understood and that these agencies receive the necessary support and training to play their role. Improving access to pre-trial therapy would remove some of the burden on these professionals who are currently doing more than they are equipped for.

Recommendations



Multi-agency forums for CSA cases should ensure that their membership always includes representatives from therapeutic services, CHISVAS, and schools.



Schools should be supported to identify CSA, equipped to manage disclosures and taught how to refer children/young people to specialist therapy services for sexual violence. Pastoral support teams and in-situ therapists should be trained on pre-trial therapy guidelines.

Improving timely access to the right pre-trial support



Building capacity in the pre-trial therapy sector will help services to deliver flexibly, around the needs of the child or young person



All agencies that are working with the child or young person and their family need a shared understanding of the role and benefit of therapy



Therapy should sit within a clear holistic pathway of support for the child or young person and their family



All agencies supporting the child or young person must work closer together to achieve the best outcomes and consistency of care for families

Facilitators to pre-trial therapy

Building capacity in the therapy sector will help pre-trial services to deliver flexibly, around the needs of the child or young person



Although this research has focused on improving access to therapy before the court case, this is not the only time that children and young people will need therapeutic or more general emotional support. The court case itself can be an extremely traumatic process, and the outcome of the case can often cause distress. The professionals who we spoke to told us that many young people withdraw from criminal proceedings because of the emotional impact.

The limited capacity within therapy services means that often, children and young people must choose to either receive support as soon as it is available or wait until they may need it later, such as during the court process. Additionally, long waiting lists mean that it can be impossible to support the child at the right time. We found that although some families were dividing their limited number of sessions around the court date, in many cases, there was not enough flexibility in the services to make this choice.



"She's got literally a couple of sessions left, because what we did was, she had her assigned whatever it was – 24 sessions – and she kept four back so that she could have four after her day in court."

Parent

There needs to be a wider and more diverse range of services available to children and young people to support them both in the immediate aftermath of the abuse and throughout and beyond the criminal justice process. Children and young people should be able to engage with therapy or additional support when necessary so that they are never left without help.



"I'm actually really concerned, because she's on all these lists, but she's about to finish at [name of therapy service] , which would mean ultimately we could come to the end of the trial, and she'd have absolutely nothing in place..."

Parent

The flexibility to give children and young people more control over their access to support is not possible within the current stretched therapy sector. There is a clear need to improve the funding and commissioning of services to make this possible.

Recommendations



To increase the capacity and stability across CSA services that provide pre-trial therapy, central and local commissioners need to make long-term and sustainable funding available to enable an effective support pathway that encompasses a wide range of interventions (therapeutic and emotional support).



CSA service providers should work with local commissioners to build flexibility into their pre-trial therapy services so that children/young people and their parents/carers have the option of support throughout the criminal justice process. This is particularly important around charging decisions/outcomes and during and after court proceedings.

All agencies that are working with the child or young person and their family need a shared understanding of the role and benefit of therapy

Without a common understanding of why access to pre-trial therapy is so important, it will not be possible to dispel the current myths that are causing barriers, such as the myth that accessing therapy and talking about the abuse will damage the criminal case. Six out of ten therapists in our survey (62%) felt that other agencies did not have a good understanding of pre-trial therapy, and 50% said that other agencies give children and young people mixed messages about whether they can access pre-trial therapy.



“Each professional group, or professional themselves, will interpret things in a slightly different way, and I think it would be really, really helpful to have a space somewhere – I don’t know how or what that would look like – but some way to discuss what that actually really means, you know, from the people who’ve actually written [the guidance], what do you actually mean?”

Therapist

Many professionals across the wider system response were enforcing the message that speaking about the abuse can damage the court case by applying this to their own practice.



“...and then we kind of... we have to be really careful, because we don’t want to jeopardise cases, so we’ll say, “We can’t talk to you about what happened”.”

Children’s Independent Sexual Violence Advisor

All agencies need to receive consistent training on the role of pre-trial therapy, which makes clear that rather than damaging the court case, it can help the child or young person to give their best evidence in court. Having a shared way of talking to each other and families about pre-trial therapy and the abuse itself could help to prevent much of the current confusion.



“...sharing some of the narratives and words about how we talk to each other and how we talk to the child has been really, really key...that gave them a lot of confidence to be able to talk to this child and to be able to respond when she spoke.”

Therapist

Recommendations



All agencies supporting the family – particularly the police, children’s social services and schools – should receive training to develop awareness of sexual violence, its impacts and how to make referral to pre-trial therapy services.

Therapy should sit within a clear holistic pathway of support for the child or young person and their family

While the importance of therapy cannot be ignored, the emotional support that families receive from other professionals is critical. For most children and young people, their best and most consistent form of support will be their non-abusing parents and carers, who will support them long after the criminal justice process and therapy services have ended. The parents we spoke to talked of the huge benefit of receiving support themselves to help them in this role.



"Phone calls with [the family support worker] were fab because actually I was saying things, and she went, "Yep. That's normal. Yep. That's related to this", and I'm like...[sigh of relief] "Oh, ok – there's me thinking that my daughter's falling apart, and actually ...you know..."."

Parent

To best support the child or young person, pre-trial therapy should sit within a more holistic pathway of support for the whole family. This pathway should acknowledge the roles of all the professionals who are involved with the family, such as schools and CHISVAs, whose crucial contribution to emotional support and consistency of care is often overlooked. Importantly, these agencies will need to work closely together to help families to navigate the process.



"It feels very bitty, it feels kind of like... because she's got a [CHISVA Service] worker as well so... and I can't remember at what point she got involved, but ...you know... it's kind of like... it all just feels a bit...disjointed."

Parent

To create this holistic pathway and give pre-trial therapy a place within that pathway, all agencies must understand the support that other agencies can offer. It is important that they know how and when to refer to each other and that the family is kept updated at every stage.

Recommendations



Central and local commissioners need to create a national directory of CSA services that can help to effectively sign-post children/young people, parents/carers and professionals to therapy services.

All agencies supporting the child or young person must work closer together to achieve the best outcomes and consistency of care for families

Young people and their families told us that our referral pathways and criteria for receiving care are unclear. They sometimes do not know what services they are accessing or what pre-trial therapy is. Families were often involved with multiple agencies and were asked to tell their stories many times, which reinforces the trauma that they experienced. Multiple agencies hold data about families on multiple systems, and when a case goes through the criminal justice process, there is rarely one care plan for children, young people and their families where all communication is tied together.



"Honestly, I've had to give up my work – managing these services is a full-time job – we work with so many, half the time I don't even know who they are...I feel that I have to protect my child from these constant requests for information – they already have this information, why can't they just talk to one another?"

Parent



"There are so many agencies; I can't remember all their names... it's really confusing."

Young person

To create an effective pre-trial therapy care pathway, it is necessary for all agencies around the child to work closer together to create an effective system.

This system needs to not duplicate data collection and assessment processes across services and should share information more effectively so that children, young people and their families receive key pieces of information about their case progression. This can only be encouraged by a commissioning environment for CSA support services that recognises the importance of whole-family multi-agency support.

Recommendations



All CSA cases within the criminal justice system should be managed by multi-agency forums/hubs, where a central care plan for the family is developed and all lines of communication are tied together via a single point of contact/caseworker. This will ensure that children/young people and their parents/carers are kept up to date with key pieces of information as the case progresses and cut down on the duplication within the system.



Commissioners need to make funding streams available that support the development and delivery of whole-family interventions for CSA (including parent groups and support for siblings who have not experienced abuse).

Conclusion

Children and young people who have experienced sexual abuse can face a difficult and traumatic experience of the criminal justice system, often without seeing their perpetrator prosecuted at the end of this process. Currently, these children, young people and their families are placed in an even more painful situation due to unnecessary barriers that prevent them from accessing pre-trial therapy and other forms of emotional support.



“...that’s perpetuating the pain and the horror and the ability to process something and the ability to move on.”

Specialist Support Worker, on delayed access to therapy

There is an urgent need to dispel the myth that therapy and talking about the abuse can be harmful to a criminal trial; the reality is that therapy can both support the child or young person’s recovery and create a more effective criminal justice process. Therapists working with children need to be confident to deal with disclosures of abuse and when and how to share information with their client’s consent.

The publication of updated CPS guidelines is crucial to dispel some of the current myths. However, once they are published, there will be more work to do to create an environment where all agencies that are working with the family have a shared understanding of therapy and trauma.

Moreover, the barriers cannot all be solved within the current system of support, which is stretched to capacity. There is a role for both commissioners and service providers to design a pathway to pre-trial therapy that meets demand and is clear for both families and professionals to understand. This must be embedded within holistic support for the whole family and draw upon the invaluable support that all family members and professionals that are involved with the child or young person can provide.



“...they’re sleeping better; they’re eating better; they’re enjoying their life. They’re waiting for court, or they’re waiting for a decision, but...it isn’t a huge kind of... an issue; it’s still there, but it’s... they’re living their life, and life’s ok”

Children’s Independent Sexual Violence Advisor, on the benefit of pre-trial therapy

Published 2022
Rebranded 2026

