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.

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Bluestar PROJECT | the Green House

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Summary of findings

Crown Prosecution Service (CPS) guidelines

Children and young people who have experienced sexual abuse face multiple barriers to accessing pre-trial therapy while their case is ongoing in the criminal justice system (CJS).

CPS guidelines have been interpreted in different ways across sectors. This has resulted in mixed messages to children and variation in therapy services: therapy as-is (able to discuss the abuse in therapy), restricted access (cannot talk about abuse), or no access (must await end of criminal justice process).

Need, funding, and visibility

It is unclear where provision of pre-trial therapy for childhood sexual abuse (CSA) sits (e.g., within voluntary or statutory services) or who is able to access it. We found 121 specialist voluntary sexual violence CSA therapy services across the UK. Evidence suggests that demand for therapy outweighs availability, and the complex funding landscape is not sufficient to commission or sustain effective therapeutic services for pre-trial support long-term.

Children and their families may struggle to find pre-trial therapy services within broader CSA therapeutic provision or meet eligibility criteria thresholds for care particularly within statutory services. They are likely to face long waits for therapeutic services that cannot support them for the entirety of the criminal justice process. Some will never access a service at all.

Therapies offered for pre-trial

There is a lack of evidence about what therapies are offered in the pre-trial space and how or if this differs from other forms of therapeutic support.

There is a need for an effective pathway of support within CSA therapy services that can provide tailored, flexible, and consistent care to children as they navigate the CJS.

Therapeutic profession

Within the CSA therapeutic profession, there is variation in the level of awareness, understanding and interpretation of pre-trial therapy guidelines. Therapists' express concerns around notetaking, court attendance and the ethical dilemma of not allowing a child to talk about abuse in therapy if they need to.

Wider professional services and non-therapeutic support

There is a varied understanding of and response to pre-trial therapy guidelines across wider services. This often leads to conflicting advice for children and parents and can stop therapy from taking place.

Non-therapeutic support services and interventions for non-abusing parents/carers can complement therapy services and should be considered an integral part of an effective pre-trial pathway of support.

Evidence base

Further research is required that can explore childrens, therapists, and wider professionals' experiences of pre-trial therapy. This research should focus on determining the need for and provision of pre-trial therapy, the efficacy of therapies offered and seek to understand professionals' awareness of CPS guidelines.

Background

The true prevalence of CSA is unknown. It is estimated that 15% of girls and 5% of boys will experience CSA before the age of 16 (*Karsna & Kelly, 2021*). Studies suggest that only 7% report to the police at the time the abuse is ongoing (*Parke & Karsna 2019*).

In the year ending 2019/20, 87,992 CSA offences were recorded by the police across England and Wales. There is significant attrition as cases progress through the criminal justice system: just 12% of CSA offences result in a charge and 4,226 individuals were prosecuted – the majority of cases never make it to court.

Historically, legal processes have restricted access to therapies for CSA, founded on the view that discussing details about the sexual assault could damage the quality of evidence and lead to a miscarriage of justice (*CPS, 2002*). Consequently, children and young people are often without mental health support while their case awaits trial. On average this wait is two years, but for some, this can extend to as long as eight (*ONS, 2020b*). Covid-19 has significantly disrupted operations in the criminal justice system, delaying further the time between report, charge decision and court (*Burman & Oona-Brooks Hay, 2021; Speed et al. 2020*).

CSA can have devastating physical and mental health impacts if children do not have access to support at the right time. The most common effects include post-traumatic stress disorder (PTSD), sexualised behaviour, aggressive or disturbed behaviour, depression, anxiety, guilt, fear, eating disorders, self-harm, suicidal ideation, substance misuse and relationship problems (*Kendall-Tackett et al. 1993; Tyler, 2002*). CSA also has a high economic cost in the UK, £10 billion per year including child and adult mental health, substance use, and criminal justice services (*Home Office,2021*).

Young people are often without mental health support while their case awaits trial. On average this wait is two years, but for some this can extend to as long as eight.

There is a clear and urgent need then, to understand how access to pre-trial therapies for children and young people who have experienced sexual abuse can be improved.

Our Scoping Review

The aim of this scoping review is to consider existing research about survivors' and professionals' experiences of pre-trial therapy for CSA.

We highlight preliminary findings about the barriers and facilitators of pre-trial therapy and gaps in literature. These findings were used to inform the design of research activities currently underway within the Bluestar Project (Jan 2021 – March 2022) where we aim to test the validity of the themes below.

Our scoping review includes primary studies, reviews, and policies from academic and grey literature (n=17) related to CSA/CSE and/or pre-trial therapy. We focussed our search on literature related to the UK context, and synthesised evidence relevant to a four nations approach acknowledging differences within criminal justice systems across England, N. Ireland, Scotland, and Wales. We found no studies specifically about children and young people's experiences of pre-trial therapy. As such, findings are drawn largely from broader literature about the criminal justice system (CJS) and help-seeking for CSA/CSE.

Responses typically reflect experiences of pre-trial therapy within the voluntary sector as existing literature is heavily weighted in this direction. The role of this scoping review is not to make practice or policy recommendations about pre-trial therapy but to inform the design of the research. Recommendations will be generated by the ongoing study and included within the final policy report (*March 2022*).

We summarise our findings within three overarching themes:

1. **CPS guidelines**
2. **Children's experiences of pre-trial therapy**
   - Therapy as-is
   - Restricted access
   - No access
3. **Barriers to pre-trial therapy**
   - Visibility, funding and need
   - Therapies offered for pre-trial
   - Therapeutic profession
   - Wider services and support

1 Crown Prosecution Services (CPS) guidelines about pre-trial therapy

A key component of issues surrounding access to pre-trial therapy begins with the court process and existing CPS guidelines. The document 'Therapy: Provision of Therapy for Child Witnesses Prior to Criminal Trial' (*CPS, 2002*) outlines the process for entering and delivering therapy if a case is within the CJS. While the guidelines state the importance of children being able to attend therapy should they require it, they also highlight several concerns about conversations in the therapy space that could negatively impact on criminal justice outcomes. These concerns relate to: witnesses giving inconsistent accounts of the abuse; or fabrication, whether deliberate or inadvertent (e.g., becoming aware of gaps or inconsistencies in evidence, becoming more convinced or convincing in his or her evidence - but no less mistaken) (*CPS, 2002*).

Item 6.11 states that "while children may derive therapeutic benefit from talking about their experiences, any detailed recounting or re-enactment of the abuse may be perceived as coaching. Therapists should recognise that the criminal case is almost certain to fail because of this type of therapeutic work." There is a requirement to keep the police and CPS up to date with any planned or ongoing therapy, and therapists have a duty of disclosure to the courts. This includes the creation and sharing of therapy notes should they be deemed relevant to the case.

Current guidelines effectively put a ban on therapies that include any element of reprocessing memories. Therapists are specifically advised against discussing any facts of the allegation(s) made.

Amidst concerns that survivors of sexual abuse are experiencing barriers to accessing therapies - directly related to the restrictive nature of these guidelines - the CPS conducted a consultation throughout 2017-2020. New draft guidelines were published which place greater emphasis on survivors' wellbeing and encourage prompt access to therapy to assist recovery and the provision of best evidence in criminal proceedings (*CPS, 2020*). They outline more clearly the practical implications for therapists undertaking pre-trial therapy as well as duties and responsibilities of the police and CPS.

The new protocol allows better for discussion of the incident if the therapist and survivor agree that it is in their best interest. This is related to the government's Tackling Child Sexual Abuse Strategy (*2021*) which aims to increase effective trials, improve quality and availability of support, and ensure that survivors can remain engaged in the court process without risk of re-traumatisation.

However, pre-trial therapy remains in a state of flux as final guidance from the CPS is yet to be published while the Information Commissioner's Office reviews requests of the court to access therapy notes. While we wait, much work is needed to understand how the historic guidelines have been translated into practice across CSA therapy services.

2 Children and young people's experiences of pre-trial therapy

Provision for accessing pre-trial therapy has always been available within existing CPS guidelines. However, our findings suggest that awareness, understanding and interpretation of these guidelines varies greatly within the CSA therapeutic profession and across sectors involved with the CJS (e.g., police, ISVAs, judiciary, CPS).

Warrington et al. (*2017*) and Beckett and Warrington (*2015*) asked young people about access to pre-trial therapy and found differences in the experiences they reported.

First, some young people did not see a distinction between pre-trial therapy and post-trial therapy. In these cases, the therapy was considered useful because it helped them to "prepare" and "manage" the court proceedings. This group of young people felt that it was important for counsellors to be involved before court because;

> "You're talking about it and it would help you to get through the court better"
> *Female survivor, 13 yrs*

This demonstrates that some young people may be talking about their experiences of sexual abuse within the pre-trial therapy space.

Second, another group of young people found pre-trial therapy restrictive as they were unable to talk about the specific incident and felt that the timing of the therapy was wrong.

> "I did it [counselling] at the wrong time – I should have had it after court – I did it before court – and I couldn't talk about anything – the counsellor can't tell you anything about what to expect in court – it puts me on edge."
> *Female, 17 yrs*

> "Well, the police and counsellor say you can't talk before the court.
> *Interviewer: How does that feel?*
> Upset. Stressful. You think 'what's the point if you can't say anything?"
> *Female, 14 yrs*

A third group of young people were told they could not access therapeutic support until the criminal proceedings had ended.

> "I'd say the main thing is you're not able to have the services until after everything's gone through with court... And that does really affect your mentality because... having talked about this and then just having to get on with life as if nothing had happened and not having access to anything that could potentially help, just puts you in a worst place because you've got time to sit there and think and you do overthink quite a lot of things."
> *Female, 15 yrs*

> "You've to figure out for yourself instead, you've to counsel yourself instead cos they don't give you any help. You've to deal with it by yourself, which just shouldn't happen"
> *Female, Young Person*

These young people emphasised the importance of therapy that enabled them to talk about what happened shortly after the first disclosure. One young person said of the court process and pre-trial therapy;

> **"...it feels like more secrets which you don't really want after you've been keeping sexual abuse a secret."** *Female, 17 yrs*

Others highlighted how stressful the court process is for them and their family:

> "Your family's stressed and starting to fall apart, and you feel like it's your fault and you want to leave home or self-harm but then that can be used against you because you don't want to be seen as mentally unstable in the court case"

(*Warrington et al. 2017; Beckett and Warrington, 2015*)

These small number of research findings demonstrate the burden the court process can place on children and young people, especially for those without access to the right therapeutic support. This mirrors broader literature which highlights the re-traumatising effect that the court process can have on survivors of sexual abuse (*Mulvihill et al., 2018*).

These findings suggest that variation in the interpretation of CPS guidelines across agencies has resulted in three distinct categories of experience among children and young people seeking access to pre-trial therapy:

- **Therapy-as is** *(no difference to usual therapy services, able to discuss abuse experiences)*
- **Restricted access** *(unable to discuss abuse experiences in the therapy space)*
- **No access** *(refused service until CJS case is complete)*

Further research is required that can explore the correlates and consequences of these three types of experiences among children and young people across agencies. This research should determine what children and young people find helpful in enabling them to move towards recovery within pre-trial therapy and in supporting them through the CJS process.

3 Barriers to pre-trial therapy within CSA therapy services

Visibility, funding & need

Findings from our review suggest that there are multiple factors which may be impacting on children and young people's ability to access pre-trial therapy. Some are related to issues that affect CSA therapy services more broadly. For example, there are no up-to-date national or local datasets that capture the availability of and need for CSA or SV therapy services. Also missing from this picture are the voices of children and young people less likely to disclose abuse. This impacts on prevalence statistics for CSA, as well as information available about the uptake of support for pre-trial therapies.

While research suggests that boys, children from Black, Asian and Racially minoritized backgrounds, those who identify as LGBTQ+ and those with a disability are less likely to disclose CSA and less likely to access CSA support services (*Easton et al., 2013; Jones et al., 2012; Miller & Brown, 2014*), there is no evidence to suggest that this is because the incidence of abuse across these groups is any lower (*Home Office, 2021*).

We found no studies that have investigated service take-up of pre-trial therapies across CSA or SV statutory or voluntary provision. This makes it impossible to know the extent of the need and introduces a challenge for funders looking to commission pre-trial therapies. A further issue is visibility. In our search for voluntary CSA therapy services across England and Wales we found that few have a survivor pathway or directory of CSA services that can signpost children, carers, or professionals to appropriate support.

We found 111 CSA voluntary therapy services in England, 3 in Wales, 6 in Scotland and 2 in Northern Ireland. Of these, only 12% mentioned on their websites that they offer pre-trial therapy (inc. adults).

Visibility of pre-trial therapies may be worsened by lack of a database detailing professionals that are qualified or trained in undertaking this form of support (*Jenkins & Nixon, 2020*). It is likely that services delivering pre-trial therapy don't differentiate or define the therapy delivered as 'pre-trial therapy', making it harder to understand need. Without a central and up-to-date directory of CSA services it is likely that children, carers, and professionals may face challenges in finding the support they need at the right time.

In 2012, Allnock et. al. estimated that there is a potential shortfall of 54,220 spaces within therapy services for CSA for 11-17 year-olds. Around 20% of therapy services were dedicated to working with children who have experienced sexual abuse; the majority were embedded within broadly generic services that provide support for a wide range of mental health problems. These figures are yet to be updated, but a more recent survey of CSA services across England and Wales (n=50) found three quarters of organisations said that demand for services far exceeded capacity. Only a quarter were able to meet demand immediately and many had wait lists over three months (*Parkinson & Sullivan, 2019*).

3. Barriers to pre-trial therapy within CSA therapy services

Many local authorities have faced budget cuts of up to a third over the last decade, and this has affected all forms of support for children and families (*McNeish et al. 2019*). The nature and scale of these cuts are having a significant impact on the thresholds for access to children's social care, young people's mental health services and specialist voluntary SV services (*Chanon et al., 2018; Munro, 2011a; 2011b*).

Alongside this, there have been parallel shifts in priorities within adult services – this is particularly the case in funding and commissioning patterns for domestic and sexual violence services. Increased policy focus on domestic violence has been accompanied by welcome investment in domestic violence services, but similar investment has not been made within the sexual violence sector (*Towers & Walby, 2012; All-Parliamentary Group on Sexual Violence, 2018*).

McNeish et al. (2019) described funding in the sexual violence sector as "… stitching together a patchwork of time-limited funding: a little Ministry of Justice money here, some Comic Relief funding there and the occasional locally commissioned provision, some of which is spot purchased. Many receive no or very little statutory funding." This has likely influenced the availability of voluntary SV services that can provide therapies for CSA and pre-trial within this.

In the statutory service space, data from the Children in Need Census (Department of Education, 2019/20) demonstrated that there were 2,600 children on child protection plans for sexual abuse in England and Wales, and 30,460 children were assessed at risk of CSA by children's social services (*Dfe, 2019/20*)[1].

[1] This figure is likely an underestimate as only one form of abuse can be prioritised within a child protection plan and this is usually recorded under the category of neglect (*Karsna & Kelly, 2021*).

No publicly available datasets exist that document referrals to or reasons for accessing CAMHS services. However, Crenna-Jennings and Hutchinson's (*2020*) analysis of freedom of information requests (FOI) revealed that a quarter of children and young people were not accepted into treatment, including those who had experienced abuse.

Referrals were most commonly rejected because children's conditions were unsuitable for CAMHS, or they did not meet the eligibility criteria. Provision of services and eligibility criteria for services varied greatly across local authorities. The study highlighted concerns that children with complex needs "do not clearly fit into diagnostic boxes, and those with lower-level mental health needs or young people between 16-18 years may be unable to access the support they require".

Overall, Crenna-Jennings and Hutchinson (*2020*) concluded that the data reinforces the picture of a system that is failing to meet need, and that it is unclear what support is available for the one in four children with mental health difficulties that are not accepted into treatment. We found no studies documenting the prevalence of CSA within CAMHs services or policies/protocols regarding access to pre-trial therapy.

> It is currently unclear from existing evidence where the provision of pre-trial therapy for CSA sits (e.g., across voluntary, statutory services) and who is able to access it.

These findings suggest that children and young people may experience significant barriers in finding a pre-trial therapy service; they then may not meet the eligibility criteria for accessing that support (e.g., because of ongoing

CJS, complexity of mental health need, ongoing abuse, availability of service in a local area) or need to demonstrate a high level of symptomology to meet service thresholds for support.

To ensure an effective pathway of support for CSA – and the consistency of care required for pre-trial within this – the 'Spreading Excellence Framework' makes the following recommendations around the funding and commissioning of services:

- Development of local CSA strategies,
- Local commissioners to work in partnership,
- Funding allocations should be ringfenced for CSA support based on local needs and joint commissioning strategies, alongside contracts that run for longer periods (*LimeCulture, 2021*).

Further research is required that can determine both the need and provision of pre-trial therapies for CSA across voluntary and statutory services.

Therapies offered for pre-trial

Adding to visibility issues surrounding pre-trial therapy, is a lack of evidence about what therapies are offered and how or if this differs from other forms of therapeutic support. Of the 122 CSA services we found across the UK, only 13 (10.7%) included on their website a description of what pre-trial therapy is. This is important because the types of support offered across CSA therapy services vary greatly in terms of content, structure, and duration (*Parkinson & Sullivan, 2019*).

Allnock et al. (*2012*) found that creative therapies are the most widely offered models in the voluntary sector (70% compared with 49% of statutory services). Psychodynamic and family therapies were offered in just under 40% of services, with less than a quarter offering attachment therapy, narrative therapies, transactional analysis, and sensory motor therapy. Cognitive Behavioural Therapy (CBT) was more common in statutory services (69%) than voluntary CSA services (49%).

More recently, Parkinson & Sullivan (*2019*) found that one third of CSA services place no time restriction on how long they work with children and young people, while more than a third provided support for less than six months.

What remains unclear is how pre-trial therapies fit within this picture – no studies were found that detail the type, duration or effectiveness of pre-trial therapies offered to children and young people, or their impact on criminal justice outcomes.

Existing CPS guidelines state that certain therapies are seen by the courts as problematic in the distortion of evidence: "hypnotherapy, psychodrama, regression techniques and unstructured groups" (*CPS, 2002*). Therapists are also requested to "be aware of the implications of using techniques that may result in the child's evidence being discredited" and to "avoid using leading questions or discussing the evidence which the individual or any other witness will give including the detail of the substance of specific allegations made" (*CPS, 2002*).

3. Barriers to pre-trial therapy within CSA therapy services

A key challenge for services delivering pre-trial therapies is not just the type of support delivered but the timing of this service.

Each individual and every case is different, there is no optimum point when therapy should take place in relation to when an offence occurred. Therapists have the additional challenge of negotiating changes to therapy around reporting. For example, once a child reports to the police and the case is being investigated, the therapy is classed as 'pre-trial' and the CPS guidelines apply.

Therapy should pause to allow for the victim statement to take place. If the case is NFA'd by the police or CPS then the pre-trial therapy protocol no longer applies, and therapy can continue without restrictions listed in the current protocol.

The critical question for services delivering pre-trial therapy then, is how to provide consistent and tailored support to children and young people, many of whom will wait for up to two years for criminal proceedings to complete. This is problematic given wait times for therapeutic support and variation in service duration e.g., 12-24 sessions.

There is a need for an effective pathway of support within CSA therapy services that can provide consistency of care from report to court.

Research demonstrates that therapeutic interventions for CSA can be effective if offered at the right time according to the child's needs (*Stevenson, 1999; Wethington et al., 2008*). Some studies highlight the need for provision of therapy immediately, or as soon as possible after the incident of sexual abuse to reduce adverse psychological effects (*Fouche & Fouche, 2017*).

Others maintain that therapy is not always necessary and mental health consequences following sexual abuse can take time to manifest at a diagnosable level (*Armstrong, 2000; Ofshe, 1994*). For example, studies estimate that 20 – 40% of CSA survivors do not go on to develop psychological problems because of the abuse (*Finkelhor et al., 1990*). A range of protective factors have been identified that can mitigate against the impact of sexual abuse, including informal support from family, friends, and other non-therapeutic agencies (*Allnock et al., 2012*).

A key support to the child is the non-abusing parent or carer, yet studies suggest that once a report is made, professional services tend to focus resources on the child and prosecution of the abuser (*Serin, 2018; Kilroy et al. 2014*). It is unclear from existing literature what support parents receive around the court process, pre-trial therapy and dealing with disclosure of sexual assault from their child.

Research demonstrates the need for services that can provide tandem therapeutic support to non-abusing parents (*McNeish et al., 2019*), and a small number of studies highlight the effectiveness of these types of intervention for recovery from CSA (*Jessiman et al., 2017; Carpenter et al., 2016*).

Children will have varying support needs and as such, there is a need for flexibility and choice of intervention. It is important to consider broader and alternative support mechanisms (e.g., informal support, non-therapeutic services) to ensure consistency of care.

An effective pathway of support within CSA therapy services that can encompass the needs of non-abusing parents and informal mechanisms of support for pre-trial may be beneficial for the consistency of care for children and young people.

Further research is required that can understand how CPS guidelines have been translated into current practice across CSA therapy services and their efficacy. This research should consider best practice for pre-trial therapy and the success of different models of support at achieving the joint aims of assisting recovery from CSA and ensuring the provision of best evidence in criminal proceedings (*Home Office, 2021*).

Therapeutic profession

> "There is a serious lack of awareness and understanding of what pre-trial therapy is both within the CJS and counselling world. Is it counselling? Is it a niche area or is it relevant to all therapists?"
> *Swindells, 2020*

Findings from our scoping review suggest that there is a varied understanding of and response to pre-trial therapy within the therapeutic profession. Studies show that while therapists are likely to consider pre-trial therapy beneficial, some confusion exists about what it is, who should be delivering it and how CPS guidelines are translated into practice (*Beckett & Warrington 2015; Nixon, 2019*).

Nixon's (*2019*) study of pre-trial therapists (n=6) found that some told clients they could not discuss the evidence of their case; while others thought that they did not have to change the way they worked if a case was awaiting trial. Goddard, Harewood and Brennan (*2015*) interviewed CAMHS and third sector providers and found that sometimes therapy is withheld or delayed due to concerns over impact on the criminal case.

They noted that therapists preferred to wait to commence therapy until after the trial. Reasons given for this delay related, in some cases, to children not wanting to take up therapy while they waited for a court date because they were already talking to several other professionals. Some therapists were also reluctant to start therapy as their notes could be shared in court – and combined with the risk of being called to court as a witness, many felt that this would irreparably damage the therapeutic relationship with the child.

> Across studies, the issue of therapists sharing notes and being called to court raised serious ethical concerns around confidentiality, trust, and re-traumatisation of survivors.

In Nixon's (*2019*) study some therapists felt it was almost "repeating the abuse to tell someone they are not allowed to say something they are desperate to say." (*Therapist; Nixon, 2019*).

> "It was two years before it [the case] came to trial, do you leave somebody whose life is a serious mess?" "Do you withhold treatment for two years? I mean no, I think that's unethical."

> "So, if I had somebody who said, I desperately, desperately need to tell you what he did to me – then I would be in a conflict."

Concerns were also raised about the suitability of specific therapies and their adaption to CPS guidelines. For example, one therapist talked about the conflict she would face if a client wanted to talk about what had happened as it would challenge her person-centred way of working, which was to let the client choose what they spoke about (*Nixon, 2019*).

Others reported the ethical dilemma of putting the trial and CPS guidance before autonomy and beneficence of clients (as outlined in the BACP ethical framework) if clients wanted to talk about abuse. The issue of therapy notes being released to court appears to be a particular area of concern for some therapists, creating a sense of accountability in ensuring the case is not thrown out (*Nixon, 2019*).

Jenkins (*et al. 2015*) found that while 90% of SARC-based practitioners knew survivors could enter counselling after reporting to the police, there was less clarity about access to therapy notes by other agencies (e.g., police, CPS). Some highlighted that notes could only be released with client consent, while others thought that notes should only be released on receipt of a court order.

> "I believe official notes must be handed over and my own anonymised process notes need not be but I'm not sure". (*Therapist, Jenkins et al., 2015*)

Variations in practice and perceived ambiguity of CPS guidelines are likely contributing to the different experiences of children and young people attempting to access pre-trial therapy. Swindells (*2020*) reported "an abysmal lack of promotion, information, advice and training in pre-trial therapy for therapists and CJS stakeholders at all levels (including judges, the police and victim support volunteers)".

Although there is some training available for therapists, this is often for one day and there is no accredited training for pre-trial therapy (*Jenkins & Nixon, 2020*). This training is usually conducted by pre-trial therapists with specialist knowledge in the area that is commissioned by specialist agencies and groups of independent therapists who are concerned about the issue (*Swindells, 2020*).

Research is needed that can determine therapists' knowledge, attitudes toward and understanding of pre-trial therapy within voluntary, statutory, and private services. This research should focus on mapping best practice for therapists including the issue of note-taking; client consent, confidentiality, and awareness of the wider legal context. This knowledge could be used to develop accredited training that may help to reduce the concerns raised by the therapeutic profession, ensuring consistency and quality of care for children and young people in need of pre-trial therapy.

Wider services & support

"There is a strongly-held but mistaken view among professionals that the child must not receive therapy until after they have completed giving evidence in court"
Daniels & Jenkins, 2000

Therapists who take on pre-trial therapy need to be fully aware of the legal context of the therapy being provided – including relevant mental health and criminal law, court practice and rules of evidence. As Jenkins (*2013*) notes, there is a need for close liaison with the police and CPS as there is a requirement for both the prosecution and the defence solicitors to have access to the therapist's records.

Central to pre-trial therapy then, is the need for multi-agency working. Key agencies supporting the child and their family around the CJS include the police, CPS, ISVA services, CAMHs, children's social services and education. However, findings from our review highlight that there is also a varied response and understanding of pre-trial therapy across these wider services, particularly the police. Incorrect advice had been given to young people and their families in more than one study where victims and survivors were told not to access therapy due to ongoing criminal proceedings (*Nixon, 2019; Plotnikoff & Woolfson, 2004; Warrington et al 2017*).

Beckett and Warrington (*2015*) reported the experiences of two survivors who had received this message from the police. In one case, a young woman who had experienced multiple forms of adversity and reported significant mental health problems described consciously sabotaging her video recorded interview just so she did not have to wait to get counselling. Another young woman explained welcoming an NFA decision for the same reason:

> "I did a police interview, but it was NFA'd and I was happy to see that because then I could get on with counselling – I was waiting for about a year while the police were investigating and I couldn't have counselling the whole time"
> *Female survivor, 18 years*

To ensure that children and young people receive consistency and quality of care as their case progresses through the CJS, all agencies need to have a shared understanding of pre-trial therapy guidance. It may also be important to make visible within an effective pathway for CSA support the full range of services available to children and young people that can offer 'non-therapeutic support'. For example, CHISVA's (Children's Independent Sexual Violence Advisors) often provide emotional support (e.g., grounding, crisis care, coping mechanisms, signposting) around the CJS, survivors' feelings and coping mechanisms (*Robinson et al, 2009*).

Further research is required that can explore the knowledge and attitudes of key agencies responsible for providing wider support to children and their families. This research should be used to develop resources that can increase awareness of sexual assault, CJS processes and pre-trial therapy.

Summary of findings

- Children and young people who have experienced sexual abuse face multiple barriers to accessing pre-trial therapy while their case is ongoing in the CJS.
- CPS guidelines have been interpreted in different ways across sectors and services. This has resulted in mixed messages to children and variation in therapeutic service delivery: therapy as-is (able to discuss their abuse in therapy), restricted access (cannot talk about the abuse), or no access (must await end of CJS process)
- It is unclear where provision of pre-trial therapy for childhood sexual abuse (CSA) sits (e.g., within voluntary or statutory services) or who is able to access it. We found 121 specialist voluntary sexual violence CSA therapy services across the UK. Evidence suggests that demand for therapy outweighs availability, and the complex funding landscape is not sufficient to commission or sustain effective therapeutic services for pre-trial support long-term.
- Children and their families may struggle to find pre-trial therapy services within broader CSA therapeutic provision or meet eligibility criteria / thresholds for care (particularly within statutory services). They are likely to face long waits for therapeutic services that cannot support them for the entirety of the criminal justice process.
- There is a lack of evidence about what therapies are offered in the pre-trial space and how or if this differs from other forms of therapeutic support.
- There is a need for an effective pathway of support within CSA therapy services that can provide tailored, flexible, and consistent care to children as they navigate the CJS.
- Within the CSA therapeutic profession there is variation in the level of awareness and understanding and interpretation of pre-trial therapy guidelines. Therapists' express concerns around notetaking, court attendance and the ethical dilemma of not allowing a child to talk about abuse in therapy if they need to.
- There is a varied understanding of and response to pre-trial therapy guidelines across wider services. This often leads to conflicting advice for children and parents and can stop therapy from taking place.
- Non-therapeutic support services and interventions for non-abusing parents/carers can complement therapy services and should be considered.
- Further research is required that can explore children, therapists, and wider professionals' experiences of pre-trial therapy. This research should focus on determining the need for and provision of pre-trial therapy, the efficacy of therapies offered and seek to understand professionals' awareness of CPS guidelines.

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