Schooled in Fear

Findings from a survey of UK-based therapists exploring attitudes toward and experiences of delivering pre-trial therapy to survivors of childhood sexual abuse

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Bluestar PROJECT | the Green House

GEMMA HALLIWELL | EMMA RETTER | JENNIFER DAW | SUSIE HAY

Summary

This report forms part of an exploratory research study undertaken by the Bluestar Project at the Green House designed to understand the barriers and facilitators to accessing pre-trial therapy services among children and young people who have experienced sexual abuse (CSA).

It sets out findings from an online survey of CSA therapy service providers, which was sent out to more than 121 contacts in the sector and shared through social media.

The survey questionnaire was completed by 118 professionals who provided pre-trial therapy within:

- **42** Voluntary specialist sexual violence therapy services
- **4** Sexual assault referral centres (SARC)
- **16** Private therapy services
- **1** CAMHS service

While their responses do not reflect the experiences of all therapeutic services involved in the delivery of pre-trial therapy to children/young people, the information provided is critical to understanding how access to mental health support can be improved while criminal cases are ongoing.

Characteristics of respondents

The majority of respondents were based across England and Wales and worked in voluntary CSA services (71%).

Type of services provided as pre-trial therapy

Children/young people were most likely to receive counselling or psychotherapy (46%) or creative play therapies (35%) as pre-trial therapy over 12 to 24 months.

Who services supported pre-trial

Services were most likely to support children/young people between 14 and 17 (83%), only 11% supported children under three years old.

A third of services were working with 51-100 referrals per year, 13% reported an average wait to service of nine to ten months.

Awareness and understanding of pre-trial therapy guidelines

58% of therapists said they would change the way they worked to adhere to pre-trial therapy guidelines if a child/young person reported their case to the police, whereas 37% said they would not.

Findings demonstrated a variation in interpretation of the pre-trial therapy guidelines, which resulted in differences in practice around disclosure of abuse in therapy sessions.

31% of therapists said that abuse could be talked about within pre-trial therapy, whereas 40% said that it could not.

The majority of therapists (68%) felt confident interpreting pre-trial therapy guidelines, although a third (31%) had received inadequate training in this area.

Therapists expressed concerns about being called to court as a witness (43%) and were worried about recording information about pre-trial therapy sessions (38%).

Six out of ten (62%) reported that other agencies (e.g., CAMHS, police, social services) did not have a good understanding of pre-trial therapy and often (50%) gave children/young people mixed messages about whether they can access support.

> "Police don't really understand how it works and often tell survivors they can't access it or place so much fear into them, they don't access it."
> - *Therapist*

Barriers to access

Therapists identified long waiting lists, lack of flexibility in the model of therapy delivered by services and misinterpretation of pre-trial therapy guidelines as the largest barriers to accessing support.

> "As therapists we are schooled in horror stories - this is not always helpful."
> - *Therapist*

Therapists reported that preventing a child/young person from talking about abuse in pre-trial therapy sessions has a silencing effect that compounds the mental health impacts of CSA.

> "Pre-trial therapy is a way of making a victim feel like a perpetrator."
> - *Therapist*

Facilitators to access

To facilitate better access to pre-trial therapy therapists recommended increased training/ awareness across agencies about CPS guidelines, and increased funding to improve the capacity of pre-trial therapy services and flexibility in the service offering.

Next steps for these findings

The findings of this survey will inform best practice and policy recommendations for the future delivery of pre-trial therapy services within the Bluestar Project final report.

1. Introduction

This report forms part of an exploratory research study undertaken by the Bluestar Project at the Green House designed to understand the barriers and facilitators to accessing pre-trial therapy services among children and young people who have experienced sexual abuse (CSA). The research is funded by the Home Office CSA Support Services Transformation Fund which is designed to assist the delivery of the Home Office Tackling Childhood Sexual Abuse Strategy (2020).

1.1 Background

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: in 2019/20 just 12% of CSA offences resulted in a charge and only 4,226 individuals were prosecuted – it is clear that the majority of cases never make it to court.

Historically, Crown Prosecution Service (CPS) guidelines have restricted access to therapies for CSA while cases are ongoing (termed pre-trial), 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*).

CSA can have devastating physical and mental health impacts if children do not have access to support at the right time (*Kendall-Tackett et al., 1993; Tyler, 2002*). There is a clear and urgent need to understand how access to pre-trial therapies for children and young people who have experienced sexual abuse can be improved.

1.2 Our survey

Our survey findings form part of a suite of research reports generated by the Bluestar Project which aimed through a range of research activities (scoping review, a survey of practitioners/ therapists, interviews with therapists and wider agencies e.g., police, lawyers, advocacy services, children's social services) to understand the barriers and facilitators to pre-trial therapy. Building on learning from our scoping review (Keeping Secrets: Findings from a scoping review of the literature exploring barriers and facilitators in the delivery of pre-trial therapy services to children and young people who have experienced sexual abuse) and in co-production with our Best Practice Advisory Group we designed a survey for CSA services delivering pre-trial therapies which is the subject of this report. The survey aimed to explore the types of services that are provided to children/young people who have experienced CSA and whose case is within the criminal justice process. It investigated a range of issues including:

- Provision and duration of pre-trial therapy services
- Profile of service users and criteria for care
- Service use and capacity of services
- Therapists attitudes toward and experiences of delivering pre-trial therapy services
- Processes and practices that enable pre-trial therapy in accordance with CPS guidelines
- Barriers and facilitators to access

1.3 Defining pre-trial therapy

Pre-trial therapy is a term used to define any type of therapy that is accessed while a criminal case is undergoing investigation by the police, awaiting charge by the CPS or a court date. At the time of writing (November 2021), there are two sets of guidance issued by the CPS relating to adult (*CPS, 2002*) and child (*CPS, 2002*) witnesses which outline the process for entry into, and delivery of, pre-trial therapy. All therapists need to work within these guidelines, where there is a requirement to keep the police and CPS up to date with any planned or ongoing sessions, 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. Therapists can also be called forward as witnesses or to provide expert testimony in a written statement. While the guidelines allow access to therapies for CSA, they contain several clauses that limit the type of therapy that can be delivered pre-trial. They also reiterate the negative impact on criminal outcomes if the abuse is discussed within therapy sessions and found to be contradictory to the victim's statement. Following a consultation regarding the restrictive nature of these guidelines, the CPS has drafted a new policy outlining the importance of prompt access to therapy post-sexual assault and permitting access to a broader range of therapies. The new draft guidance is pending publication, as such the findings from our survey, reflect therapists' experiences and attitudes toward the delivery of pre-trial therapy services according to the 2002 CPS guidelines.

1.4 Method

While our survey includes a range of professionals working in CSA therapy services (e.g., service managers, private therapists, professionals from sexual assault referral centres, therapists from specialist therapy services) we use the term 'therapists' throughout to encompass all unless otherwise stated.

The research team used an internet search to compile a list of voluntary sector therapy services offering therapeutic support to children/young people who have experienced sexual abuse. An email was sent to the 121 services on this list and included information about the project and a link to the survey. The email was followed up with a telephone call to the service during the following two weeks to confirm the email had been received and to encourage participation in the research. The survey was open for a total of three months.

In July 2021, a further survey was released for practitioners working with children/young people who had experienced CSA in the private sector. This was advertised in the British Association for Counselling and Psychotherapy research forum.

A total of 118 participants consented to take part in the survey with 102 responding to the voluntary sector survey (this includes SARC and CAMHS responses) and 16 to the private sector. However, the number of participants that went on to complete the entire survey was much lower. The final analysis uses the total number of participants for each question as these varied throughout. The number of participants answering each question can be found in the tables within our appendix.

The survey was split into four sections. The first asked participants multiple-choice questions about the service and the children/young people they support. The second section focused on multiple choice questions about the percentage of children who were involved in criminal justice proceedings and the type of support provided pre-trial. The third section asked participants two key open questions:

- What do you see as the main barriers/challenges to providing pre-trial therapy?
- What could help in enabling better access to pre-trial therapy for CYP?

The final section asked ten questions on a scale of 1-5 for respondents to rate their agreement about their knowledge, confidence, and opinions about pre-trial therapy.

For all open questions within the survey, content analysis was carried out and each response was read, re-read, and coded for overarching themes reflecting the most common topics discussed. Where responses covered more than one distinct category, they were split and reflected in each of the relevant categories.

1.5 Ethical issues

This survey met the requirements for service-level evaluation and public patient involvement (PPI) consultation, and as such was not subject to ethics approval. However, the development of the survey items and data management were overseen by the Green House's (Major Projects) governance board. All participants of the survey were therapists in the CSA sector and gave informed consent to participate at the beginning of the survey. The data was confidential and held securely by the Bluestar Project partnership.

1.6 Limitations

The internet search for CSA services found that there were 121 voluntary sector organisations providing therapy to children/young people who had experienced CSA. This survey is limited to 42 voluntary sector services, one CAMHS service, four SARCS and 16 private practitioners. Consequently, the survey findings do not represent a full picture of the experiences of therapists across the UK. The number of participants that answered each question also varies and, therefore, representation is often lower than the total number of responses.

However, these findings do highlight consistent themes around the barriers and facilitators of pre-trial therapy and provide a strong basis of how professionals feel about pre-trial therapy work in their practice. We explored these themes in greater depth in the qualitative interviews (n=26) conducted with therapists and wider professionals – findings of which can be found in our final policy report (*March 2022*).

1.7 Structure of the report

The report explores therapists experiences of and attitudes towards the delivery of pre-trial therapy services for children/young people who have experienced sexual abuse. The findings of the survey are split into the following sections:

1. **A profile of service providers**
   this section provides an overview of the organisations that took part in the survey and the children and young people they support
2. **Pre-trial therapy services**
   this section describes the type and duration of pre-trial therapy, adherence to CPS guidelines, the process of enabling pre-trial therapy, talking about the abuse within therapy and therapists experiences of pre-trial therapy
3. **Barriers and facilitators of pre-trial therapy**
   this section looks at the views and opinions of barriers and facilitators to pre-trial therapy

2. Profile of service providers

This section provides an overview of the organisations that completed the online survey. It describes their location and sector, referral criteria and specialism in the area of CSA alongside service use and capacity.

Therapists were located across England, Wales, and Scotland (110 responses), with the largest numbers located in the North West and South West (35%).

Figure 1. Areas Covered (*n=110*)

2.1 Sector and referral criteria

The majority of therapists were based in voluntary services (71%), 7% at SARC and 7% in the private sector; 15% reported 'Other' which included NHS or community services (Table 1). Half the therapists regarded themselves or their service as a specialist in providing support for CSA (52%) (Table 2). Therapists were asked about referral criteria for their services. Of the 71 therapists that responded, the majority (61%) stated that geographical area was a key criterion, followed by a report from the police (42%) and the age of the child/young person (33%) (Table 3).

2.2 Recipients of support

Therapists reported that in the majority of cases the services they worked for provided support to both male and female children/young people (70% of 109 responses). Nineteen therapists added that they supported all genders, which included transgender and non-binary children/young people (Table 4).

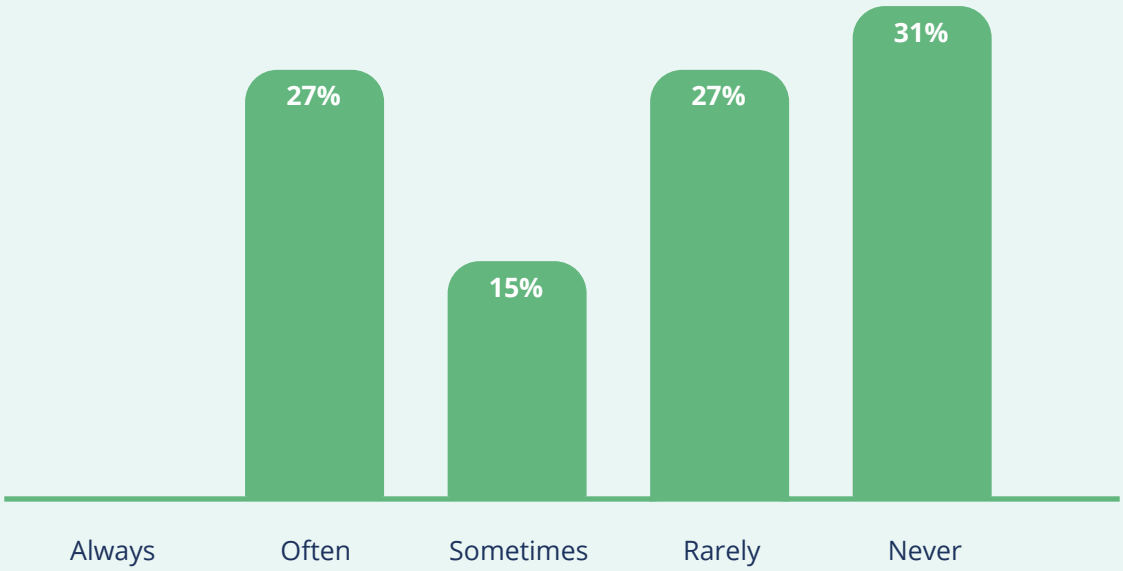
Therapists worked with children and young people across a broad age range, most commonly between 14 and 17 years old (83%). Only one in ten (11%) supported children under three years and whereas nearly a third (31%) supported children aged 3-5 years old (Table 5).

2.3 Service use and capacity

Out of the 26 service managers who identified how many children/young people they supported per year, almost a third (27%) were working with 51-100. One in five (19%) reported that they received 101-150 referrals per year (Table 6).

A third (33%) of service managers said that children/young people were likely to wait 1-2 months for therapy, 17% felt the wait was more often 4-5 months. 13% reported that the average wait to access support was 9-10 months (Table 7).

Figure 2. Do you feel you have enough capacity to meet the demand for your services? (*n=26*)



Around six out of ten (58%) service managers felt that they never or rarely had enough capacity to meet the demand for their services. No service manager reported that they 'always' could meet demand (Figure 2).

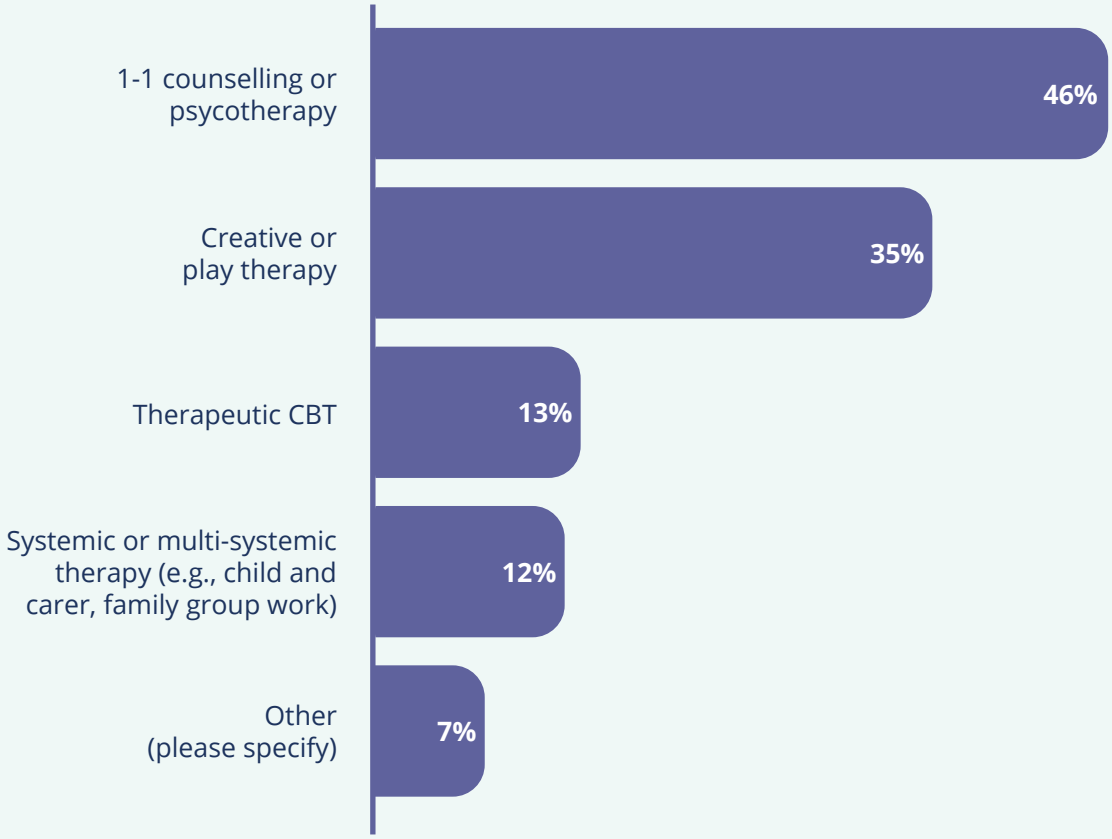
3. Pre-trial therapy services

This section describes the type of therapies provided as pre-trial and their duration, alongside therapists adherence to and processes enabling therapy for CSA by CPS guidelines. It also explores therapists experiences of and attitudes toward pre-trial therapy services.

3.1 Type of service & duration

The majority of therapists (63%) indicated that out of their annual caseloads, less than 10% were pre-trial therapy services (51 responses) (Table 8). Therapists were asked about the number of sessions they provided for pre-trial therapy. Services were most likely to offer 12 sessions (22%) or 24 sessions (17%). A fifth of therapists indicated (20%) that there was no limit on the number of sessions they provided (36 responses) (Table 9). Counselling or psychotherapy was most likely to be offered to children/ young people as pre-trial therapy (46%) followed by creative or play therapies (35%) (Figure 3).

Figure 3. What types of therapy or support services do you provide for pre-trial therapy to CYP? (*n=110*)[i]



[i] This question allowed survey participants to select multiple answers. The percent is calculated on the total number of participants and, therefore, does not equal 100%.

3.2 Adherence to CPS guidelines

When a report is made to the police regarding CSA, therapy services providing support to children/young people are required to follow CPS guidelines since the therapy has effectively become "pre-trial". This means that there is a requirement to keep the police and CPS up to date with any planned or ongoing sessions, 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. Therapists can also be called to court as a witness.

We asked therapists if the way they provided services would change if the child/young person they were working with reported to the police: 58% said that they would change their practice, 37% said they would not (Table 10).

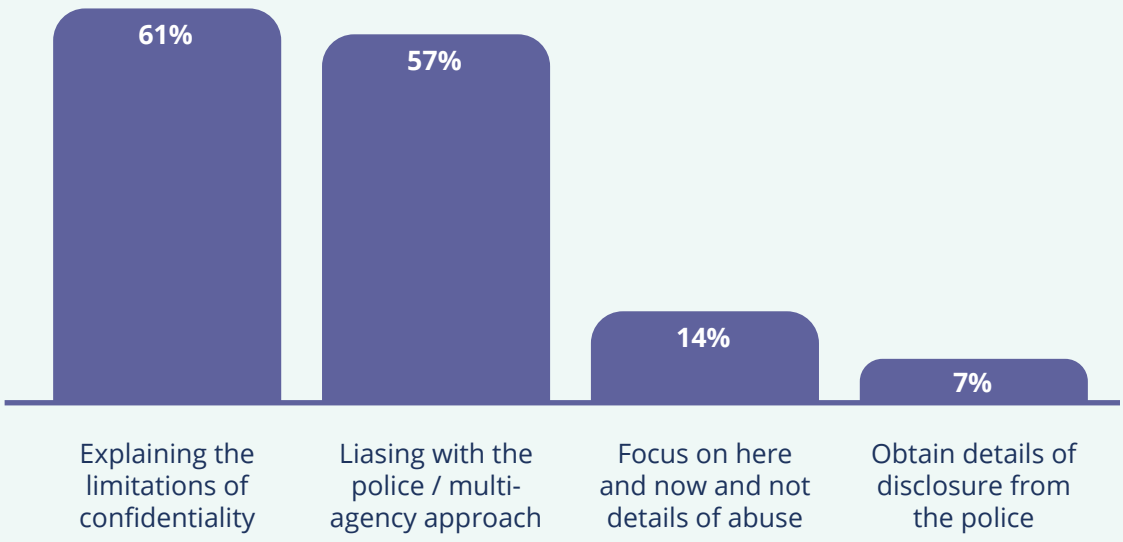
3.3 Process of enabling pre-trial therapy

Little is known about how the CPS guidelines have been interpreted by services and what processes have developed to facilitate access to pre-trial therapy for children/young people who have experienced CSA. 28 therapists described how their services had put the CPS guidelines into practice within the therapy space. Responses were collated into four categories.

The most common response (61%) was to inform the child/young person (and carers) of the limitations of confidentiality in pre-trial therapy and gain their consent to proceed with therapy under these conditions. As one therapist explained:

> "We explain to parents and clients about what we can discuss and that the notes of sessions aren't confidential in the usual way. We receive informed

Figure 4. Please describe your process for delivering pre-trial therapy (*n=28*)[ii]



[ii] Where one response covered more than one distinct category they were split. The percent is calculated on the total number of participants and, therefore, does not equal 100%.

> consent that the family/young person wants to go ahead and knows their notes may be requested as part of the investigation or court proceedings."

Over half of the responses (57%) represented a multi-agency approach, particularly concerning liaison with the police.

> "My organisation informs the investigating officer/CPS that pre-trial therapy is taking place. I record all information in accordance with CPS note-taking guidelines. I sometimes liaise with the police regarding updates and bail conditions."

Fourteen per cent of therapists reported that they make sure they only focus on the 'here and now' in therapy sessions rather than discussing details of the abuse.

"Offering therapeutic support which focuses on the 'here and now' of the young person and coping strategies managing after-effects of abuse. We specifically avoid discussing the abuse so as not to jeopardise active Police investigation. "

The final category represented 7% of responses which included therapists obtaining the summary of allegations/ victim's statement from the police before therapy begins and completing a record after each session to document whether any discrepancies were discussed.

> "Clients are aware that we have to receive a 'summary of allegations' from the Police before therapy starts; we then fill in a form after each session which states whether new info has been shared that needs to be shared with the Police."

3.4 Talking about abuse within sessions

While CPS (*2002*) guidelines state that children/young people can attend therapy if a case is ongoing, they also highlight the negative impact that talking about abuse within therapy sessions can have on criminal justice outcomes. Item 6.11 of the current guidelines state 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." We asked therapists to tell us how they approached disclosures of CSA within the pre-trial therapy space.

Findings demonstrate variation in practice regarding whether a child/young person can talk about abuse within pre-trial therapy services. A third of therapists (31%) reported that children could talk about the abuse within pre-trial therapy services provided, whereas 40% said that they could not (Table 11).

When we asked therapists about their attitudes toward this aspect of the CPS guidance, eight out of ten (79%) said that it was wrong to stop a child from talking about abuse if they needed to (Table 12). Despite this, the majority (94%) felt that pre-trial therapy could still be helpful to children/young people even if the child can't talk about the abuse within sessions (Table 13).

3.5 Experiences of providing pre-trial therapy

We asked therapists about their level of confidence in and experiences of providing pre-trial therapy to children/young people. The majority felt confident in delivering pre-trial therapy services according to CPS guidelines (68%) (Table 14) and 72% reported that their organisation had a clear policy/protocol of how to deliver this service (Table 15). Just over half had received training about pre-trial therapy which they felt was adequate (53%) whereas a third had not (31%) (Table 16). However, therapists were concerned about being called to court as a witness (43%) (Table 17) and 38% were worried about recording information about pre-trial therapy sessions (Table 18).

We also asked therapists about their experiences of working with other services, outside the sexual violence sector, about awareness of pre-trial therapy guidelines. Six out of ten therapists (62%) felt that other agencies (e.g., CAMHS, police, social services) did not have a good understanding of pre-trial therapy (Table 19); and 50% said that other agencies give children/young people mixed messages about whether they can access pre-trial therapy (Table 20).

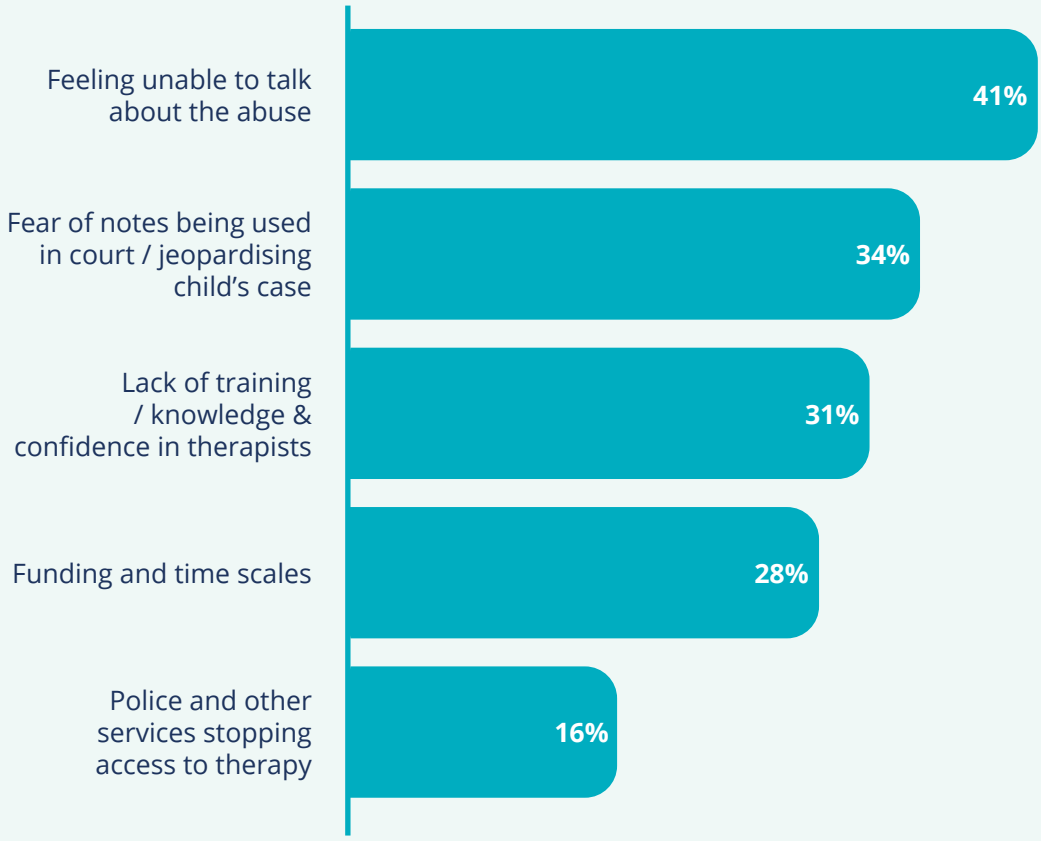
4. Barriers and facilitators to pre-trial therapy

This section describes what therapists see as the barriers and facilitators to accessing pre-trial therapy. These questions were open-ended and coded into categories.

4.1 Barriers to pre-trial therapy

The therapist's responses represented five key themes about barriers to the delivery and access of pre-trial therapy for CSA.

Figure 5. What do you see as the main barriers to providing pre-trial therapy? (*n=32*)[iii]



[iii] Where one response covered more than one distinct category they were split. The percent is calculated on the total number of participants and, therefore, does not equal 100%.

The most common (41%) was the view that not being able to talk about the abuse within therapy hinders the effectiveness of the support that can be given. As this therapist said:

> "Holding the child/young person through therapy in a way that feels supportive when the boundaries of pre-trial therapy can feel to them like a further restriction and punishment. This is at a time when they should be able to express and explore their experience with freedom. **Pre-trial therapy is a way of making a victim feel like a perpetrator."**

A third (34%) of therapists identified that the fear of how therapy notes are used in the criminal justice process and that their therapy sessions could jeopardise the case was a barrier to pre-trial therapy.

> "There is a fear that therapists notes will be used against the client in court. And/or that the therapist will be called into court as a witness."

> "I do not want to impact on the investigation and the child getting justice."

Just under a third of respondents (31%) felt that a lack of training, knowledge and/or confidence of therapists to take on pre-trial therapy was also a barrier to its provision.

> "There's a real lack of clarity and training opportunities surrounding pre-trial therapy."

> "I would find it really helpful for the CPS to educate us on how they see and use clinical notes. This would help me as a therapist feel more confident writing notes that covered organisational requirements but also were 'robust' enough to withstand legal scrutiny. **As therapists we are schooled in horror stories - this is not always helpful."**

Over a quarter of respondents (28%) felt that the lack of flexibility and long waiting lists within services that offer pre-trial therapy was a key barrier to children/young people accessing support throughout the criminal justice process.

> "Limited time scale i.e., 12 weeks is a challenge as it can take months to build trust with a child/young person who's experienced sexual abuse. **Most clients express the wish to be involved in therapy throughout the trial period from reporting to beyond the trial whatever the outcome."**

> "My understanding is that many children/young people have to wait too long to access a service."

One in six (16%) responses represented the view that the police and other agencies do not have enough awareness of pre-trial therapy guidelines and sometimes tell children/young people that they cannot access therapy until the criminal process is complete.

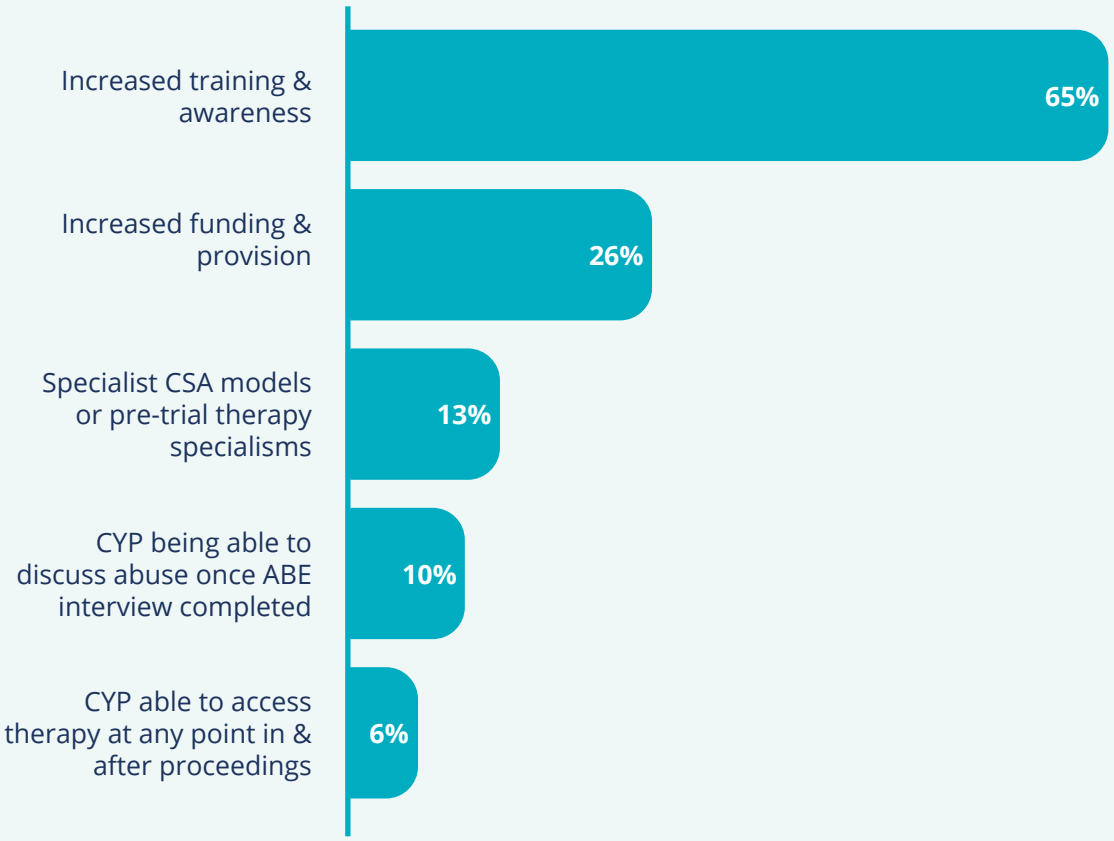
A further 16% of comments related to the police and other agencies not having an awareness of pre-trial therapy and potentially putting a stop to the therapeutic support that the child or young person needs.

> **"Police don't really understand how it works and often tell survivors they can't access it or place so much fear into them, they don't access it."**

4.2 Facilitators to pre-trial therapy

We asked therapists what could help to improve access to pre-trial therapy services. Responses represented five themes.

Figure 6. What could help in enabling better access to pre-trial therapy for children/young people? (*n=31*)[iv]



Out of the 31 participants that answered this question, the majority (65%) felt that increased awareness and training for pre-trial therapy was key.

> "Greater training and publicity about what it is and how to deliver it."

Within this theme therapists also talked about the importance of clear communication between the child, family, and police about the criminal justice process.

[iv] Where one response covered more than one distinct category they were split. The percent is calculated on the total number of participants and, therefore, does not equal 100%.

> "Clearer communication between family, me and Police about the possible length of the investigation and wait for trial; this can inform whether we keep the referral on hold (and signpost to other more immediate services like CYPSVAs) or start the work pre-trial."

A quarter of respondents (26%) felt that increased funding and provision of pre-trial therapy would enable better access for children/young people.

> "More funding, more therapists qualified in the work, more sessions available under funding requirements, and a reduced waiting list."

A further 13% felt that specialism in pre-trial therapy or an effective multiagency model of working for childhood sexual abuse would enable better access.

> "Specialists service...should be funded to provide pre-trial therapy efficiently to survivors who report to the police."

> "Roll out the Child House model nationally - where a multiagency team of therapists, health, police and social care work together to support children and young people."

One in ten (10%) felt that if the child or young person could talk freely about the abuse after they have had their ABE (Achieving Best Evidence) interview, this would enable better access to pre-trial therapy.

> "after the statement is recorded by the police, pre-trial therapy 'rules' should not apply to children/young people."

> "Adopt the practice of recording video evidence/interviews as part of the early investigation so the child can move on and not have to wait years and years for CPS outcome/trial – then there is no need to provide any therapy notes to defence and zero chance of evidence being 'contaminated."

Six per cent (6%) of therapists felt that pre-trial therapy should be accessible to a child/ young person at any point in their journey and not only at the beginning after a disclosure has been made.

> "Pre-trail therapy should be something that is readily accessible at whatever stage and whenever the CYP is ready to access that support. It should not just be offered soon after it has been reported. "

> **"Ability for CYP to access therapy at any point in the criminal justice process and to have access to support both before, during and after a trial."**

5. Conclusions

This research explores therapists experiences of, and attitudes toward, the delivery of pre-trial therapy services for childhood sexual abuse. It has provided insight into the nature of service provision and the barriers and facilitators to access. The findings demonstrate a snapshot of organisations involved in the delivery of pre-trial therapy services, but the limited number of responses means that our findings are not representative of all services providing support of this kind. Most of the therapists were based in voluntary services across England and Wales, with smaller numbers representing sexual assault referral centres and private therapy services.

Findings suggest that children/young people seeking pre-trial therapy services are likely to face several barriers to access. Some of these are related to the fact that pre-trial services sit within broader mental health or specialist CSA provision, so are indicative of structural issues across the sector as a whole. For example, the majority of services reported referral or eligibility criteria (e.g., geographical area, police report, age) which means that the availability of pre-trial therapy services is likely to vary across areas. While most services offered support to children/young people of all genders, fewer pre-trial therapy services may be available to those under the age of 14: 83% of therapists provided support to 14-17-year-olds. Waiting lists present a particular challenge to children/young people in need of pre-trial therapy because it means that support can rarely coincide with the criminal justice process. A third of therapists reported waiting lists of 4-5 months, 13% reported an average wait time of 9-10 months. This is indicative of the high level of referrals to CSA therapy services reported in general and the fact that service managers felt they rarely could meet the demand for their services. The type of service delivered as pre-trial therapy is also subject to wide variation. Findings demonstrate that children/young people are most likely to receive 12 to 24 sessions of psychodynamic therapy or creative/play therapies. Lack of flexibility in the service offering (e.g., timing, number of sessions) and long waiting lists were identified as key barriers to pre-trial therapy services.

Findings also suggest that across CSA therapy services there is variation in the level of awareness, interpretation, and adherence to pre-trial therapy guidelines. On the one hand, some therapists felt confident in delivering services according to CPS guidelines and most reported pre-trial policies/protocols at their organisations that supported them with this. However, on the other, 39% said they would not change their practice if a case was pre-trial and a third had not received training about the specialist nature of pre-trial therapy. Therapists were particularly concerned about notetaking and appearing at court because they did not want to be responsible for damaging their client's case. A third of therapists attributed a lack of awareness and understanding of pre-trial guidelines across the therapeutic profession as a key barrier to the delivery of this service.

At the heart of issues surrounding pre-trial therapy is the concern that allowing children/young people to talk about the abuse within therapy sessions could impact the criminal case by contradicting what has been recorded within the victim's statement. Our findings also suggest varied practices within pre-trial therapy services around abuse disclosure: a third of therapists said that children could talk about the abuse within their sessions whereas

40% said they could not. Therapists felt that preventing a child/young person from talking about abuse in therapy hinders the effectiveness of the support that can be given. This was identified as the largest barrier within pre-trial therapy services.

Multi-agency working and strong relationships with the police/CPS are necessary for the delivery of pre-trial therapy services. Yet, therapists reported that wider services providing support for sexual violence often had limited understanding of pre-trial therapy guidelines and sometimes told children/young people that they could not access therapy until the criminal justice process is complete.

To facilitate better access to pre-trial therapy therapists reported that there was a need to increase awareness and understanding of pre-trial therapy guidelines within therapeutic services and across wider agencies central to the criminal justice response (e.g., police, children's social services, education). There is also a need for increased funding for CSA therapy services to ensure that demand for pre-trial therapy can be met. Therapists also highlighted the importance of flexibility within the pre-trial delivery model to ensure that consistency of care can be provided to children/young people and their families throughout the criminal justice process.

These findings form part of the Bluestar Project research activities and will be summarised within our final policy report which will include best practice and policy recommendations for the future delivery of pre-trial therapy services.

References

Crown Prosecution Service (CPS). (2002). Therapy: Provision of Therapy for Child Witnesses Prior to Criminal Trial. Available at: https://www.cps.gov.uk/legal-guidance/therapy-provision-therapy-child-witnesses-prior-criminal-trial

Crown Prosecution Service (CPS). (2002). Therapy: Provision of Therapy for Vulnerable or Intimidated Adult Witnesses. Available at: https://www.cps.gov.uk/legal-guidance/therapy-provision-therapy-vulnerable-or-intimidated-adult-witnesses

Home Office. (2021). Tackling Child Sexual Abuse Strategy. Available at: https://www.gov.uk/government/publications/tackling-child-sexual-abuse-strategy

Karsna, K and Kelly, L. (2021) The scale and nature of child sexual abuse: Review of evidence: Revised edition. Barkingside: Centre of Expertise on Child Sexual Abuse.

Kendall-Tackett KA, Williams LM, Finkelhor D, Steinberg R. Impact of sexual abuse on children: a review and synthesis of recent empirical studies. Psychological Bulletin 1993;113(1):164–80. [PUBMED: 8426874]

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

Parke, S., & Karsna K. (2019). Measuring the scale and changing nature of child sexual abuse: analysis of 2017/18 official and agency data. Centre of expertise on child sexual abuse

Tyler K. Social and emotional outcomes of childhood sexual abuse: a review of the recent research. Aggression and Violent Behaviour 2002;7(6):567-89.

Appendix 1: Tables*

Table 1

Where is your service based?	n=85	%
Voluntary sector / charity	60	71%
SARC	6	7%
Private sector	6	7%
Other	13	15%

Table 2

Would you consider yourself a specialist in working with CYP who have experienced sexual abuse?	n=54	%
Yes	28	52%
No	26	48%

Table 3[v]

What is the referral criteria for pre-trial therapy?	n=36	%
Age	12	33%
Geographical area (catchment)	22	61%
Source of referral	6	17%
Reported to police	15	42%
Type of abuse	6	17%
Other	10	28%

Table 4

Which genders of CYP are supported by your service?	n=109	%
Male	5	5%
Female	9	8%
Both	76	70%
Other	19	17%

* CYP is an abbreviation of Children and Young people

[v] This question allowed survey participants to select multiple answers. The percent is calculated on the total number of participants and, therefore, does not equal 100%.

Table 5[vi]

What age range(s) of CYP do you support?	n=90	%
Under 3 years old	10	11%
3-5 years old	28	31%
6-8 years old	41	46%
9-11 years old	51	57%
12-13 years old	67	74%
14-17 years old	75	83%
18 years old	66	73%

Table 6

What is your average number of CYP accepted referrals per year?	n=26	%
0-50	5	19%
51-100	7	27%
101-150	5	19%
151-200	2	8%
201-250	1	4%
251-300	1	4%
301-350	2	7%
351-400	0	0%
401-450	0	0%
451-500	0	0%
Over 500	1	4%
Don't know	2	8%

[vi] This question allowed survey participants to select multiple answers. The percent is calculated on the total number of participants and, therefore, may not equal 100%.

Table 7

What is your average wait time for CYP services in months?	n=24	%
1 to 2	8	33%
2 to 3	2	8%
3 to 4	2	8%
4 to 5 (including 3-6)	4	18%
5 to 6	1	4%
6 to 7	2	8%
7 to 8	0	0%
8 to 9	0	0%
9 to 10	3	14%
10 to 11	0	0%
11 to 12	0	0%
Over a year	0	0%
None	2	8%

Table 8

On average, what proportion of your CYP caseload each year is pre-trial therapy?	n=51	%
Less than 10%	32	63%
11% - 25%	8	16%
26% - 50%	4	8%
51% - 75%	5	10%
76% - 100%	2	3%

Table 9

How many sessions of pre-trial therapy do you offer?	n=35	%
8	1	3%
9	1	3%
10	3	8%
12	8	22%
20	2	6%
24	6	17%
Up to 30	2	6%
Up to 36	1	3%
Up to 52	1	3%
12 weeks to 6 months	1	3%
Up to 2 years	1	3%
Long term or open-ended	7	20%
Dependant on funding	1	3%

Table 10

Does the way you practice change when you know the CYP has reported to the police?	n=38	%
Yes	22	58%
No	14	37%
Other	2	5%

Table 11

Children can talk about the abuse in my pre-trial therapy sessions	n=42	%
Strongly Agree	6	14%
Agree	7	17%
Neutral	12	29%
Disagree	8	19%
Strongly Disagree	9	21%

Table 12

It is wrong to stop a child talking about abuse if they need too	n=42	%
Strongly Agree	21	50%
Agree	12	29%
Neutral	7	17%
Disagree	2	4%
Strongly Disagree	0	0%

Table 13

Pre-trial therapy can be helpful even if the child can't talk about the abuse	n=43	%
Strongly Agree	20	47%
Agree	20	47%
Neutral	3	6%
Disagree	0	0%
Strongly Disagree	0	0%

Table 14

I feel confident in providing pre-trial therapy according to the CPS guidelines	n=43	%
Strongly Agree	9	21%
Agree	20	47%
Neutral	10	23%
Disagree	4	9%
Strongly Disagree	0	0%

Table 15

My service has a clear policy/protocol for how to deliver pre-trial therapy in line with CPS guidelines	n=43	%
Strongly Agree	18	43%
Agree	13	29%
Neutral	6	14%
Disagree	6	14%
Strongly Disagree	0	0%

Table 16

I have received adequate training about pre-trial therapy	n=42	%
Strongly Agree	7	17%
Agree	15	36%
Neutral	7	16%
Disagree	13	31%
Strongly Disagree	0	0%

Table 17

I am worried about being called to court as a witness	n=42	%
Strongly Agree	2	5%
Agree	16	38%
Neutral	16	38%
Disagree	5	12%
Strongly Disagree	3	7%

Table 18

I have concerns about recording information	n=42	%
Strongly Agree	2	5%
Agree	14	33%
Neutral	9	21%
Disagree	10	24%
Strongly Disagree	7	17%

Table 19

Other agencies have a good understanding of pre-trial therapy e.g., CAMHS, police	n=42	%
Strongly Agree	0	0%
Agree	3	7%
Neutral	13	31%
Disagree	18	43%
Strongly Disagree	8	19%

Table 20

Other agencies give mixed messages about whether survivors can access pre-trial therapy	n=42	%
Strongly Agree	10	24%
Agree	11	26%
Neutral	16	38%
Disagree	5	12%
Strongly Disagree	0	0%

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