



DRAFT

Pre-Trial Therapy Protocol Example Template



Bluestar
PROJECT



Harewood
Consultancy



About the Bluestar Project

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

About this guide

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

There is a set of principles to follow when providing victims of sexual violence with therapy before a criminal trial. The current guidelines are outlined by two CPS documents: [‘Therapy: Provision of Therapy for Child Witnesses Prior to a Criminal Trial’](#) and [‘Therapy: Provision of Therapy for Vulnerable or Intimidated Adult Witnesses’](#). In response to its 2017–2020 consultation, the CPS has published [‘Draft Guidance on Pre-Trial Therapy’](#).

This guide is based on the new draft guidance and will be finalised upon its publication (expected to be in 2022). The new draft guidance applies to both adults and children/young people.

Acknowledgements

Many thanks to Emma Harewood of Harewood Consultancy, who drafted this guidance in response to the research findings of the Bluestar Project and in partnership with its Best Practice Advisory Group. The project was made possible by Home Office funding from the Childhood Sexual Abuse Support Services Transformation Fund.

January 2022

Contents

- 4** Definitions
- 5** Key messages from Draft Guidance on Pre-Trial Therapy
- 5** Referral into Service
- 6** Decision to commence therapy pre-trial
- 6** Benefits of pre-trial therapy
- 7** Contracting at the start of pre-trial therapy
- 9** Types of therapy
- 11** Note keeping in sessions
- 13** New or additional disclosures made during therapy
- 13** Training and supervision of staff
- 14** Responding to notes requests
- 16** Responding to court requests
- 16** Supporting service users
- 17** Appendix 1: **TEMPLATE**
Summary of Allegation
- 18** Appendix 2: **TEMPLATE**
Pre-Trial Therapy Checklist
- 19** Appendix 3: **TEMPLATE**
Recording a New or Additional Disclosure
- 20** References

Definitions

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

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

The CPS has made the following commitment to victims:

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

Victim

The term used for consistency in this document (rather than ‘complainant’, ‘survivor’ or ‘witness’) to refer to an adult, young person or child who has made an allegation that a crime has been committed against them.

Service user

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

Therapist

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

Therapy

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

Key messages from Draft Guidance on Pre-Trial Therapy

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

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

The CPS guidance, as a set of principles for good practice, includes recommendations of types of therapy for use before criminal trials.

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

Due to the potential suggestibility of victims and the possible impact on criminal proceedings, certain therapeutic approaches are not recommended.

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

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

Referral into Service

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

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

At the point of accepting a referral, if there is an open criminal investigation, the service should seek consent from the service user to request a 'Summary of the Allegation' from the officer in the case (OIC). See the example template ([Appendix 1](#)).

Decision to commence therapy pre-trial

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

The role of the therapist is to:

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

- Advise on the potential implications of certain therapies, including group therapy and hypnotherapy, which may have implications for the investigation and criminal trial.
- Support the service user if the police and CPS seek consent to access their notes.

The service user is encouraged to inform the OIC that they are accessing therapeutic support. The therapist can play a vital role in informing the OIC and CPS of the benefits of pre-trial therapy and providing reassurance that they will be following the CPS guidance.

Benefits of pre-trial therapy

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

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

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

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

<https://youtu.be/yb1yBva3Xas>

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

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

Contracting at the start of pre-trial therapy

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

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

Box 1: Key facts about Pre Trial Therapy

Therapy sessions will focus on the impact of the incident on the service user

The therapist will not ask the service user to recall the detail of the allegation

If a service user wants to talk about their abuse, they should not be stopped. However, they should be reminded that any new information about the allegation under investigation or new disclosures will need to be recorded and shared

The therapist cannot use certain techniques, including group therapy, hypnotic age regression, deliberate attempts to recover forgotten memories, leading questions and recovered memory therapies

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

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

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

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

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

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

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

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

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

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

Box 3: Easy read

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

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

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

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

Types of therapy

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

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

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

Table 1: Summary of therapeutic options

Beneficial therapies	Child-focused therapies	Not recommended
Narrative exposure therapy (NET)	Psychoeducation, including safety, sexual health and relationships	Group therapy – hearing accounts of others could lead to collaboration, confabulation, fantasy or undue influence
Prolonged exposure (PE)	Relaxation and grounding techniques	Hypnotic age regression
Trauma-focused Cognitive behaviour therapy (TF-CBT)	Recognition and expression of feelings	Deliberate attempts to recover forgotten memories
Sensorimotor and body-oriented therapies	Empowerment	Leading questions, suggesting to a victim what may have happened
Eye movement desensitisation and reprocessing (EMDR)	Addressing psychological consequences of abuse, e.g. guilt, shame and difficulty trusting others	Recovered memory therapies that could produce false memories, e.g. dream interpretation or guided imagery
	Assertiveness and communication skills	
	Trauma-focused therapy to process traumatic memories	
	Wishes, hopes, and fears for the future	

The CPS guidance does not recommend group work, due to the risk that hearing the accounts of others could change or influence a service user's memory of the sexual violence they themselves experienced and that this could be used against them at trial by the defence. However, the following options can enable service users to access the evidence-based benefits of a group setting,^{ix, x, xi, xii} whilst minimising the risk of impacting the criminal justice process:

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

Each workshop/course needs to have a clear contracting process with ground rules, including that the attendee will not share details of their (or their child's) abuse and that they will be asked to leave the group if they do this. The CPS advises minimal note keeping in these scenarios, limiting the record to the topic of the session and confirmation of the attendance of the service user. The CPS advises that courses and workshops are not recommended for young people, as there are increased risks that group members will contact each other outside of the facilitated workshop/course setting, which could impact on the criminal justice process.

Note keeping in sessions

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

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

Case notes

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



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

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

Topics discussed or the overall theme of the session.

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

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

Simple formulation, avoiding hypothesis or interpretation.

Next steps, including onward referrals where relevant.



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

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

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

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

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

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

Additional information

These documents form part of the case record:



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

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

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



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

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

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

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

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

See also [Appendix 2](#).

New or additional disclosures made during therapy

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

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

At the end of the session, the therapist should remind the service user that they have contracted/consented to any new or additional disclosures being shared with the police and inform them of what will happen next. They should also ask them to confirm the notes for accuracy and inform them of who the information will be shared with and of the likely next steps.

Immediately following the session, the therapist should finalise the session notes, adding any further details, including times and location. The therapist should inform the OIC of any additional disclosures as soon as possible. Adult victims should be encouraged to report new disclosures to the police via 111. Therapists have a duty to report any new or additional disclosure made by a child directly to social care and the OIC.

The CPS 'Guidance on Pre-Trial Therapy' (2021) includes a template for recording verbatim notes after a new or additional disclosure (see [Appendix 3](#)).

Training and supervision of staff

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

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

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

Responding to notes requests

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

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

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

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

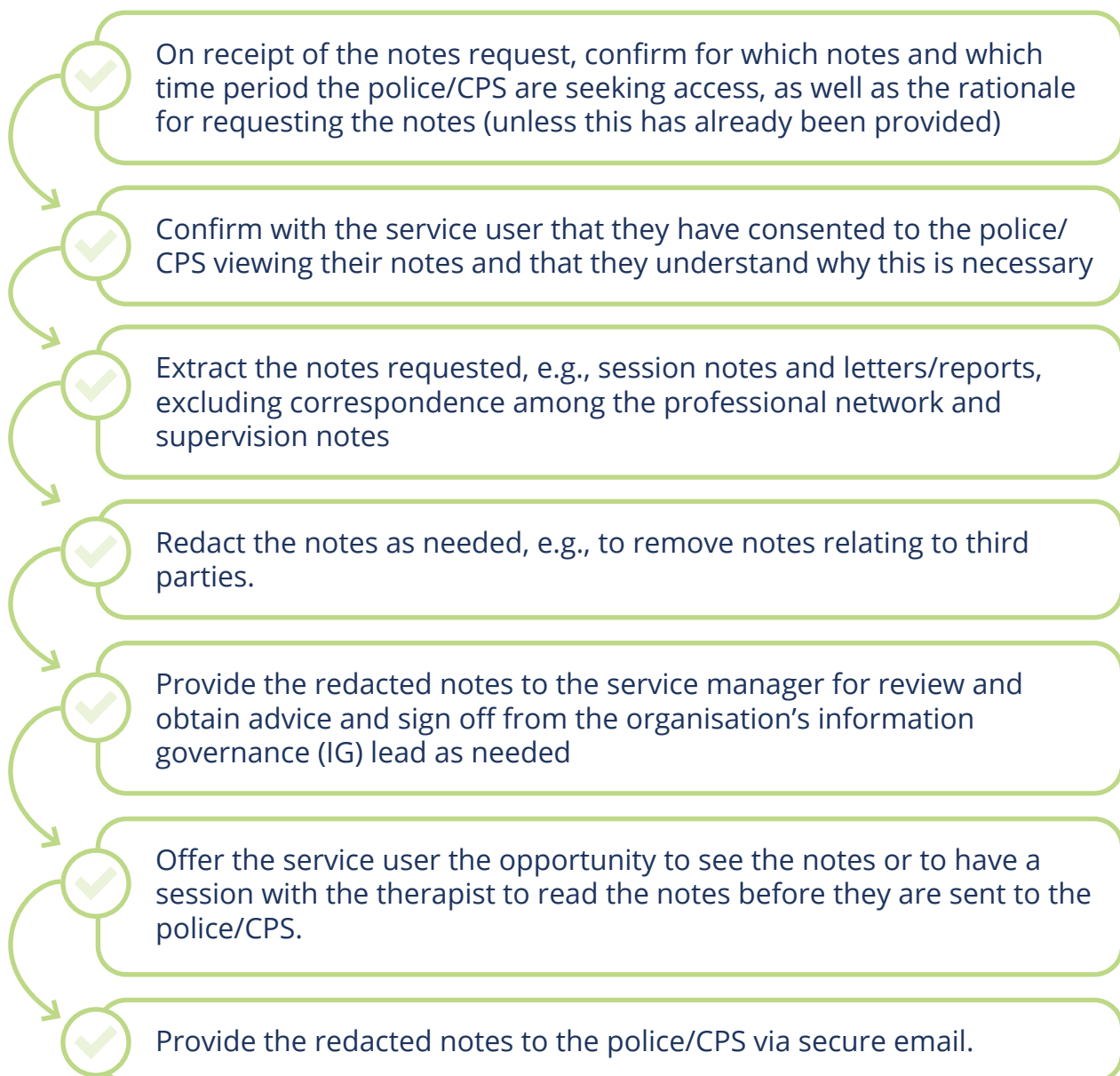
Therapy and counselling notes cannot be accessed on a speculative basis.

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

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

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

Therapists should undertake a series of checks before releasing notes:



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

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

Responding to court requests

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

The therapist/service should:

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

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

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

Extract the notes requested

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

Provide the redacted notes to the service manager for review

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

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

Provide the redacted notes to the solicitor via secure email.

Supporting service users

The therapist should not ask the service user about the details of allegations or the criminal investigation; they may address the impact of these on the individual and their family/partners. However, if a service user wants to talk about their abuse, they should not be stopped. The therapist should remind them that any new information about the allegation under investigation or new disclosures will need to be recorded and shared.

Therapists can offer support in the following ways:

Providing therapeutic support to manage the impact of the allegation and criminal process

Supporting the service user by responding thoughtfully to requests for notes from the police, CPS, and courts

Offering to work with the ISVA to support the service user as they think about the impact of the allegation and write their Victim Impact Statement.

Provide an expert witness statement if requested (more information about the role of the expert witness can be found here ^{xxiii}).

Appendix 1: TEMPLATE Summary of Allegation

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

Appendix 2: TEMPLATE Pre-Trial Therapy Checklist

To be completed by the counsellor/therapist.

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

Appendix 3: TEMPLATE

Recording a New or Additional Disclosure

To be completed by the therapist.

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

References

- ⁱ <https://www.cps.gov.uk/legal-guidance/therapy-provision-therapy-vulnerable-or-intimidated-adult-witnesses>
- ⁱⁱ <https://www.cps.gov.uk/publication/draft-guidance-pre-trial-therapy>
- ⁱⁱⁱ <https://www.cps.gov.uk/our-commitment-rape-victims>
- ^{iv} National Institute for Health and Care Excellence (2018). Post-Traumatic Stress Disorder Guideline. <https://www.nice.org.uk/guidance/ng116>
- ^v <https://ico.org.uk/for-organisations/guide-to-data-protection/guide-to-the-general-data-protection-regulation-gdpr/consent/what-is-valid-consent/#what5>
- ^{vi} Explicit consent is not formally defined in the UK GDPR. Consent that is inferred from a person's actions, such as their attending an appointment, cannot be treated as explicit consent. Explicit consent must be expressly confirmed in words. A consent statement does not have to be written by a service user in their own words; it can be written by a therapist in a privacy statement or agreement to service. However, the therapist must make sure that the service user can clearly indicate that they agree to the statement, for example by signing their name or ticking a box next to it.
- ^{vii} <https://ico.org.uk/for-organisations/make-your-own-privacy-notice/>
- ^{viii} https://beaconhouse.org.uk/wp-content/uploads/2020/02/Dissociation-in-Children-Teens-Resource_compressed.pdf
- ^{ix} Allen, S.N., & Bloom, S.L. (1994). Group and family treatment of post-traumatic stress disorder. *Psychiatric Clinics of North America*, 17, 425–437.
- ^x Charuvastra, A., & Cloitre, M. (2008). Social bonds and post-traumatic stress disorder. *Annual Review of Psychology*, 59, 301–328.
- ^{xi} Harney, P.A., & Harvey, M.R. (1999). Group psychotherapy: An overview. In B.H. Young & D.D. Blake (Eds.), *Group treatments for post-traumatic stress disorder* (pp.1–13). New York: Brunner/Mazel.
- ^{xii} Litwack, S.D., Beck, J. G., & Sloan, D.M. (2015). Group treatment for PTSD. In U. Schnyder & M. Cloitre (Eds.), *Evidence based treatments for trauma-related psychological disorders. A practical guide for clinicians* (pp. 433–448). New York: Springer.
- ^{xiii} British Psychological Society (March 2019). Electronic Records Guidance. <https://www.bps.org.uk/sites/www.bps.org.uk/files/Policy/Policy%20-%20Files/Guidelines%20on%20the%20Use%20of%20Electronic%20Health%20Records%20%28Updated%20March%202019%29.pdf>
- ^{xiv} <https://www.hcpc-uk.org/standards/meeting-our-standards/record-keeping/>
- ^{xv} British Association of Art Therapy. Therapy Note Writing and the Law. <https://www.baat.org/Assets/Docs/General/Art%20Therapy,%20Note%20Writing%20and%20The%20Law.pdf>
- ^{xvi} British Association of Counselling and Psychotherapy. Confidentiality and Record Keeping Within the Counselling Professions. <https://www.bacp.co.uk/media/2138/bacp-confidentiality-record-keeping-clinical-reflections-for-practice-gpia065.pdf>
- ^{xvii} British Association of Counselling and Psychotherapy. Good Practice in Action 070: Working in the counselling professions with the CPS guidance on pre-trial therapy with adults in the criminal courts.

^{xviii} UK Data Protection Act, 2018.

^{xix} EU General Data Protection Regulation.

^{xx} Freedom of Information Act and Mental Capacity Act.

^{xxi} Mental Capacity Act.

^{xxii} Ministry of Justice, Criminal Procedure and Investigations Act 1996 (section 23(1)) Code of Practice (March 2015).

^{xxiii} https://www.copfs.gov.uk/images/Documents/Prosecution_Policy_Guidance/Guidelines_and_Policy/Guidance%20booklet%20for%20expert%20witnesses.PDF

