

‘Counselling victims and witnesses of crime - are they a specialist group requiring specific knowledge or expertise?’

Abstract

Purpose: To ascertain if identifying ‘victims and witnesses of crime’ as a discrete client group might help therapists better meet counselling clients’ needs and fulfil a potentially valuable role in the criminal justice system (CJS).

Aims: To explore how therapists currently perceive and work with victims/witnesses; to establish if specific knowledge or expertise is required; to assess relevant information, advice, guidance and training; to highlight any related difficulties and identify possible solutions.

Methodology: A small-scale qualitative study conducted in 2012 comprising ten in-depth interviews with therapists who work with any crime victims/witnesses, using a phenomenological interview-approach, thematic and consensual data analysis.

Findings: Therapists had little or no concept of ‘victims and witnesses of crime’ as a distinct cohort nor the implications for counselling, particularly pre-trial. Clients’ needs relating to criminal justice (CJ) along with potentially conflicting legal and ethical issues were not fully appreciated, pre-, during or post- reporting or trial. A lack of appropriate, relevant and up-to-date information, advice, guidance and training aimed at or originating from the counselling/psychotherapy world was evident. Limited awareness and use of Crown Prosecution Service (CPS) guidance (HO/CPS/DH,2001), along with inadequate supervision, policies and procedures, risks clients being denied fully informed consent as well as compromising trials due to counselling being inappropriate or ill-conceived.

Conclusions: Amongst other possible interventions, such as adopting common terminology for ‘Pre-Trial Therapy’ and ‘CPS guidance’, positioning ‘victims and witnesses of crime’ as a discrete group would help highlight clients’ needs, the

importance of specialist knowledge, expertise and the implications for practice.

Keywords: counsel*; crime; pre-trial; therap*; victim; witness.

Introduction

The CJS is often criticised for sidelining victims/witnesses despite their crucial role, successful prosecutions being dependent on their cooperation and evidence-giving often being demeaning or intimidating (Ellison,2001;MOJ,2012). Media coverage suggests victims/witnesses continue to be marginalised or re-victimised; for example, the Frances Andrade childhood sexual abuse case (The Guardian,2014). Herman (2003,p159) revealed that appearing in court “*constitutes a significant emotional stress for even the most robust ... (and) may compound the original injury*”. Williams (1999) acknowledged support needs vary according to the type of crime, of which there are many, and individual responses, which vary enormously. ‘*Speaking up for Justice*’ (HO,1998, cited in foreword of HO/CPS/DH,2001) stated victims/witnesses “*should not be denied the emotional support and counselling they may need both before and after the trial*”.

From a CJS perspective, therapy is often avoided or discouraged pending the outcome of a trial, for fear of tainting evidence, victim/witness coaching or undermining their credibility (MOJ/CPS/DE/DH/WAG,2011). Long investigations and court delays further exacerbate the problem, threatening victims/witnesses welfare and the quality of their eventual testimony as memories fade, are suppressed or tainted (Ellison,2001). Such obstacles inevitably delay recovery, but may also inadvertently limit victims/witnesses ability to give ‘best evidence’ and risks losing the prosecution.

There are inherent problems in proving whether victims/witnesses receiving therapy pre-trial have been contaminated or coached. Consequently, therapists may be called to disclose notes and/or appear in court. So therapy pre-trial has long been discouraged in favour of post-trial, excessively delaying therapeutic support (Elliot,1998). ‘*Achieving Best Evidence Guidance*’ (DOJ,2010) recognised delays can

worsen the prognosis and recommended support, including pre-trial, should begin as soon as possible for those deemed '*vulnerable and intimidated*'.

However, McLeod et al (MOJ,2010) suggest, despite the introduction of pre-trial procedures (HO/**CPS**/DH,2001), very few received therapy pre-trial and noted no procedures in place to provide during or post-trial counselling. The government recognises the need to provide a more coherent approach to deliver better targeted support, including counselling, to victims/witnesses in greatest need, at the time of need and underpinned by a shared understanding of victims'/witnesses' needs, priorities and successful outcomes (MOJ,2012).

Bond and Sandhu (2011) suggest counselling practice is vulnerable to criticism as it lags behind developments in the law designed to improve access to therapy for victims/witnesses, particularly pre-court; and some therapists actively avoid such work for fear of a court summons breaching client confidentiality and compromising the therapeutic relationship. So, counselling/psychotherapy provision, like the CJS, may also be failing victims/witnesses.

Apart from working generically with sexual/domestic abuse and trauma, there appears to be a paucity of counselling/psychotherapy information, advice, guidance and training focussed on victims/witnesses overarching needs and CJS requirements; consequently, limiting therapists' awareness and understanding of the ethical and legal challenges as well as how to respond appropriately if clients' CJS involvement changes during or post-counselling. All scenarios inadvertently compromise ethical counselling practice, particularly client autonomy, fidelity and justice (BACP,2010), through inherent or inadvertent failure to provide adequate information to facilitate clients' fully informed consent or act in their best interests in obtaining criminal justice; whether or not their CJS involvement is willing, reluctant or potential.

Clients are essentially victims or witnesses of crime when a crime of any sort has been committed against them or they have witnessed one; irrespective of the type of crime, their desire or pursuit of justice, their involvement with CJS or their victim/'survivor'

persona. Whilst the term 'survivor' is common parlance in the counselling arena, the CJS refers solely to victims and witnesses. This study considers whether identifying all victims/witnesses as a discrete client group might help highlight and address the range of potential CJS related counselling issues and needs more effectively.

Literature review and discussion

Due to limited counselling/psychotherapy literature the review included relevant CJS literature, British Association for Counselling and Psychotherapy (BACP) accredited courses and counselling/psychotherapy professional bodies' websites.

Criminal Justice perspective

Victim Support provide practical help and emotional support to all victims/witnesses of crime and should refer on to counselling when appropriate (Rock, 1990). Additional specialist support is widely available to victims/witnesses of sexual and domestic crimes primarily, through both statutory and voluntary sectors (Williams, 1999).

CPS practice guidance '*Provision of therapy for vulnerable and intimidated witnesses prior to a criminal trial*' (HO/CPS/DH,2001) was issued following similar guidance for children and the introduction of 'special measures' (CPS, 1999) for victims/witnesses perceived as in need of additional support, more specifically therapeutic, before and/or during court. The CPS term '*witnesses*' includes victims, as they are "*witnesses to the offence against themselves*" (Bond and Sandhu,2011,p89).

Adults deemed vulnerable/intimidated include: (1) those affected by any crime who are aged over 18 and have physical or mental health difficulties, are learning disabled or capacity impaired, elderly or frail, or (2) all adults affected by sexual/domestic abuse or weapon-related crime (CPS,1999). Only these are entitled to therapy pre-trial, not all victims/witnesses. The police are primarily responsible for the identification of vulnerable/intimidated victims/witnesses. The CPS guidance sought to improve understanding, explain roles, timing, responsibilities, eligibility and appropriate practice; highlighting the key issues critical to therapists working ethically and essentially informing their policies, procedures and practice when working pre-trial.

The guidance (HO/CPS/DH,2001) clarifies that decisions to proceed with therapy pre-trial should be balanced and in clients' best interests. It acknowledges there is no register of therapists qualified to provide Pre-Trial Therapy and explains that therapists tend to specialise in particular client groups or types of offence, i.e. learning disabled or rape victims, so may be experienced or qualified to work with one vulnerable/intimidated sub-group but not another. Clearly, like most client categories, the vulnerable/intimidated are not a homogenous group and have differing needs, but there are similarities too – their overarching CJS needs. The guidance also suggests that therapists should be appropriately trained, experienced and supervised and understand how the rules of evidence may require some technique modification.

Research reveals many eligible victims/witnesses are not identified as vulnerable/intimidated, so are not referred to counselling and problems persist due to a reluctance to disclose vulnerability/intimidation for fear of negative consequences, plus poor information, advice and training of those primarily responsible for identification. So, despite procedures, very few receive therapy pre-trial, whilst no procedures exist to ensure on-going or post-trial counselling (Lee and Charles,2008; McLeod et al,2010), suggesting the CJS still focuses on the trial rather than victims' best interests and wider needs.

Updated police service guidance (MOJ,2011) should help facilitate identification enabling those entitled to receive therapy pre-trial. However, others who support victims/witnesses may also benefit from information, advice and training on identifying the vulnerable/intimidated to enable improved referral or signposting to the appropriate support for each stage of CJS involvement.

Towards clients' perspectives

9 counselling/psychotherapy websites, available to potential clients to find appropriate counselling, were assessed to determine how relevant clients' issues, 'reason for therapy' or 'types of distress' and therapists' experience, specialism or 'work areas' are

classified. None of the counselling/psychotherapy websites make reference to 'victims and witnesses of crime' nor 'vulnerable and intimidated witnesses', but commonly name 'abuse' and 'trauma', also bullying, domestic violence and PTSD.

However, clients may not identify their experiences, issues or themselves in these ways and these terms exclude other types and impacts of crime. Hence, potential clients have to select appropriate counselling or counsellors based on other presenting, albeit possibly interrelated, issues or difficulties which do not highlight potential CJS related needs; or rely on appropriate signposting or referral from within the CJS.

Counselling/psychotherapy perspective

Four years after CPS guidance was introduced, Bond and Sandhu (2005,p4) stated therapeutic practice required " *a different mindset and way of thinking... technical knowledge about the way the law is applied to their work*" and was lagging behind recent developments in the law, reflecting badly on therapists and their professional bodies. Spence (1983) explained that CJ requires 'historical truth' supported by corroborative evidence, whilst counselling entails 'narrative truth' making sense of what happened, even if it is unclear, ambiguous or not the 'absolute truth'.

Six years later, Bond and Sandhu (2011,p95) highlighted a lack of appreciation of key issues and suggested a more '*systematic and rigorous (approach)...until the trial is over*'. Whilst Mitchels and Bond (2010,p49-52) suggest that generally "*therapists need to consider ethical and professional issues, legal requirements ... (and) be compatible with the law and public interest in order to avoid conflict*". Counselling victims/witnesses should follow the same principles and recognise that clients' possible involvement in criminal justice adds additional layers of ethical and legal complexity.

Opposing ethical considerations and priorities resulting in dilemmas can be avoided, or at least minimised, if all relevant issues are identified, clearly understood, consented to, explicitly contracted for and boundaries maintained from the outset or as soon as apparent. However, Sims (2010) suggested therapists were often unaware of being involved in forensic practice, had limited awareness of legal implications and

inadvertently risked breaking the law through ignorance. If victims/witnesses are not perceived as such, it is unlikely therapists will realise or meet clients' possible CJ needs.

Donlan and Jenkins (2010) proposed moving from a 'reactive' model characterised by a lack of knowledge, understanding and agency policy to a clear, consistent 'proactive' multi-agency approach using only 'experienced' therapists (as CPS guidance also recommends) to help avoid the pitfalls inherent in reacting to emerging problems .

Williams (1999) advises caution regarding multi-agency working and to always work constructively in clients' best interests to avoid re-victimisation. Ethical considerations and contracting become even more complex with multi -agency working, but Olsen (2010) suggests they can be overcome by adopting team confidentiality protocols from the outset with clients' agreement on a need-to-know basis.

54 educational establishments offering BACP accredited courses were contacted to ascertain current training and CPD on victims/witnesses and CJS; only 5 responded. None had training, supervision or CPD modules relating to victims/witnesses specifically, indicating a possible lack of counselling training for relevant knowledge or experience to be acquired.

BACP information sheets touch on different practicalities of, and implications for, counselling victims/witnesses including confidentiality, notes and records; but none make direct reference to CPS guidance (2001) which appears to be essential for developing relevant knowledge and understanding as well as policies, procedures and practice, including:

- case assessment considering clients' unidentified vulnerability/intimidation (hence pre-trial eligibility), their best interests and implications of therapy pre- or post-trial,
- only commencing therapy following police statement or interview,
- managing internal boundaries – fully informed consent, confidentiality not guaranteed, re-contracting as necessary; focusing on building confidence, self esteem, the impact and meaning of the crime,
- avoiding discussing the evidence, recounting, re-enacting or rehearsing the

incident(s) and inadvisable therapeutic approaches or techniques, e.g. interpretive psychotherapy or unstructured groups,

- managing external boundaries – police, solicitor and court notifications, consultations and disclosures, separate court preparation and support,
- keeping client notes brief, factual, objective; reviewed, dated and signed by both parties, and
- no therapist self-disclosure in client or supervision notes.

(HO/CPS/DH,2001; Bond and Sandhu,2005/11; Donlan and Jenkins,2010)

Whilst CPS guidance focuses on Pre-Trial Therapy for vulnerable/intimidated witnesses, clients' perspectives, situations or decisions may change. Victims/witnesses may first disclose a crime, their vulnerability and/or intimidation during therapy (Godsi,1999) or decide to seek justice during or following therapy. Hence, prudence is required when working with all victims/witnesses at any stage in their quest for recovery and/or justice. To ensure fully informed consent and appropriate contracting, it may be advisable to discuss the key issues and implications with all victims/witnesses before therapy commences or as soon as the need is apparent.

Method

Research design

This small-scale qualitative research study commenced with an initial literature review and development of the research purpose and aims; followed by a comprehensive literature review, written using a thematic-practice orientated approach, to identify and highlight key issues, implications for practice and develop the qualitative research topic guide.

A proactive iterative approach was adopted to accommodate any challenges as they arose and to maximise ethical research practice. Looking back these included: participants' relevant experience terminology; requesting and subsequently sharing valued sources of information, advice and guidance; sharing my learning, findings, conclusions and recommendations with participants and inviting feedback.

Participant selection and response

60 therapists with victims/witnesses experience, based within a 55 mile radius of Warwickshire, were contacted using non-probability/purposive sampling. Due to limited understanding of the term 'victims and witnesses of crime', relevant experience was amended to 'crime related abuse/trauma/PTSD'. 10 therapists were recruited to represent a spread of agency/independent therapists, counsellor and/or supervisor, years of experience, therapeutic approaches and specialisms (Table 1). 5 declined due to perceived lack of relevance, highlighting the current risks.

"We deal with a very specific area of crime ... so I don't think we have a lot to contribute." (Sexual abuse agency)

"The area of your study lies outside my (25 years domestic abuse) experience." (Independent therapist)

"I do not get any clients bringing the issue of being a victim or witness to crime." (Independent therapist identifying generic abuse as a specialism)

Qualitative data collection and analysis

Data collection adopted a phenomenological approach and comprised 10 x c.60 minute depth interviews. Participants were invited to provide relevant policies and procedures, highlight valued sources of information and give post-interview feedback. Interviews were digitally-recorded, semi-transcribed and analysed using a thematic approach (Braun and Clarke,2006;McLeod,2011). Findings, conclusions and recommendations were member-checked by research participants, characteristic of consensual data analysis (McLeod,2011).

Ethical considerations

Ethical approval came from Warwick University. Complete anonymity was offered following informed consent. Any gaps in current awareness or practice might suggest a need for improved information, advice and guidance. So, to limit any risk of harm to research participants' future victim/witness clients I shared all my learning. Valuable

sources of information emerging from the research were offered to participants in the closing stages of the study along with the findings, conclusions and recommendations.

Researcher reflexivity

Over the last decade I became more conscious and increasingly concerned, across all 3 spheres of my working life as a non-academic/commercial social and market researcher, Victim Support volunteer and counsellor/psychotherapist, about an apparent lack of awareness and understanding around counselling crime victims and potential witnesses; particularly pre-trial. If there was evidence to support my perception, I wondered if identifying 'victims and witnesses of crime' as a discrete client group might help highlight and start to address any issues. On-going supervision mitigated, as far as possible, the potential influence of my own experience.

Research Findings

Discrete client groups

Participants agreed discrete client groups, such as sexual/domestic abuse, are necessary when specialist knowledge or expertise is required to counsel effectively, highlight, understand and meet particular needs. Other advantages included clients finding appropriate counselling, signposting and funding allocation. No general disadvantages were identified.

Opinion was initially divided on the need for a 'victims and witnesses of crime' discrete counselling client group. Some felt there was no need as "*clients rarely come to counselling for that reason*"; others recognised it would help acknowledge the impact any crime can have on victims/witnesses. Only 2 spontaneously highlighted the need for understanding the CJS and the implications for counselling; whilst the only therapist with Pre-Trial Therapy experience felt therapists' would be alerted to specific court related needs and restrictions. This suggests advantages and disadvantages cannot be fully appreciated without awareness and understanding of the inherent challenges, difficulties and dangers.

"Some crime isn't perceived as such as it goes unreported."

“You wouldn’t see them as a crime victim if they don’t see themselves that way.”

“... survivors might not be seen as victims of crime as such ...”

Perceived challenges/difficulties/dangers

Issues in the therapeutic relationship when working with victims and witnesses of crime included maintaining clear boundaries and avoiding re-traumatisation; issues beyond the therapeutic relationship included adequate training and supervision; issues relating to court included many “grey areas”, interfering with therapy, being asked for notes and/or to appear in court and limited knowledge or expertise. Perceived issues for clients included limited support and re-victimisation. It became evident therapists felt some relevant knowledge or expertise would be beneficial.

“There are lots of minefields you could fall into if you’re not aware ...”

“Going to court ... that’s going to limit how they (therapists) work ... something else in the therapeutic frame ... lawyers telling us what to do!”

“It’s important they talk about whatever they want to.”

Specific knowledge or expertise required

‘Knowledge’ emerged as what therapists already knew and/or perceived to be useful, plus “a better understanding of the criminal justice system” and implications for practice pre-, during or post-court. However, there was uncertainty about how and from where this might be acquired. Amongst those unaware of CPS guidance (7/10), current ‘knowledge’ was seriously lacking (Table 2).

“Anyone can have counselling before court”.

“If they want to they can go through the facts of the case (pre-trial)”.

“What they disclose is 100% confidential as I don’t take notes”.

After the guidance was outlined, significant interest was expressed in relevant continuous professional development. Those aware of the guidance (3/10) felt 'knowledge' was critical and more relevant than 'expertise'. 'Expertise' emerged as "*not recently qualified*" and/or having other relevant work or voluntary experience. CPS guidance (2001) recommends against certain therapeutic approaches and techniques, but little or nothing was known in this context (Table 2). As participants became more aware of the issues:

- CJ related 'knowledge' was seen as critical, suggestions included: CJ /other support roles, processes/procedures and crime terminology;
- counselling 'knowledge' included the ability to work with issues/effects, whilst those aware of CPS guidance mentioned confidentiality/contracting/notes; and
- client-related 'knowledge' included the impact/effects of crime, physical and mental health.

Valued sources of information, advice, guidance and training

All had experience working with sexual/domestic abuse. Those in specialist agencies received in-house training, on-going information, advice, guidance and/or multi-agency training, although none included CJS issues or CPS guidance. The therapist with one Pre-Trial Therapy experience reviewed the CPS guidance provided by her agency with her supervisor, both for the first time, shortly prior to meeting her client. No other printed literature was identified as a valued resource.

Supervision was identified as a valued source of information, advice, guidance and support; however, none of the 5 supervisors interviewed had CJ or Pre-Trial Therapy experience and only one was aware of CPS guidance, but unaware of Pre-Trial Therapy.

A strong desire was expressed for professional counselling/psychotherapy bodies to be more proactive and take responsibility for disseminating relevant information, advice, guidance, training and updates, particularly after realising CPS guidance was released over 10 years ago.

“How can we know what we need to know if there’s no one keeping us up to date?”

The guidance was explored in detail after assessing spontaneous awareness (Table 2). Most (7/10) were unaware of the guidance, initially confusing it with standard boundaries of confidentiality regarding children, terrorism and harm. It was mentioned spontaneously as an important source of information, advice, guidance by only 3 therapists, but each identified it by a different name (*“pre-court”/“Justice”/“Home Office”*) and recalled varying degrees of content correctly.

Most had some contact with police and/or solicitors over the last 10 years, so were surprised not have been informed by either directly. By the end of the interviews, all agreed ‘victims and witnesses of crime’ and Pre-Trial Therapy should be included in counselling training and CPD to draw attention to the key issues and potential dangers.

Counselling victims and witnesses of crime policies, procedures and practice

Given limited awareness of CPS guidance, it was not surprising that amongst the 10 therapists interviewed, none had relevant policies, procedures and practices in place; however, 3 working with sexual abuse agencies believed these were in progress at the time of interviewing.

Overall, 3/10 were aware of avoiding evidence, only 1/10 gave clients access to notes and included Pre-Trial Therapy issues in their client contract, whilst 2/10 might verbally agree contractual additions. 1 psychodynamic therapist was unaware of the requirement for written contracts and another of our obligation to keep notes for any court-related work (Table 2).

Most were confident policies, procedures and practices following BACP generic guidelines were adequate and stated any court-related issues arising at assessment or emerging later would be taken to supervision. However, as none of the supervisors interviewed were aware of Pre-Trial Therapy or CPS guidance, this strategy is clearly inadequate.

The pros and cons of victims and witnesses of crime being a discrete client group

Views changed significantly during interviews, resulting in all being increasingly in favour of a discrete victim/witness client group. When better informed, therapists could appreciate 'victims and witnesses of crime' would be "*a useful umbrella term*" highlighting the possibility of CJ involvement and prompting deeper consideration of clients' needs and entitlements, thereby facilitating appropriate counselling provision, signposting and referral processes as well as helping clients find appropriate counselling for themselves.

Therapists acknowledged the need to work differently with victims/witnesses and unanimously agreed that familiarity with CPS guidance, attending training and specialist supervision were essential to meet these clients' needs and best interests. BACP were perceived to be best placed to promote the guidance to therapists and take responsibility for updates, in conjunction with CPS.

Discussion

The extent of 'knowledge' and 'expertise' therapists perceived to be required was limited compared to the literature review. The review came from a broader and deeper perspective, based more on CJ perspectives and experience; and also took into account CPS guidance (HO/CPS/DH,2001) and related issues, of which the majority were initially unaware, despite significant experience of working with victims/witnesses as therapists and/or supervisors. This suggests that years of counselling 'experience' alone is not enough, despite the CPS guidance recommendation that only 'experienced' counsellors should undertake Pre-Trial Therapy.

This study supports the assertions of both Bond and Sandhu (2005/11) regarding counselling provision for victims/witnesses being vulnerable to criticism as well as Donlan and Jenkins' (2010) recommendation to shift from a reactive to a proactive approach; hence, having appropriate policies, principles and practice in place to pre-empt and avoid ethical and legal dilemmas arising .

In accordance with the CPS guidance that therapists undertaking this work should be appropriately trained, experienced and supervised (HO/**CPS**/DH,2001), the findings suggest that therapists would benefit from more targeted information, advice, guidance and training on the ethical, legal and practice issues of counselling 'victims and witnesses of crime', irrespective of their actual or intended involvement with CJS at the time of starting counselling as their situation or circumstances may change (Godsi,1999). This should include clarification around what is suitable for whom and when:

- identifying the vulnerable and intimidated if missed by the CJS,
- offering Pre- (or during) Trial Therapy following CPS guidance to the vulnerable/intimidated,
- signposting to practical and emotional support from Victim/Witness Support pre/during-court for all other victims/witnesses, and
- providing post-trial counselling for all.

Conclusions and recommendations

Positioning 'victims and witnesses of crime' as a discrete client group could help highlight, understand and better meet their needs, irrespective of the crime, particularly in relation to Pre-Trial Therapy and CJ. Inconsistency regarding the CPS guidance and 'Pre-Trial Therapy' terminology was evident, so the adoption of common terms would help overcome confusion.

Inclusion of 'victims and witnesses of crime', 'vulnerable and intimidated witnesses' and 'Pre-Trial Therapy' in counselling information, advice, guidance, training (basic, supervision and Continuous Professional Development) and all relevant policies and procedures would help raise awareness and understanding as well as inform practice.

A dedicated source/resource which pulls together, promotes and updates, all the relevant 'victims and witnesses of crime' counselling/psychotherapy and CJ issues would help achieve visibility and salience for counsellors, supervisors and all stakeholders.

Implications for practice

The benefits of the term 'victims and witnesses of crime' will be maximised if adopted by all involved; not only by professional counselling/psychotherapy bodies, in future publications and training (basic/supervision/CPD), therapists'/agencies' policies, procedures, practice and supervision, but also in multi-agency training, statutory/voluntary CJ and related support organisations.

Limitations of the study

The sample interviewed was small, local and counselling/psychotherapy centric. All participants worked with 'victims and witnesses of crime', predominantly unreported crime or post-court, although had not necessarily perceived them as such. With less time and scale restrictions, a more robust sample could be achieved: UK-wide, more pre-trial experience, plus stakeholder interviews within CJS, statutory and voluntary agencies.

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Indication of figures and table

Table 1 – Sample achieved

Table 2 – Awareness and understanding of CPS guidance (2001)

| AGENCY/ INDEPENDENT THERAPIST | SPECIALISM | TRAINING + CURRENT MODALITY | GENDER | COUNSELLING EXPERIENCE | OTHER RELEVANT EXPERIENCE | CRIME EXPERIENCE |
|-------------------------------------|--------------------------|-----------------------------------|----------|---------------------------|------------------------------|---------------------------------------|
| 4 Agency | 8 General | 5 PC | 8 Female | 4 x 15+ years | 5 x Supervisor | Rape + Sexual Abuse 8 |
| 3 Independent | 5 Rape + Sexual Abuse | 4 PD | 2 Male | 2 x 11-15years | 4 x Domestic Abuse | Domestic Abuse 5 |
| 3 Both | 3 Domestic Abuse | 3 CBT | | 2 x 6-10 years | 3 x Managerial | Violence/Assaults/ Knife crime 5 |
| | 2 Trauma | 2 Integrative | | 1 x 1-5 years | 2 x regional responsibility | Theft/Robbery/Holdups 3 |
| | 1 Psychiatric | 2 EMDR | | 1 x Under 1 year | 2 x Witness Service | Forced Drug Crime 3 |
| | | | | | 2 x Addictions | Burglary 2 |
| | | | | | 1 x Victim Support | Forced Prostitution/ Sex Working 2 |
| | | | | | 1 x Nursing | Homicide/ Culpable Road Death 2 |
| | | | | | 1 x Police | Gang Crime 2 |
| TOTAL = 10 | | | | | 1 x Samaritans | War crimes 1 |

TABLE 1– Sample achieved

| INTERVIEW CODE | 106 | 103 | 105 | 110 | 101 | 104 + 107 | 108 + 109 | 102 |
|--|-------------|----------------|-------------|------------|------------|------------------|------------------|------------|
| CPS GUIDANCE (2001) CONTENT | | | | | | | | |
| Awareness of CPS guidance (<i>CPS,2001</i>) | Yes | Yes | Yes | No | No | No | No | No |
| Awareness of term PTT (<i>'Pre- Trial Therapy'</i>) | Yes | No | No | No | No | No | No | No |
| Who entitled to PTT (<i>Only VIW's</i>) | No | No | No | No | No | No | No | No |
| Understanding of VIW (<i>As defined in guidance</i>) | No | No | No | No | No | No | No | No |
| Responsibility for ID (<i>All involved</i>) | No | No | No | No | No | No | No | No |
| Who decides (<i>VIW/Therapist/carer</i>) | No | No | No | No | No | No | No | No |
| Who to be Informed (<i>Police/CPS</i>) | ? | No | No | No | No | No | No | No |
| When can commence (<i>After police interview</i>) | Yes | Yes | No | No | Yes | No | No | No |
| Therapeutic work/aims (<i>eg. esteem/confidence</i>) | Yes | Yes | Yes | Yes | No | No | No | No |
| Inappropriate modalities/techniques (<i>eg. psychodynamic/groups</i>) | Yes | No | No | No | No | No | No | No |
| Issues not/to be addressed (<i>ie. evidence/hearsay</i>) | Yes | Yes | Yes | Un-clear | No | No | No | No |
| Court prep. Separate (<i>ie. ISVA/IDVA/Victim Support/Witness Service</i>) | Yes + where | Yes. Not where | Yes + where | No | No | No | No | No |
| Basic implications for notes/confidentiality (<i>eg. brief and factual/disclosure consent</i>) | Yes | Yes | Yes | Yes | Yes | Yes | Yes | No |
| Familiarity with 'Rules of Evidence' (<i>eg. historic truth/no hearsay</i>) | No | No | No | Un-clear | No | No | No | No |

TABLE 2 - Awareness and understanding of CPS guidance (2001)

Biographical outline

Jill Swindells is a freelance qualitative social and market researcher specialising in sensitive issues, the vulnerable and hard to reach at QUAL Consultancy Ltd (www.qualconsultancy.com). She lives in the Midlands, but also works out of bases in the North East and North West. Jill has volunteered with Victim Support for over 12 years working with victims of serious crime, the vulnerable/intimidated and children without parental permission if necessary. She is currently engaged in voluntary counselling primarily, at a sexual abuse agency, a category C male prison, a hospice, primary and secondary schools. She is developing a network of therapists and agencies with an interest in 'counselling victims and witnesses of crime', Pre-Trial Therapy as well as during/post- trial, with a view to sharing and developing good practice.