

CHILD VICTIMS IN CONTACT WITH THE CRIMINAL JUSTICE SYSTEM IN NORTHERN IRELAND

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INTRODUCTION

UK wide prevalence research has highlighted that abuse during childhood is an all too common experience, with one in four 18–24 year olds (25.3%) reporting severe maltreatment¹ during childhood and one in seven (14.5%) having been severely maltreated by a parent or guardian (Radford et al., 2011). Tragically, despite the frequency of child maltreatment, evidence from a range of international studies shows that the majority of abused children do not reveal abuse during childhood and, of those that do, only a minority of cases are reported to the authorities (London et al.'s, 2005). This pattern is supported by UK maltreatment research, which revealed that only a quarter of children who experienced abuse told anyone about it at the time and, where they did, their confidant was usually a friend, less often a family member and very rarely the police or other professional groups (Cawson et al., 2000).

For those children who do disclose abuse, the response of the professionals tasked with investigating the alleged abuse and supporting them and their families is integral to validating the

child's experiences, protecting them from harm and beginning the process of recovery. Together with social services, criminal justice professionals have a vital role to play in taking forward criminal cases involving child victims, enabling their voices to be heard and ensuring access to justice. This policy, practice and research paper examines the role of the criminal justice system (CJS) in Northern Ireland (NI) and its contact with child victims. Evidence is drawn from relevant UK and NI research and policy documentation, official statistics and NSPCC's service base.

INVESTIGATION & PROSECUTION PROCESSES IN NORTHERN IRELAND

Social Services

Whilst a range of professionals are responsible for the provision of services to families, the role of investigating child abuse allegations ostensibly falls to social services and the police. 'Co-operating to Safeguard Children' (DHSSPS, 2006) provides the policy framework for child protection in NI and outlines the roles and responsibilities of various agencies and professionals. Where there is reason to believe that a child may be suffering, or is likely to suffer, significant harm, it is the duty of health and social care trusts to make enquiries to help them decide on action needed to safeguard or promote the child's welfare. Investigation will involve conducting an initial assessment and liaising with the family and key professionals to assess the children's need for support and/or protection. In some instances, this may involve bringing public law proceedings under the Children Order (NI) 1995 to remove children from the care of their parents. Where there is suspicion that a crime against a child has been committed, social services must inform the police.

¹ Severe maltreatment was defined as:

- There was a rape or attempted rape, or forced sexual contact, by an adult or child – consensual sex between young people was not included even where technically it may have been criminal.
- There was contact sexual abuse by a parent or guardian or sibling (if child is under 18).
- There was contact sexual abuse by an adult to a person under 13.
- There was contact sexual abuse by an adult relative to a person under 16.
- The maltreatment resulted in physical harm or injury – such as a broken bone, a black eye or being knocked unconscious.
- A weapon with potential to cause serious injury had been used – such as a knife, gun, rock, stick or bat.
- The maltreatment happened six or more times.
- The victim perceived the maltreatment as "child abuse" or "criminal" behaviour.
- There was serious emotional neglect or lack of physical care or supervision that would place a child at risk.
- The young person reported two or more different types of abuse or neglect by an adult caregiver over their lifetime – in a pattern of maltreatment.

Police

The police have a duty and responsibility to investigate criminal offences committed against children. Their role is to:

- find out whether a crime has been committed;
- identify those responsible; and
- secure the best possible evidence for criminal proceedings.

Although differing in focus, the functions of police and social services are complementary. The police, together with social services, have responsibility for investigating allegations of child maltreatment. Depending on the nature of the allegation, they will either work together with social services to jointly investigate or will investigate a suspected criminal offence as a single agency. Current guidance (PSNI, NSPCC, EHSSB, WHSSB, NHSSSB, SHSSB, 2004) suggests that almost all sexual offences and allegations of serious physical abuse and neglect necessitate police involvement, while cases which involve purely emotional harm and less serious forms of physical abuse and neglect are normally dealt with by social services only.

Where the police have been notified of a potential offence against a child, child abuse inquiry units (CAIUs) are primarily responsible for the investigation – with the exception of stranger rapes which are investigated by rape investigation units. Police investigations may involve medical examination, statement taking, interviewing victims and witnesses, evidence gathering and arrest and/or interviewing suspects. 'Achieving Best Evidence in Criminal Proceedings: Guidance for Vulnerable or Intimidated Witnesses' (DoJ 2003 & 2011a), provides detailed guidance to police on the conduct of interviews with child witnesses. Influenced by research into appropriate methods of questioning children, it incorporates extensive discussion of approved interview techniques and outlines a four-stage process for conducting effective interviews.

Public Prosecution Service (NI)

In addition to investigative responsibilities, the police are also responsible for preparing case files to be sent to the Public Prosecution Service (PPS). The PPS is an independent body responsible for:

- advising the police on cases for possible prosecution;
- reviewing cases submitted by the police;
- where the decision is to prosecute, determining the charge in all but minor cases;
- preparing cases for court.

The PPS has responsibility for consideration and, where appropriate, the prosecution of all but the most minor criminal cases in Northern Ireland. Decisions to prosecute individual cases are guided by the Code for Crown Prosecutors (CPS, 2010) which outlines two key tests to be considered: the evidential test and the public interest test. The PPS will only prosecute cases that pass both of these tests.

Where a prosecution is brought by the PPS, cases involving less serious criminal offences will be tried by a District Judge in the Magistrates Court. More serious criminal offences will be tried by a judge and jury in the Crown Court. Additionally Youth courts are presided over by a District Judge and two lay Magistrates and deal with young people aged 10–17 years who have committed criminal offences.

In criminal cases, the burden of proof is known as 'beyond reasonable doubt', which means that the jury must have no reasonable doubt that the defendant is guilty of the crime for which he is being tried. If found guilty, courts can impose a range of sanctions, including financial penalties, community based sanctions (such as a community service order or probation order) or imprisonment. Higher tariff sentences are available to the higher courts. For those found guilty in Magistrates Courts it may be possible to appeal to the

Crown Court, while those found guilty at Crown Court may appeal to the Criminal Division of the Court of Appeal on matters of fact or law.

VIOLENT OFFENCES AGAINST CHILDREN RECORDED BY PSNI

Extent

In Northern Ireland, the PSNI records data on crimes committed against children and adults across a range of offences. Analysis of violent crimes against children recorded by the PSNI (sexual offences, offences against the person and crimes with a domestic motivation) shows that children account for a significant proportion of victims (Bunting, 2011). Between 1 April 2008 and 31 March 2010:

- 63,325 sexual offences and offences against the person were recorded by the PSNI, 19% of which (11,927) involved children and young people aged 0–17 years as victims
- Of the 11,927 violent offences involving child victims, 18% were sexual offences (n=2194) and 82% offences against the person (n=9733).
- Sexual offences against child victims represented 56% of all sexual crime
- Offences against the person involving child victims represented 16% of all offences against the person.

While recognising that those who report violent crime are only a minority of those who are victims, analysis of the case characteristics of those who do report offers insight into the patterns of violent crime which become known to the CJS (see Table 1).

Who are the victims?

One in five sexual offences against children were reported when the victim was an adult. Of those cases involving victims under the age of 18 when

the offence was reported, a majority – more than 70% – involved sexual activity/assault, and almost 1 in 5 (19%) involved rape or attempted rape.

The majority of victims of sexual crimes (85% V 15%) were girls, and the highest proportion of rapes/attempted rapes involved this group. Although teenagers were the predominant victim group, 22% of sexual offences involved 0–9 year olds. Reported victimisation followed a relatively similar pattern for both girls and boys aged 0–12, albeit at an elevated incidence level for females. Female victimisation then dramatically increased between 12–15 years and dropped again between 16–17 years.

Of the 9693 offences against the person reported when the victim was aged 0–17 years, the most common involved GBH/AOABH/wounding etc, followed by common assault. A small proportion (4%) involved murder/attempted murder/manslaughter or threat or conspiracy to commit murder, and less than 2% involved cruelty/neglect. Offences against the person were more commonly recorded against male victims (60% V 40%), although a greater proportion of females were the victim of more serious offences such as GBH/AOABH/wounding (60% V 46%). As with sexual offences, teenagers were the largest group of victims and a greater proportion of 14–17 year olds were the victims of the more serious offences of GBH/AOABH/wounding than lesser offences such as common assault (60 V 30%).

The most serious offences – murder/attempted murder etc – involved only a small proportion of children, but a greater proportion of 0–4 year olds were the victims of these offences than any other age group. Child cruelty/neglect involved a small proportion of victims, with 0–9 year olds being the most common victims

In total 1910 offences were recorded as crimes having a domestic motivation², 88% of which in-

² Domestic abuse is defined as 'any incident of threatening behaviour, violence, or abuse (psychological, physical,

involved offences against the person, 9% sexual offences and 3% other offence categories. A greater proportion involved females than males (60% V 40%) and the majority involved teenagers, although a quarter were also recorded against children under 10.

Who are the offenders?

Information on alleged offender age, gender and relationship with the victim is not available in recorded crime data, except in a minority of cases deemed to have been 'detected'. Detections (or clearances as they may alternatively be known) are, broadly speaking, those crimes that have been 'cleared up' by the police. An offence is detected if it meets the following criteria:

- a notifiable offence has been committed and recorded;
- a suspect has been identified;
- there is sufficient evidence to charge the suspect; and
- the victim has been informed that the offence has been cleared up.

Analysis of detected sexual offences revealed that one third of alleged offenders were aged 10–19 years and 30% were aged 20–35. Almost all offenders were male, with the largest proportion being those known but not related to the victims, followed by strangers. Six percent involved

a parent, 4% a sibling and 10% a grandparent or other relative.

In detected offences against the person, one third of alleged offenders were aged 10–19 years and 39% were aged 20–35. The majority of offenders were male (73% V 27%), although the gender gap was less pronounced in comparison with sexual offences. The largest proportion of offenders were those known but not related to the victim, followed by strangers, while 13% involved a parent, 5% a sibling and 2% another relative.

CASE PROGRESSION & ATTRITION

While high levels of offences against children and young people are recorded by police, only a small proportion will progress to the court stage of the CJS. Research in six English police jurisdictions in 1997 (Gallagher & Pease, 2000) has shown that only 18% of child maltreatment cases reported to police are prosecuted, 26% of sexual abuse cases, 7% of physical abuse cases and 13% of neglect cases. The study found high levels of attrition at the police stage of the process, with police taking 'no further action' (NFA) in respect of 76% of cases. Attrition was significantly less of a concern once a case proceeded to court, and there was an 83% conviction rate for all maltreatment types; 62% for physical abuse, 83% for sexual abuse and 100% for neglect.

Likewise, Feist et al.'s (2007) analysis of 676 reported rapes involving child and adult victims found that around seven in ten cases were lost from the system between an offence being recorded and charges being brought. Overall, 30% of reported rapes resulted in an offender being charged, summonsed or cautioned. This rose to 41% for victims under 16 and 20% for those aged 16 years and over.

While there is currently no Northern Ireland data showing how child maltreatment cases are

verbal, sexual, financial or emotional) inflicted on one person by another where they are or have been intimate partners or family members, irrespective of gender or sexual orientation.
(i) 'Incident' means an incident anywhere and not confined to the home of one of the partners/family members;
(ii) 'Family members' include mother, father, son, daughter, brother, sister, grandparents, whether directly or indirectly related, in-laws or stepfamily;
(iii) 'Intimate partners' means there must have been a relationship with a degree of continuity and stability. The relationship must also have had (or be reasonably supposed to have had) a sexual aspect, such as in the relationship between husband and wife or between others generally recognised as a couple

Table 1: Relationship between Victim Gender and Age and Offence Type for Sexual and Violent Offences

Offence Type	Total		Victim Gender		Victim Age			
	N	%	Male %	Female %	0–4 %	5–9 %	10–13 %	14–17 %
All Sexual Offences	1654	100	14.6	85.4	6.1	15.4	26.9	51.6
Rape/attempted rape	312	18.9	8.7	20.6	9.9	18.5	14.8	22.1
Sexual assault/sexual activity	1188	71.8	80.9	70.3	87.1	73.6	70.3 ²	70.3
Indecent exposure	126	7.6	8.3	7.5	3.0	7.5	12.1 ²	5.9
Other sexual offences	28	1.7	1.6	2.1	0	0.4	2.7 ²	1.8
All Offences Against the Person	9693	100	60.4	39.6	3.8	7.8	24.8	63.6
murder/attempted murder/manslaughter/ threat or conspiracy to commit murder	383	4	4.7	3.4	7.1	2.3	2.4	4.6
wounding/GBH/with intent/AOABH	5264	54.3	46.0	59.7	29.7	35.2	48.5	60.4
common assault	3455	35.6	39.8	32.9	42.2	51.2	43.5	30.3
cruelty/neglect	156	1.6	2.0	1.4	17.7	6.8	1.1	0.2
child abduction	72	0.7	1.2	0.4	2.7	2.7	0.9	0.3
other violent offences	363	3.7	6.3	2.0	.5	1.9	3.5	4.2
Crime with a Domestic Motivation	1809	100	59.3	40.7	12.3	13.5	17.4	56.8
Sexual Offences	159	8.8	2.0	13.4	9.9	17.2	9.8	6.2
Offences against the person	1596	88.2	96.1	82.8	89.6	81.6	89.2	89.2
Other	54	3	1.9	3.7	1.9	5.6	5.6	87.0

generally progressed through the CJS, NSPCC analysis of recorded crime provides important information on the progression of violent crime cases where children are the victims (Bunting, 2008 & 2011). The 2001–2006 analysis (Bunting, 2008) specifically examined the case characteristics and outcomes of sexual offences involving child victims and adults. Case outcomes included the proportion of cases 'detected' by police, and the type of detection. This could take the form of a formal sanction (ie an offender was summonsed, charged, or cautioned) or a non-sanction detection (because the victim did not wish to prosecute or the police or the PPS decided that no useful purpose would be served by proceeding). Worryingly, only one in five of all recorded child sexual abuse cases resulted in some form of formal sanction – a substantially lower figure than Feist

et al.'s (2007) findings of 41%. In more than one in ten cases the police/Public Prosecution Service decided not to proceed, and in 15% of cases victims declined to prosecute.

Since April 2006, changes to the Home Office Counting Rules have substantially limited the detection options open to the PSNI, removing victim withdrawal as a non-sanction detection option. As such, detected crimes are effectively those which the PPS have deemed to have sufficient evidence to prosecute and which the police have resolved by means of a formal sanction. The most recent NSPCC analysis of crime against children (Bunting, 2011) indicates that only 19% of sexual offences and 25% of offences against the person recorded in the 2008/10 time period had been detected by the end of September 2010.

Not all cases detected will actually proceed to court, and not all those which proceed to court will result in a conviction. Historically in NI a lack of integrated data systems has made it difficult to provide precise figures on attrition at the different CJS stages. Nevertheless, a recent CJINI inspection (CJINI, 2010b) has shown that just over half of reported rapes are sent by the police to the PPS for a decision; of this number around 25% proceed to trial and; of those cases that go to court, 57% result in a conviction. While not disaggregated by child and adult victims, the report provides **an overall conviction rate of just 7% for reported rapes in NI.**

REASONS FOR ATTRITION

Evidential concerns

The reasons for attrition are complex and varied. Unsurprisingly, evidential concerns such as insufficiency of evidence, a lack of corroboration, lack of disclosure by the child, the 'lack of medical evidence' and victim/witness credibility have been shown to be key factors in decisions not to prosecute (Gallagher & Pease, 2000; Davis et al., 1999).

Attrition rates also appear to vary depending on the type of abuse. In sexual abuse the most crucial piece of evidence has been shown to be the child's account and, in judging the evidential strength of their account, both the police and Prosecution Service look for clarity, detail and consistency. Often evidence supporting the child's account, such as clear medical signs or testimony from other children making similar allegations, was felt to be necessary before a case could be prosecuted, particularly where the child's account was deemed to be vague or inconsistent.

Similarly Feist et al.'s (2007) analysis of rapes involving adult and child victims showed signifi-

cantly increased odds of a case getting to court and resulting in a conviction where: the assault was linked to sexual offences against a separate victim; where the victim's medical history was obtained; where the offender threatened the victim; where forensic evidence was recovered; and where witnesses were present.

In contrast to sexual abuse cases, the child's account appeared to have little weight in a decision to prosecute physical abuse (Gallagher & Pease, 2000; Davis et al. 1999). Cases which had medical evidence of a serious assault on a young child, and where the suspect had previously been suspected of an assault on a child, were most likely to be prosecuted. However difficulties could arise in cases involving younger children who, while in a minority, often incurred some of the most serious injuries. In many of these cases children were unwilling to disclose their abuse (through fear of the suspect) or were unable to (owing to their injury or the fact they were pre-verbal). The identification of the perpetrator of the assault was a particular problem when a very young child had been physically assaulted, having been looked after by a number of different people. Even if the time when the child had been injured was pinpointed, without a confession or a witness to the assault the police could not charge anyone with causing the injury. As a result, it was not uncommon in these cases for there to be evidence of physical abuse but little or none as to the identity of the perpetrator.

Public Interest

While Gallagher & Pease's (2000) review of police files in England found little evidence of cases being discontinued on the grounds of it not being in the public interest, it was clear from interviews with the police and the Prosecution Service that this was often a factor influencing decision-making. In physical abuse cases, the police often took the view that it would not be in the child's interest, nor in the wider interests of his or her

family, to pursue further criminal proceedings, or at least not beyond a caution. Similarly in Davis et al.'s (1999) study, physical abuse cases were less likely to be prosecuted if the police felt that there was still a chance that the parents could learn to control their behaviour and it would be better if the family were supported by Social Services.

Case Characteristics

Evidential and public interest concerns are often closely inter-linked with a range of other factors and case characteristics. In NI, analysis of sexual crime recorded between 2001–2006 showed that cases involving 5–13 year olds as victims, and cases involving strangers or family members/relatives as offenders, were more likely to result in an offender being summonsed, charged or cautioned than other victim/offender groups (Bunting, 2008). Similarly, more recent analysis of sexual offences (Bunting, 2011), in relation to overall levels of detection, has found lower victim age and increased reporting delay to be associated with significantly lower levels of detection. This differs from English research (Feist et al., 2007) focusing specifically on rape, which has shown that the time between offence and report was a significant predictor of getting a case to court for adult victims only, and that case outcomes for younger victims was less influenced by reporting delay.

The NI analysis (Bunting, 2011) shows a range of reporting patterns with 2 in 5 children reporting immediately, one quarter within a year of offence occurrence and 13% a year or more after the offence occurred. A further 1 in 5 reported as an adult many years, often decades, after the offence. Almost twice as many adults reporting childhood sexual offences were males, compared with immediate reporters, indicating that males may have particular difficulties in coming forward and telling professionals what has happened to them.

The 2008/10 analysis also looked at the relationship between case characteristics and outcomes in relation to physical violence. As with sexual offences, age was a significant factor, although the pattern was reversed and cases involving 0–4 year olds had significantly higher levels of detection than other age groups. Higher levels of detection were also evident for the more serious crimes of murder/attempted murder and wounding/GBH/AOABH, as well as cases involving female victims.

Research into adult rape victims indicates that victims with learning disabilities or psychiatric problems are over-represented in terms of cases that drop out of the system (Lea et al., 2003). Similarly a review of rape cases reported to the Metropolitan Police Service (MPS) found that 87% of victims have had at least one of four vulnerabilities. These included: being under 18 years old; having mental health issues; ingesting alcohol prior to the rape; and/or were in, or had previously been an intimate domestic relationship with their attackers (MPS, 2007). These were found to have a cumulative effect on case outcomes, with none of the rape allegations involving victims of rape with three or more vulnerabilities resulting in a conviction.

While data on attrition in cases involving child victims with a disability is not available within NI, the fact that the NI Young Witness Service receives very few referrals in relation to child witnesses with physical and learning disabilities would suggest that the most vulnerable children are disproportionately impacted within the CJS in NI.

Victim withdrawal

Victim withdrawal accounts for a significant proportion of discontinued cases (16% in Gallagher & Pease, 2000; 15% in Bunting, 2008; 39% in Feist et al., 2007), although changes to the Home Office Counting Rules mean that this information

is no longer routinely recorded in crime statistics. A range of factors are likely to influence a victim's decision to withdraw. In relation to sexual crime, Kelly (2001) cites:

- victim and/or professional perceptions that sexual assault by intimates does not fit the 'stereotypical' view of rape;
- the view that such cases are 'difficult' to prosecute;
- fear of court processes; and
- fear of intimidation from the alleged offender or their family

Feist et al., (2007) found that the two most frequently cited reasons for victim withdrawal were not wishing to go through the investigative or court process and the victim 'wanting to move on'. Research in both England and Northern Ireland has also shown that victims decline to prosecute most commonly in cases involving boyfriend/girlfriends as the offender (Feist et al., 2007; Bunting, 2008). Interestingly, rapes reported on the same day of occurrence have also been shown to have higher rates of victim withdrawal than those reported later (Feist et al., 2007).

Both professionals and parents will likely play an important role in encouraging/discouraging the young person's continued engagement with the criminal justice process. Police attitudes and responses have long been understood to be of central importance to adult rape victims pursuing their complaints (Kelly, 2001) and it is likely that this will also be of importance for children and young people. The CJINI (2010b) inspection report recognises how the victim is treated and supported by the system is also integral to how they engage with the CJS. It identifies delays in the progress of cases and lack of contact and consultation with victims as key issues contributing to attrition in NI. Specifically it notes that in cases where the victim withdrew from the prosecution, the PPS appeared to accept that there

was then insufficient evidence to proceed, rather than attempting to see what support could be offered to assist the victim in continuing.

Denial/Retraction

Denial of abuse or the retraction of abuse allegations also contribute significantly to case attrition, 13% in Gallagher & Pease's (2000) study, 6% of this because the police believed the allegation to be false or malicious and 7% because the child denied being maltreated or later retracted their allegation. Current guidance for interviewing child victims recognises that not all police interviews will result in a disclosure of abuse, either because the child has not experienced or witnessed any maltreatment, or because the child is not ready, able or willing to tell at that time. The guidance outlines the circumstances and issues around child disclosure, highlighting that:

- 'Statements may be 'accidental' or deliberate, verbal or non-verbal;
- Suspicion may arise from one or more sources: medical query, witness reports, confession, photographic evidence, children's behaviour or verbal statements;
- Children may not report all details of their abuse at once, they may minimise or withhold information;
- Disclosure may be immediate, but is very often delayed for long periods;
- Children may deny or retract such statements, even if other evidence exists, and this may be symptomatic of the abuse itself;
- The presence of an earlier informal statement does not guarantee an allegation will be repeated in a formal interview;
- Age, culture and many other factors may affect children's willingness and ability to make such statements.' (DoJ, 2003; p15)

As such, cases in which children deny the abuse or retract an earlier allegation may very well include false allegations as well as those in which the child is not yet ready to make a disclosure, or, having done so, does not wish to proceed with the case because of fear of what will happen to them, their family and often the perpetrator.

Professional Attitudes and Practices

Both Gallagher & Pease (2000) and Feist et al., (2007) have highlighted significant variation in outcomes depending on the police area in which the offence was reported. Of the six English police areas in Gallagher & Pease's (2000) study, the proportion of alleged CSA cases subject to no further police action ranged from 92% in Area 1 to 55% in Area 6. There was less variation in terms of alleged physical abuse cases, although it was still markedly different with virtually all the cases (99%) being 'no further actioned' in Area 1, compared with two-thirds (68%) in Area 3. Likewise Feist et al., (2007) found police force area to be a significant predictor of getting a case to court, concluding that this is likely to reflect variations in the way forces are dealing with their rape cases.

In relation to sexual offences against children in NI, Bunting (2008) revealed significant variation in both overall detection rates and detection types across the then 29 Police District Command Units (DCUs), with the proportion of detected child sex offences involving a formal sanction ranging from 20%–77%. More recent analysis of police statistics (Bunting, 2011) has also shown significant variation in detection rates by police district for both sexual offences and offences against the person.

It should be acknowledged that such geographical variations in detection rates may not entirely represent variation in practice, and further work is needed to differentiate between the effect of case characteristics on detection rates and potential variations in attitudes and practices at a local level.

Nonetheless, on-going doctoral research (Robinson, 2008a & 2008b) points to police practice in the conduct of ABE interviews as a factor impacting on attrition. In her analysis of 140 ABE interviews across 4 police regions in England, Robinson revealed a catalogue of problems including:

- little evidence of social work involvement in preparations for the interview;
- few interviews which remotely resembled the four phased approach set out in ABE guidelines;
- little attempt made to establish rapport with the child and engage in a free narrative account of their experiences;
- a series of peripheral questions frequently diverted children away from speaking about the assault itself; and
- limited evidence of recognition of multiple abuse incidents.

These findings suggest that poor interview practices may well contribute to attrition rates, an assertion supported in Baroness Stern's Review (Home Office, 2010) into how rape complaints are handled by public authorities in England and Wales.

SUPPORT FOR YOUNG WITNESSES IN NORTHERN IRELAND

Increasing recognition of the potentially negative impact of criminal proceeding and the stresses experienced by child witnesses in the court environment has led many Western countries to develop legislative and policy initiatives aimed at better protecting child witnesses (Hoyano & Keenan, 2007). While the detail and extent of reform varies from country to country, the past two decades have witnessed the introduction and implementation of policies and guidance across

the UK aimed at facilitating children to give their best evidence in court (see Plotnikoff & Woolfson, 2009 for an overview).

Yet research exploring the experiences of young witnesses (Plotnikoff & Woolfson, 2005; Plotnikoff & Woolfson, 2009) has concluded that a significant gap between the vision of policy and the reality of many children's experiences remains. The findings reveal continuing problems with the use of visually recorded statements, lack of pre-trial support and assistance and the use of questioning at court which often confused and misled witnesses. A number of young witnesses experienced delay not only between reporting and the date set for trial, but through rescheduling of the court date and long waiting times to give and complete their evidence. These delays were significantly greater in NI than in England & Wales.

NSPCC Young Witness Service NI

The NSPCC's Young Witness Service (YWS), funded by the Department of Justice (DoJ), provides a regional service operating in all Crown Courts across Northern Ireland as well as Youth and Magistrates Courts in Antrim, Armagh, Belfast, Craigavon, Fermanagh and Tyrone, Lisburn, Londonderry and Newtownards. Between April 2008 and March 2010 the YWS dealt with 316 referrals involving young people as victims of crime (57%), and 239 cases involving young people as witnesses of crime (43%). It is intended that the service will be rolled out to all Courts across NI.

Legislative and policy developments in Northern Ireland have largely mirrored those in England and Wales. These now allow for witness evidence by children to be given via video link and provision is made for physical measures to reduce the stress of children giving evidence at trial. These include informal dress, screening of witnesses from the accused, live link CCTV and

the use of pre-recorded interviews. The development of support services for young witnesses giving evidence has also been a key strategic element of improving the CJS response to the needs of children.

Encouragingly, research funded by the Department of Justice specifically exploring the experience of young witnesses in NI (Hayes et al., 2011) has shown that a majority of young witnesses reported giving evidence the way they wanted, primarily via TV link. Support by the Young Witness Service in the pre-trial period and on the day of the trial was viewed very positively by both young people and parents, who said that this had either made a lot of difference or was what has enabled them to give evidence in the first instance.

However, delays were commonplace with an average waiting time between reporting and trial of 18.1 months at Crown Courts, and 12.9 months at Magistrates and Youth Courts. Many young witnesses also reported a lack of pre-trial support and received little information about how their case was progressing. One of the biggest worries young witnesses had about going to court was seeing the defendant and/or their family; unfortunately many also reported this happening either in and around the court building or over the TV link.

Being questioned in court was problematic for many young people who sometimes found it confusing and deeply distressing, and felt that there was little intervention from the Public Prosecutor. Post-trial support appeared to be particularly needed where the verdict had not been a positive one for the young witness. It was evident from both the interviews with young witnesses and the survey of YWS volunteers and practitioners that engagement with the criminal justice system and court processes was often perplexing and traumatizing for both witnesses and their wider family. Many parents felt they had been left to 'just get on with things' and commented on a lack

Sarah's story

In 2011, 17 year old Sarah was referred to the NSPCC's Young Witness Service having alleged she had been sexually abused by a male she knew. Sarah reported the crime in 2009 and the alleged perpetrator was charged with the rape of Sarah and two other young women. The 1st trial date was set 18 months after reporting in the Crown Court. Sarah and her mother were required to attend court four times but legal arguments meant she didn't give evidence until the third occasion. The delay added to Sarah's anxiety.

Sarah finally began her evidence during the second week of the trial and she was cross-examined for two days. She appeared to cope well with this. On the second day of her evidence, Sarah and her Young Witness Supporter were asked to leave the video link room so Sarah's counsel could consult with her in private. On her return, Sarah was visibly shaken and unsettled but would not discuss the content of the consultation as the barristers had noted she was still under oath. Sarah was asked to come back to court the next day.

On arrival the next day, Sarah was very distressed. During the consultation the previous day she had been told that the barristers had difficulty believing her evidence and thought that she was telling lies about the rape. She had been told she could be charged with Contempt of Court, a serious crime punishable by a prison sentence. At home that night she couldn't sleep and kept thinking that when she returned to court the next day she would be sent to prison. She was afraid to tell her barrister of her fears because she was still under oath and feared this might get her into trouble. Sarah's distress increased and she was having suicidal thoughts. Her mother was greatly upset by her daughter's distress and told YW staff she couldn't live without her daughter and that she would harm herself also.

YW staff spoke to the Office in Charge and one of the legal team expressing great concern that a vulnerable young witness had been treated in a manner which had a devastating impact on her and her mother. As this was now a matter of child protection, YW strongly recommended that Sarah and her mother seek medical advice. The Officer in Charge accompanied them both to the GP where Sarah was prescribed Diazepam. On her return to court the next day her counsel told her the case was being withdrawn.

Sarah was a very vulnerable young woman who appeared to be coping well with the court process until she was told by her own barrister that she was lying. Unsure if she could tell anyone what had passed between her and her counsel, she went home distressed, believing she could be jailed for even speaking about the conversation and began to consider suicide as an option. Her experience has left her traumatised and greatly distressed. She would not be willing to attend court if criminal proceedings were to be re-opened due to her experience.

of post-trial follow up and available support services. The report recommends further consideration of the support needs of victims and families whose cases are heard at the lower courts, as well as greater prioritisation of young witness cases by courts. It also recommends that, in line with recent developments in England and Wales, consideration should be given to developing guidance and training initiatives for judicial and legal professionals in Northern Ireland on the questioning and cross-examination of young witnesses and victims (Plotnikoff & Woolfson, 2011).

THERAPEUTIC SUPPORT FOR VICTIMS IN NI

Practitioners and volunteers taking part in the Young Witness Study (Hayes et al., 2011) also stressed the emotional upset resulting from cross-examination and harsh questioning, the re-evocation of original trauma and the turmoil caused by a 'not guilty' verdict, as key issues for young witnesses post-trial. They also highlighted insufficient levels of support, in particular therapeutic support, for victims once the trial was over.

NSPCC NI Therapeutic Services

NSPCC provides two specialist therapeutic services for victims of child abuse in Northern Ireland, one based in Craigavon and one based in Londonderry/Derry. Between April 2010 and March 2010 193 children received a service from these projects, a majority in relation to their experiences of child sexual abuse.

The strong association between maltreatment and mental and emotional well-being is well documented with the literature suggesting that 30–50 per cent of sexually abused children meet the full criteria for a PTSD diagnosis (Lazenbatt, 2010). Therapeutic services aim to address the

mental health issues arising from such abuse. In NI as in the rest of the UK, therapeutic provision for children and young people who have been abused involves a range of service providers, largely from the statutory and voluntary sectors.

A research project mapping services for sexually abused children and young people across NI (Bunting et al., 2010) identified a total of 47 relevant services which reported providing some degree of therapeutic support to this group. These services were provided in a variety of ways and at varying levels with specialist³ provision accounting for only a minority (13 per cent) of available services. They were provided by both the voluntary and statutory sector in the form of specialist dedicated projects and family centres which offered a specialist post-abuse/sexual abuse service. Of the 895 children and young people identified as receiving a service in 2006/07, only 28 per cent were in receipt of a specialist service, with specific gaps being identified in both the Western HSCT and the Northern HSCT.

The research identified numerous gaps and challenges relating to provision for children and young people in NI much of which emphasised the overall lack of services, appropriate resources, staff and training. Therapeutic practitioners and managers who participated in the research emphasised the importance of support from family members to the victim's recovery and their decision to proceed with the case, particularly in cases involving inter-familial abuse. They also identified a number of challenges to working therapeutically with child witnesses prior to their cases being heard in court, and were very much aware of the need to strike a balance between supporting the young person and not being seen to 'coach' them or taint their evidence. Guidance issued by the DOJ (2011) provides the current framework for the provision of pre-trial therapy in NI. This guidance was issued to provide clarity

³ Defined as services with a specific specialism in post-abuse therapy

John's Story

John was re-referred to NSPCC for treatment at age 15, six years after he alleged he had been abused when aged 9 by a 14 year old boy. John also alleged that the 14 year old boy had forced him to abuse a nine year old girl. At the time of the incident in 2003, John had been unable to complete a joint protocol interview because of his anxiety and the case was investigated on the basis of the girl's allegation. A file was submitted to PPS in November 2005 but they decided not to prosecute because they felt there was insufficient evidence to achieve a conviction.

John later reconsidered and completed a joint protocol interview in the summer of 2007. A summons was issued for the alleged perpetrator to appear in court but this was returned un-served as he no longer lived at that address. The PPS reported that a request was sent to police to locate an address for him.

When John came to NSPCC in 2009, he and his family had been given no information on the status of the case and did not know if a decision had been made to prosecute even though he had completed his video interview 2 years and 4 months previously. NSPCC was given to understand that the case had been "forgotten" within the system and, because the PPS did not have John's details as an injured party, no correspondence had been sent to the family. The officer in charge said she would tell the investigating officer of the concerns raised and he would contact the family.

During the course of this investigation there were three different investigating officers. One of these sent a letter to John's parents. They phoned the officer who told them the case would be going to court. PPS then wrote to the family in November 2009 to advise that they had decided not to prosecute as there was no longer a reasonable prospect of securing a conviction. They outlined the reasons:

- The history of delay in bringing a prosecution against the alleged perpetrator
- As the alleged perpetrator was now an adult the case would have to proceed in an adult court rather than youth court as first intended
- The time that had elapsed from the alleged offences and the fact the summons remains un-served from July 2008
- The ages of the parties involved

John and his family were devastated by this outcome and how their case had been handled. The delays he experienced seriously limited NSPCC's ability to provide John with therapeutic support to deal with his trauma for a long period of time.

and prevent children being denied therapy pending the outcome of a criminal trial for fear of jeopardising the criminal prosecution. While recent NI research with young witnesses in NI (Hayes et al., 2011) did not identify this as a particular problem, NSPCC practitioners continue to highlight this as ongoing issue. Furthermore, delays in cases proceeding to court continue to have a knock-on effect on therapeutic support by delaying the provision of interventions dealing specifically with the child's abuse experiences, potentially exacerbating their trauma.

UK DEVELOPMENTS

Sexual Assault Referral Centres (SARCs)

A Sexual Assault Referral Centre (SARC) is a one-stop location which provides a single coordinated response to the immediate needs of rape and serious sexual assault victims. SARCs are staffed by specialist teams of doctors and nurses, often including female doctors, and provide emotional support/counselling and medical care. This includes emergency contraception and treatment to prevent sexually transmitted infections. If the person decides that they want to report the rape to the police, this can also be done as part of the service offered by a SARC and forensic evidence can be gathered.

There are currently 30 SARCs across England and Wales and it is intended to open one in every police force area in 2011, taking the number to 43. Some of the more established SARCs have now developed their services beyond those set out in the minimum elements of service and are staffed to provide services such as advocacy, proactive follow-up and case-tracking (Home Office, Department of Health and the National Institute for Mental Health, 2005). Some SARCs are limited to victims over the age of 14 or 16, whilst others also see paediatric cases and younger teenagers, depending on availability of

resources, and the local arrangements in place for children's services.

An evaluation of three of the earliest SARCs (Lovett et al., 2004) found, in a significant number of cases, they encourage uptake of support in the aftermath of rape and sexual assault. More survivors were also able to access support services due to the possibility of self-referral. Using the same data, research into attrition in rape cases (Kelly et al., 2004) noted that victims seen at a SARC were less likely than those dealing only with the police to withdraw from the investigation.

Independent Sexual Violence Advisors (ISVAs)

In 2006 ISVAs were introduced in a number of areas in England, extending the existing support available to victims of rape and sexual assault. ISVAs are specially trained to provide proactive and tailored assistance and advice to victims of sexual violence and are located in either SARCs or voluntary projects. The role is similar to that of Independent Domestic Violence Advisors, and it is intended that both will lessen victims' reluctance to engage with the criminal justice system. A process evaluation of the services offered by ISVAs in both settings (Robinson, 2009) concluded that they added value to existing services, meeting the practical, non-therapeutic support and information needs of victims of rape and sexual violence. ISVAs also played a key role in liaising and co-ordinating with other agencies to provide services and information on the police investigation and other CJS and court processes.

Managed Clinical Networks (MCNs)

In 2010 the Department of Health and the Royal College of Paediatrics and Child's Health jointly commissioned a report aimed at establishing the potential benefits and feasibility of developing clinical networks for child protection health serv-

ices. The report recognised that, although every clinician should have the skills and competencies to identify children and young people who may have suffered harm, the assessment and management of children with complex or infrequent presentations of maltreatment, including those who may have experienced sexual violence or abuse, will require involvement from clinicians with specific knowledge and skills. It proposed specialist advice networks to pool scarce specialist skills and equipment and address inequities in current provision. The report also points to the potential to develop over-arching multi-professional Managed Clinical Networks at a regional or sub-regional level in order to provide population-based support to commissioners, to lead on strategic development and clinical governance, and to coordinate consistent high quality training, development and support for the range of clinicians.

Intermediaries

Section 29 of the Youth Justice and Criminal Evidence Act 1999 provides for the examination of a witness to be conducted by an intermediary approved by the courts. This measure is used to assist witnesses who need help to communicate their best evidence and who fall into at least one of the following groups: children – aged under 17 years; people with a mental disorder or learning disability; people with a physical disability or physical disorder. An intermediary is someone who the court approves to communicate to the witness the questions that the court, the defence and the prosecution teams ask, and to communicate the answers that the witness gives in response. They can also provide communication assistance in the investigation stage. Approval for admission of evidence taken this way is then sought retrospectively. The intermediary is allowed to explain the questions or answers so far as is necessary to enable them to be understood by the witness or the questioner, but without

changing the substance of the evidence. Intermediaries are not investigators and their role is not the same as appropriate adults, witness supporters or expert witnesses.

Six pathfinder projects implemented the intermediary special measure in England and the subsequent evaluation (Plotnikoff & Woolfson, 2007) found that almost all those who encountered the work of intermediaries expressed a positive opinion of their experience. Benefits included the potential to: assist in bringing offenders to justice; increase access to justice; contribute to cost savings; assist in identifying witness needs; and inform appropriate interviewing and questioning techniques. Despite these perceived benefits, the evaluation also revealed operational difficulties and cultural resistance among some in the criminal justice system, recommending ‘positive action to meet these challenges and to help ensure that meritorious cases proceed and witnesses are given a voice.’ (p xiii)

NORTHERN IRELAND POLICY CONTEXT

Victims and Witnesses

Over the past two decades in NI there have been a raft of legislative and policy initiatives aimed at ensuring that child witnesses are able to give their best evidence and receive the support they need (see Hayes et al., 2011, for an overview). Key amongst them has been:

- the Children’s Evidence (Northern Ireland) Order 1995, which allows for witness evidence by children to be given via video link and bars defendants from cross-examining child witnesses personally; and
- the Criminal Evidence (Northern Ireland) Order 1999 which makes provisions for physical measures to reduce the stress of children giv-

ing evidence at trial, such as informal dress, screening of witnesses from the accused, live link CCTV and the use of pre-recorded interviews.

Other developments have included: publication of a Code of Practice for Victims of Crime (NIO, 1998) and setting up the Vulnerable or Intimidated Witnesses Steering Group (VIVW). The VIVW has a central role in managing cross-agency issues impacting on victims and witnesses across the criminal justice system and is responsible for coordinating key areas of service development and delivery.

Over the past five years various Criminal Justice Inspections (CJINI, 2006a, 2006b, 2010a, 2010b) have identified a range of problems in relation to delays within the CJS, attrition in the prosecution of sexual offences and general lack of confidence in the CJS and its processes. These inspections have been influential in developing policy in this area and making recommendations for change. In response to the findings of the CJINI (2006b) inspection into the experience of victims and witnesses, the Northern Ireland Office (2007) launched a five-year victim and witness strategy, 'Bridging the Gap', with the aim of enhancing the victim and witness experience of the criminal justice system by improving service delivery. Developments have included: publication of a cross-cutting Victims' Code of Practice (DoJ, 2011b) revision of 'Achieving Best Evidence' guidance to include guidance on the provision of pre-trial therapy (DoJ, 2011a) and plans to introduce intermediaries to Northern Ireland as a matter of priority. More recent CJINI inspections, (CJINI, 2010a & 2010b) however, continue to identify delays and attrition within the CJS as entrenched problems which appear to be less amenable to change.

Sexual Violence

The past decade has witnessed considerable policy interest in the progression of cases through the criminal justice system across the UK, specifically in relation to sexual offences against both children and adults. This has prompted legislative reform (Home Office, 2000; 2002; Northern Ireland Office, 2006) and the development of cross-government strategies to deal with sexual violence and abuse (Northern Ireland Office, 2007).

In NI key policy developments have included the publication of the joint DHSSPS and NIO (2008) strategy '*Tackling Sexual Violence & Abuse: A regional Strategy 2008–2013*' and the associated actions plans which have been developed and taken forward by sub-groups of the Inter-departmental Group on Preventing Sexual Violence. The aim of this regional strategy is to 'implement an effective, collaborative and cohesive approach to tackling and reducing sexual violence and abuse with a view to:

- increasing public awareness of the problem;
- improving responses for victims from the Criminal Justice System;
- providing better support for victims/survivors and their families; and
- working with perpetrators to reduce risk and prevent sexual violence and abuse from recurring.' (p6).

Additionally the strategy tackles a broad range of issues which have particular relevance for child sexual abuse, including delays in the CJS as well as low levels of conviction and confidence in the CJS.

A major element of the support component of the strategy is to provide a sexual assault referral centre (SARC) for Northern Ireland. It is planned that this new facility will be located in the Antrim

Area Hospital and will provide services to children and young people as well as adults. It is hoped that the development of a SARC in NI will provide a supportive environment for victims, which may subsequently be used to assist in the successful prosecution of offenders.

Other developments have included:

- publication of a Policy for Prosecuting Cases of Rape (PPSNI, 2010);
- issuing pre-trial therapy guidance as part of the revised NI version of Achieving Best Evidence (DoJ, 2011a);
- publication of a directory of services available for child and adult victims and survivors of sexual violence and abuse; and
- a media campaign to raise general public awareness of the issues.

Although the recent CJINI inspection (2010b) noted much that was good in terms of current practice, it also highlighted delays and attrition as on-going problems. The report identified the need for the CJS to 'take all lawful steps open to it, to ensure that victims of sexual violence and abuse experience the best possible service under very demanding circumstances' (p vii). Minimising avoidable delay in the CJS, providing better support and information for victims and reviewing prosecution processes were put forward as key to achieving this.

Domestic Abuse

In 2005 DHSSPS, in partnership with the Northern Ireland Office, led and developed a strategy for addressing domestic violence and abuse in Northern Ireland. As with the sexual violence strategy, "Tackling Violence at Home" was published with associated action plans that detailed actions, the department/agency with responsibility and the target date for completion of each action. The Regional Steering Group on Domes-

tic Violence, formed as part of this strategy, has representation from statutory and voluntary sector agencies and oversees implementation of the action plans and associated activities at a regional level. At a local level, five inter-agency Domestic Violence Partnerships have been developed and these translate central government policy into a reality for victims within their own communities. Key developments from the strategy have included:

- establishment and funding of a freephone 24-hour domestic violence helpline;
- a series of media campaigns to encourage anyone affected by domestic violence to seek help;
- establishment in Northern Ireland of an Inter-Ministerial Group on Domestic and Sexual Violence.

Multi Agency Risk Assessment Conferences (MARAC) have also been developed and introduced on a regional basis following a successful pilot. MARACs aim to reduce the risk of serious harm or homicide to victims and to increase the safety, health and wellbeing of victims and children, through pooling information, resources and actions in a structured and planned way. Assessment of risk uses an approved assessment tool. MARACs will work in close partnerships with the new Public Protection Arrangements in NI as they continue to develop arrangements on violent offenders.

It is envisaged that consistent application of police policy on domestic violence should lead to more arrests, to effective support for every victim and, where appropriate, to the prosecution of perpetrators. An increased confidence in the criminal justice process should also lead to a reduction in the number of cases where victims withdraw their evidence. Overall, increased reporting, more arrests, and a reduction in repeat victimisation should lead, in time, to a real and sustained

reduction in domestic violence. As such the strategy is accompanied by performance indicators, which include police statistics on reporting, detection rates, victim withdrawal prosecution etc.

The thematic inquiry examining how effectively the PSNI is tackling domestic abuse in Northern Ireland conducted by the Human Rights and Professional Standards Committee of the Northern Ireland Policing Board (Kilpatrick, 2009) also identified gaps in current information systems. The report noted the lack of disaggregated police data on domestic incidents and crimes, drawing attention to the gaps this leaves in our knowledge of the nature and level of domestic abuse in NI. Without information on the gender of the perpetrator, the relationship between victim and perpetrator and whether or not children were present, the true picture of domestic abuse is partial at best.

DISCUSSION

Recorded crime statistics demonstrate that the CJS in NI has extensive contact with children and young people as victims of violent crime; roughly 6,000 on an annual basis. Legislative and policy developments over the past decade have placed considerable emphasis on improving the experience of victims who report crime and in developing preventative initiatives, which reduce sexual victimisation and domestic violence. Particularly welcome developments include the planned introduction of a Sexual Assault Referral Centre, the revision of Achieving Best Evidence guidance, the commitment to roll out the YWS across all courts in NI and the planned implementation of intermediaries.

However, the evidence from UK and NI research and statistics illustrates that much still needs to be done. Police statistics show younger teenage girls are a key group at risk of sexual victimisation and teenagers of both genders, but in

particular boys, are a key group at risk of physical violence. Importantly, although in the minority, young children aged 0–9 years still make up 22% of the victims of sexual crime and 12% of offences against the person. While the focus of this paper is on child victims in contact with the CJS, these figures illustrate the importance of primary prevention and the development of preventative strategies to reduce levels of victimization within these groups.

Data relating to the offender is only recorded in detected cases and this represents a significant information gap, which obscures the full picture of crime against children and young people in NI. Victim surveys can produce a much broader picture of victimisation within a population, and the Northern Ireland Witness Survey provides a detailed overview of experiences of crime within in NI. However, currently it does not routinely include under 18's, nor does it address violent or sexual offences. While the sensitivities involved in seeking the views of these groups cannot be underestimated, our understanding of the experiences of some of the most vulnerable victims and witnesses in contact with the CJS is severely limited.

The information which is available in detected cases suggests that many of those who offend against teenagers are age peers and are known to them, further supporting the need for preventative strategies which promote greater awareness and understanding of these issues amongst school age children. While offenders with a familial relationship to the victims only accounted for 1 in 5 perpetrators of both sexual and physical violence, they accounted for much higher proportions of offenders for both offence types in the younger age groups. Again, it is important to stress that this information is only available in detected cases and a full picture of crime committed against young children is currently not available. Nonetheless young children, and those with a familial relationship with the offender, are likely to

represent some of the most vulnerable victims in contact with the CJS, with particular needs at investigative and interviewing stages, as well as at PPS decision making and court stages.

It is also clear from the NI statistics that there is substantial case attrition with only a minority of crimes (19% of sexual offences and 25% of offences against the person) deemed as having sufficient evidence to prosecute. While precise figures on the proportion of cases which are eventually heard in court and result in a conviction are hard to come by, data on sexual violence indicates that just over half of reported rapes are sent by the police to the PPS for a decision. Of these, 25% proceed to trial and 57% result in conviction, giving an overall conviction rate for reported rapes in NI of just 7%. The research literature suggests that a complex interplay of various factors contributes to attrition: insufficiency of evidence; public interest issues, particularly where social services is working with the family; the age and gender of the victim and their relationship to the offender; reporting delay; victim withdrawal; denial/retraction of allegations; potential variations in practice depending where the case is reported and handling of the investigative interview; delays within the CJS and lack of contact and support.

Unfortunately our knowledge of attrition in NI remains somewhat limited. Further investigation into victim withdrawal and denials/retractions is key to better understanding how 'avoidable attrition' might be minimised and victims better supported. Currently official statistics are not able to identify the reasons why cases do not proceed and the differential impact this has on various groups of victim and/or offence types. Additionally, as recorded crime data only includes offender age, gender and relationship to the victim in detected cases, essential information on the nature and type of crime against children and young people remains unknown in the vast majority of cases. This information is crucial for policy development and service planning, not just to identify

levels of need but to identify changing patterns in the occurrence and reporting of victimisation and monitoring systemic response.

Recent inspections in NI have specifically pointed to delays, lack of support and lack of a proactive approach in cases of victim withdrawal as key factors contributing to attrition and it is important that the recommendations of these inspections are taken forward as a matter of urgency. Support for victims is essential even, and perhaps especially, in cases that do not proceed past the investigative or PPS decision making stage. While there are specific support mechanisms in place for young witnesses whose cases go to court, support for the vast majority of victims whose cases do not proceed is much more ad hoc. Young people whose cases have proceeded to court tell us that they are often in the dark about what is happening with their case and their parents often don't know who to turn to. The development of a SARC in NI is particularly important in this respect as this will offer tailored support to meet the needs of both adult and child victims of sexual crime. The introduction of advocates/supporters, similar to the ISVAs in England, but covering physical as well as sexual violence, would also seem an appropriate service development which would complement the SARC. This would offer a link between the victim and their family with the CJS and provide a mechanism for practical and emotional support, signposting to more specialist services as needed.

Therapeutic services for child victims is an essential element of support provision, particularly in sexual crimes and interfamilial cases. Research demonstrates that there is unequal access to specialist services across NI in relation to sexual abuse and that services for parents are limited. Delays in cases proceeding to court have a knock-on effect not just within the CJS but within therapeutic services, delaying the provision of interventions which deal specifically with the child's abuse experiences. The findings from the recent YWS study also illustrates how

traumatic involvement in court processes can be, particularly where there is a 'not guilty' verdict. Children and families in these circumstances need appropriate support to help them recover, support which is by no means always available or forthcoming. A regional approach to commissioning therapeutic services for victims of both abuse and crime more generally is needed to ensure that all children and their families are able to avail of this, as and when required.

While the findings from the recent Young Witness Study illustrates much that is positive in victims'

experiences of court, there are a number of areas for further development, key among them being improved pre-trial and post-trial support. Currently the YWS target much of their efforts towards Crown Court cases, as these will represent the more serious and complex cases dealt with by the courts. The study recommends further consideration of the support needs of victims and families whose cases are heard at the lower courts. The need for greater prioritisation of young witness cases and a more uniform approach by courts to address overly harsh/inappropriate questioning of children is also highlighted.

KEY NSPCC RECOMMENDATIONS

- 1 High levels of violent crime against children support the need for preventative strategies which promote greater awareness and understanding of these issues amongst school age children.
- 2 Implementation of the recommendations of recent CJINI inspections into delay and sexual violence is required as a matter of urgency. In particular:
 - *Investigation by PPS as to the reasons why the majority of rape cases are directed for no prosecution and take action to address any issues arising in conjunction with the PSNI*
 - *PSNI and PPS should develop a protocol for the investigation and prosecution of allegations of sexual offences which outlines responsibilities in relation to the updating of victims. Consideration should also be given to review and roll-out of the victim liaison pilot.'*
- 3 Advocates/supporters, similar to the ISVAs in England, should be introduced for all child victims of violent crime and their families as means of providing support and sign posting to other services.
- 4 Further investigation into victim withdrawal and denials/retractions is needed to better understand how 'avoidable attrition' might be minimised and victims better supported.
- 5 The conduct of ABE interviews and their link with attrition should be examined.
- 6 Current information management systems should be developed to allow for the recording of alleged offender details in undetected cases to facilitate better understanding of the nature of crime against children.
- 7 Better use of current CJS information management systems is needed to inform key strategies and to monitor levels and patterns of crime against children as well as case outcomes.
- 8 Mechanisms to gather information from child victims about their experiences of the CJS should be developed. This should take particular account of vulnerable groups such as those who have been the victims of sexual crime, disabled victims and those who have been subject to violent crime perpetrated by parent/caregivers.
- 9 A regional approach to commissioning therapeutic services should be developed to ensure that all children and their families are able to avail of this as and when needed.
- 10 The recommendations of the recent Young Witness Study should be taken forward, in particular: giving consideration to the support needs of victims and families whose cases are heard at the lower courts; greater prioritisation of young witness cases by courts; and, in line with recent developments in England and Wales, consideration of the development of guidance and training initiatives for judicial and legal professionals in Northern Ireland in relation to the questioning and cross-examination of young witnesses and victims.

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