



theBridge

here, no matter what
help after rape and sexual assault

The Bridge Sexual Assault Referral
Centre

Annual Report 2018 – 2019

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1. Introduction

The annual report is written to summarise activity, data trends and wider relevant activity of The Bridge SARC (sexual assault referral centre). It is shared with the commissioners, stakeholders and the public via the Bridge website.

It covers activity from 1st October 2018 to 1st October 2019

The Bridge is part of the division of medicine and is hosted by the University Hospitals Bristol and Weston NHS Foundation trust. The service is commissioned by NHS England and Regional Police & Crime Commissioners for Avon & Somerset, Gloucestershire and Wiltshire Police

2. Services available

What is The Bridge?

What do we do?

The Bridge exists to support and empower women, men and children and young people of all ages who have suffered rape or sexual assault at any time in their lives.

We offer a place of safety and support clients in their recovery.

We provide the following:

Adults, children and young people in the Bristol, South Gloucestershire, North Somerset, Bath & North East Somerset or Somerset area:

- Information to clients about their options and support them in deciding what to do next.
- Sexual health information and care.
- Collection of forensic samples and forensic medical examination (FME) with or without police involvement (*Clinicians are provided by G4S for adult clients and some clients age 16-17 years of age*)
- Information about reporting to the police and support approaching them if needed.
- Practical support and referrals to other services that the client may need in order to move towards safety and recovery.

Children and young people in the Gloucestershire and Wiltshire areas:

- Information to children, young people, and families about their options and support them in deciding what to do next.
- Sexual health information and care.
- Collection of forensic samples with police involvement (or without police involvement in some situations)

- Information about reporting to the police and support approaching them if needed.
- Referrals to other services that the client may need in order to move towards safety and recovery including ISVA, sexual health screening, General practitioner and psychological support

For professionals:

- Information and advice to professionals who receive a disclosure of sexual assault
- Information and advice to professionals via a 24 hour advice line for general advice, strategy and professional discussions with the police or social care
- Training and education in a range of settings

How do we do this?

We take all sexual offences referrals reported to the police in the Bristol, South Gloucestershire, North Somerset, Bath & North East Somerset or Somerset area for children and adults from the Lighthouse (Avon & Somerset Police Victim Support Service).

The Crisis Work team make contact and offer advice, onward referral and support tailored to the client's needs

We offer face to face contact for any of these referrals with a Crisis Worker.

We take self-referrals for forensic medical examination and informal chats with or without FME in adults and some 14 to 17 year old clients who allege recent rape or sexual assault. *The examining clinicians are provided by G4S for all adult cases and some 16/17 year olds.*

We take police referrals for forensic medical examinations in adults who allege recent rape or sexual assault and who reside in or in whom the assault occurred within the local area.

We take referrals for all children from professionals in the commissioned area (Avon & Somerset, Gloucestershire and Wiltshire) who have alleged or in whom there are concerns regarding recent sexual abuse (defined as the last 7 days).

- We provide strategy discussion and professional advice.
- We offer forensic medical examination and immediate care.
- We arrange aftercare, appropriate referrals and provide safeguarding reports for all and statements when required.

All forensic medical examinations include holistic wellbeing evaluation and provision of emergency contraception, PEPSE, Hep B vaccination/PEP and risk assessments for self-harm and suicide

We are commissioned by NHS England and Regional Police & Crime Commissioners for Avon & Somerset, Gloucestershire and Wiltshire Police

When do we do this?

Opening Hours

Telephone advice 24 hours a day 0117 342 6999

24 hours for police referrals for those over 18 and some 16/17 year olds

For face-to-face care, non-police medical examinations & support:

Adults and over 16s on the adult pathway:

Monday to Thursday: 8am to 8pm

Friday: 8am to 6pm

Saturday & Sunday: 9am to 5pm

For face-to-face care, medical examinations and support:

0 to 15 years and 16/17 year olds on the paediatric pathway;

Monday to Friday: 9am to 6pm

Saturday and Sunday: 12pm to 4pm

3. Executive summary

October 2018 marked the start of a new service for The Bridge SARC. University Hospitals Bristol and Weston NHS Foundation Trust were awarded the contract for the new regional paediatric service, to offer medical care and support to all children and young people who had experienced recent sexual abuse in the Gloucestershire, Wiltshire and Avon and Somerset area. This was in addition to the contract for adult services that has remained with the same provider for a decade.

417 people attended the Bridge for medical examinations in the year; 100 of these being children and young people under the new contract. In addition another 673 children, young people and adults were supported by The Bridge staff through telephone consultation and tailored onward referrals.

In April 2019 the therapeutic service, which had been part of The Bridge service, was recommissioned to another provider as part of a consortium of psychological services. We also employed our first Male Crisis Worker to help us work towards becoming a service accredited in supporting male victims of sexual violence.

The report ends at the start of October 2019, which marked 10 years since the SARC first opened and we are grateful that three of the staff who were there at the beginning are still working for the service today and remain as passionate and engaged as ever.

New staff joined us and several left and we are grateful to all those who have supported the development of The Bridge, in the last year, and have since moved on to new careers.

Within this report we have chosen to spotlight some of the data on the ethnicity of our service users and to highlight some of the context in which the alleged offences occur. In particular to highlight those offences that occur outside of the family home.

We think there are improvements we can make to our service.

We think we can do better to meet the needs of the local population. Service users from Black Caribbean, Black African and Asian Pakistani communities in particular are not well represented in the profiles of those that attend the SARC and we have developed the role of Lead Crisis Worker for Black, Asian and Minority Ethnic populations to help explore this

Table 1 shows the comparison for the Bristol area ethnic composition compared with the SARC user profile (for Forensic medical examination cases only) for those clients in whom this was documented (404/417) This is not wholly accurate of the geographically area covered by the Bridge (as Bristol is urban and much of the covered area is rural).

Racial and ethnic composition	Bristol 2011 census %	Adult SARC users (>18) %	Paediatric SARC users (17 and under) %	Total SARC users where ethnicity is documented (404 of 417)
White British	77.9	83.5	83	86.1%
White other	5.1	5.5	4	5.2%
Black African	2.8	0.6	2	1%

Black Caribbean	1.6	0	0	0
Asian Indian	1.5	0.6	1	0.7%
Asian Pakistani	1.6	0	0	0
White and black Caribbean	1.7	1.3	2	0.7%
White and black African	0.4	0.3	1	0.5%
Other				5.7%

We think we can also do better to meet the needs of male service users and plan to complete the required steps to become accredited and maintain the diversity of the staff within the SARC to reflect this.

We also think can do better to make every contact count, not only by ensuring sexual health screening is offered to all children and young people at first contact but also to help identify those women that may have missed routine cervical screening and help them access this.

We are also looking forward to improving quality and welcome the first national SARC CQC inspection programme.

Thank you for the ongoing support of all stakeholder, the dedication of the team and the bravery of those people we support

Dr Michelle Cutland

Clinical Director

Nicola Shannon

SARC Manager

4. Activity report

4.1. Forensic medical examination (FME) referrals

4.1.1. Paediatric Service

4.1.1.1. Demographics

Gender: 100 children seen over the year for FME, 89% female, 11% male, one transgender and 28% under 13 years of age.

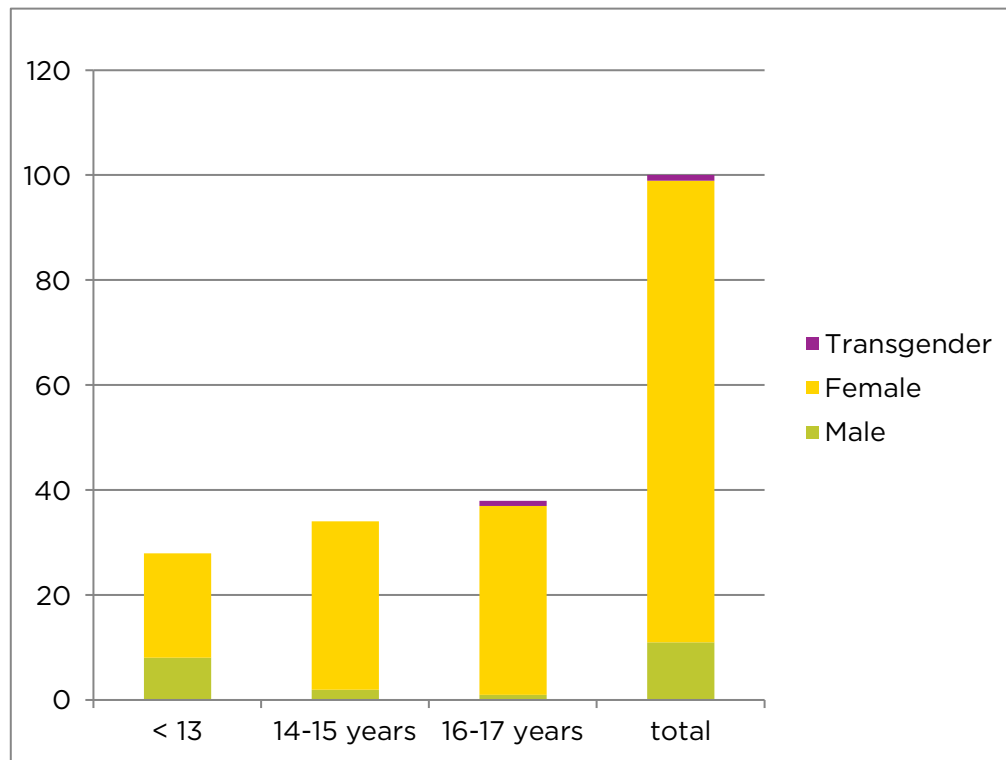


Figure 1

Ethnicity: The racial and ethnic profiles were white 87 % (83% white British, 4% white other), 4 % Black (2% Black African, 2% Black British) 2% Asian (1% British Asian, 1% Asian Indian), 4% mixed (1% mixed white and black African, 2% mixed white and black Caribbean, 1% mixed other)

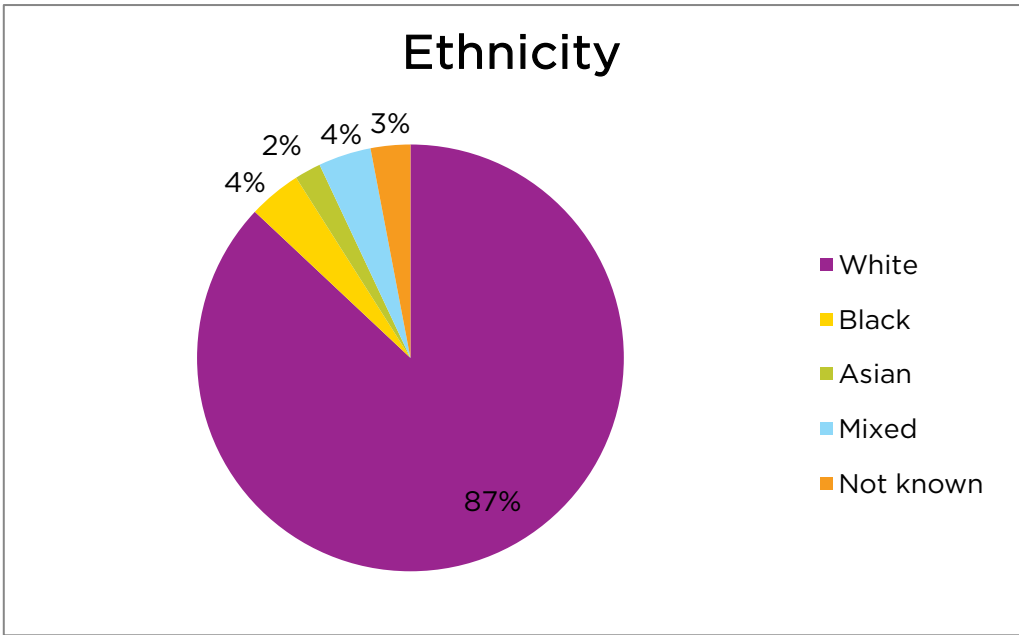


Figure 2

Area (Primary Care Trust): The PCT referral areas are detailed in figure 3

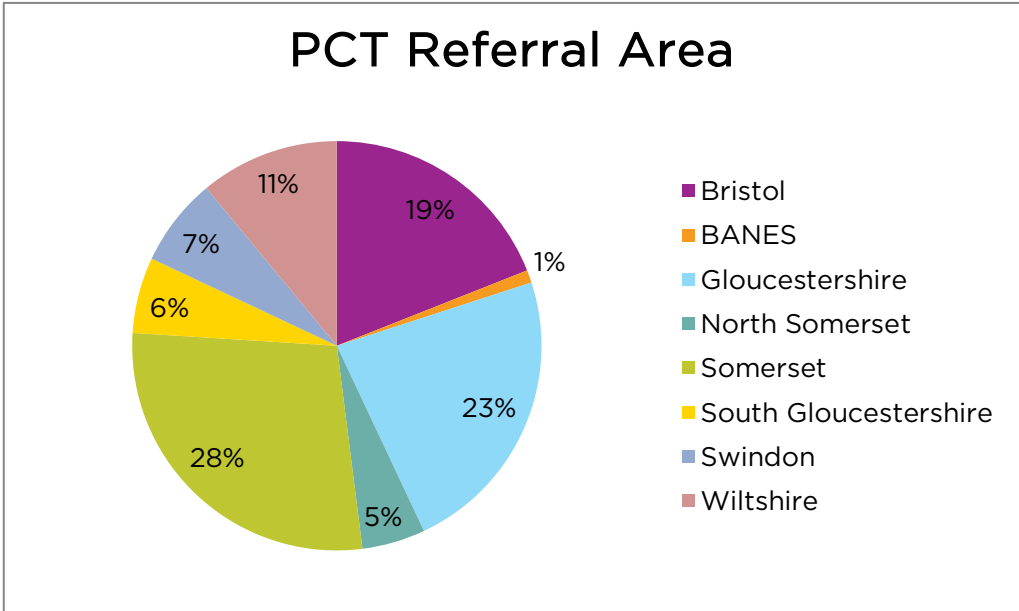


Figure 3

Figure 1

A, Aged 14

A attended for a forensic medical examination following a referral from Avon and Somerset police following an allegation of rape.

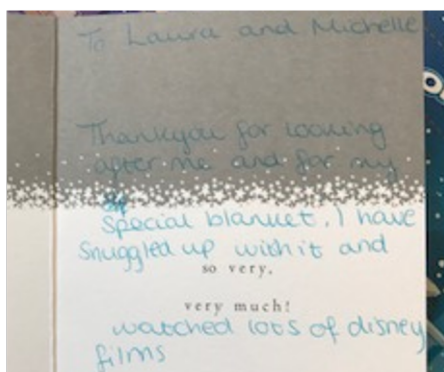
She had not been previously voluntarily sexually active and had no mental health concerns nor history of self-harm

A went to a male's house (15 year old) who she had met via social media. The alleged offender vaginally raped her.

She did not disclose for several days and was seen 98 hours after the alleged assault accompanied by her mother

She received Hepatitis B vaccination, a referral to local therapeutic support, sexual health follow up and an ISVA referral

Advice was provide to her mother over the telephone 4 weeks later due to worries about constipation.



4.1.1.2. Context

23% of the alleged offences occurred in a public building, outside or on transportation. These were all alleged offenders who were extra- familial and 22/23 of the victims were 14 to 17 years old.

6 (6 %) were self-referrals without police involvement

4.1.1.3. Aftercare uptake

58% were offered and also agreed to take up counselling referrals

84% were offered and also agreed to ISVA referral

64% were offered and agreed to sexual health referrals

4.1.1.4. Vulnerabilities

33% of the children and young people had a history of self-harm

38% had a history of mental health difficulties

7 (7%) had a physical or learning disability

Child sexual exploitation concerns cannot be commented on in this report

4.1.1.5. Case example

See Figure 1.

4.1.2. Adult Service

4.1.2.1. Demographics

317 adults aged 18 and over seen over the year for FME, 93% female, 6% male, two were transgender

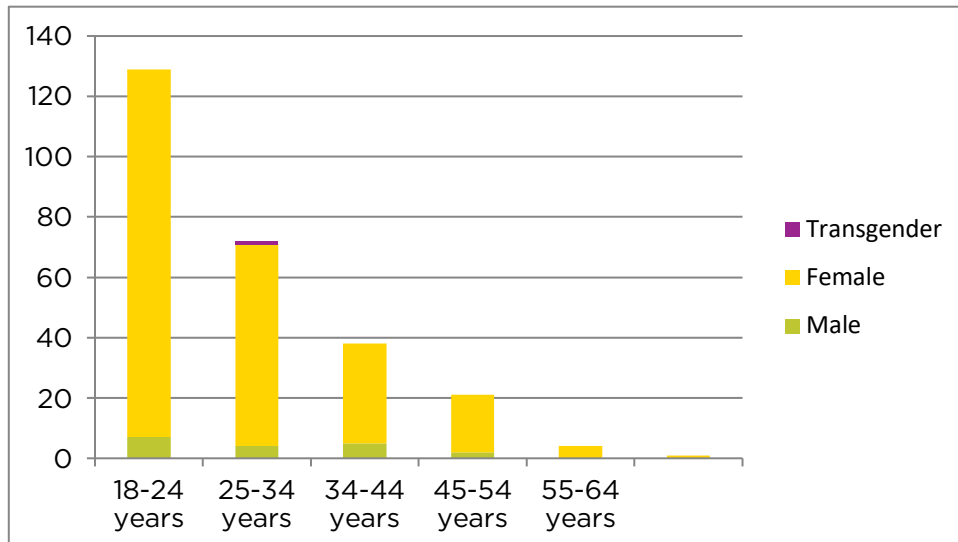


Figure 4

The racial and ethnic profiles were white 89% (83.5% white British, 5.5% white other), 0.9% Black (2 Black African, 1 Black British) 2.5 % Asian (1 British Asian, 2 Asian Indian, 5 Asian other), 3.1% mixed (1 mixed white and black African, 4 mixed white and black Caribbean, 5 mixed other)

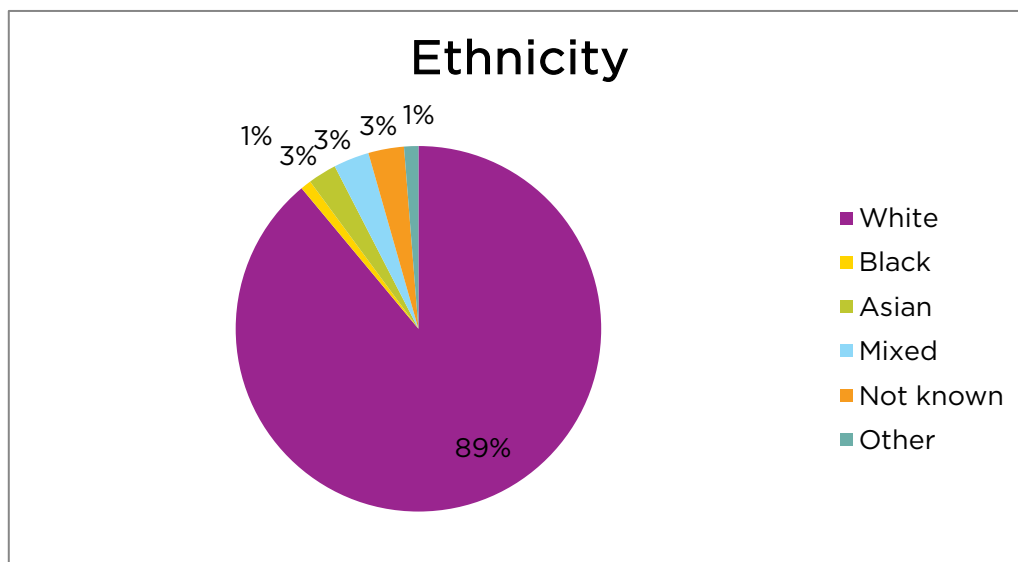


Figure 5

4.1.2.2. Context

19% of the alleged offences occurred in a public building, outside on transportation, in a hotel or other public space. 2 of the alleged offences occurred in institutions (e.g. prison). In 38% of the alleged offences the alleged offender was a stranger or unknown.

25% were self-referrals without police involvement

4.1.2.3. Aftercare uptake

49% were offered and also agreed to take up counselling referrals

44% were offered and also agreed to ISVA referral

66% were offered and agreed to sexual health referral

4.1.2.4. Vulnerabilities

54% had a history of self-harm

70% had a history of mental health difficulties

1.3% had a physical or learning disability

4.1.2.5. Case example

See Figure 2.

Figure 2

B, Aged 42

B attended for a forensic medical examination, following a referral the same day from Avon and Somerset Police, following an allegation of possible sexual assault.

He had a history of anxiety and depression.

He presented to the Police with concerns about a possible anal sexual assault. He had incomplete memory of the evening before.

He received post-exposure prophylaxis medication for HIV and an accelerated course of Hepatitis B vaccination. He was referred for support from an ISVA, counselling and a referral was made for sexual health follow-up.

4.2. Non-forensic medical examination referrals

The non-forensic medical examination referrals form the bulk of activity. These are referrals that come from a variety of sources but are mainly those people that report to the police but fall outside the timeframes where forensic material may be found. For most of 2018-19 these referrals came via The Lighthouse Victim & Witness Care (Avon and Somerset Police Victim Support Service) after they had made initial contact with the client. In August 2019 The Lighthouse began referring people directly to the Bridge rather than making initial contact themselves

4.2.1 Paediatric service

4.2.1.1 Demographics

145 children and young people received support from the Bridge but did not have a forensic medical examination at the bridge

Gender: 92% were female and 8% were male. 27% were under 13 years of age.

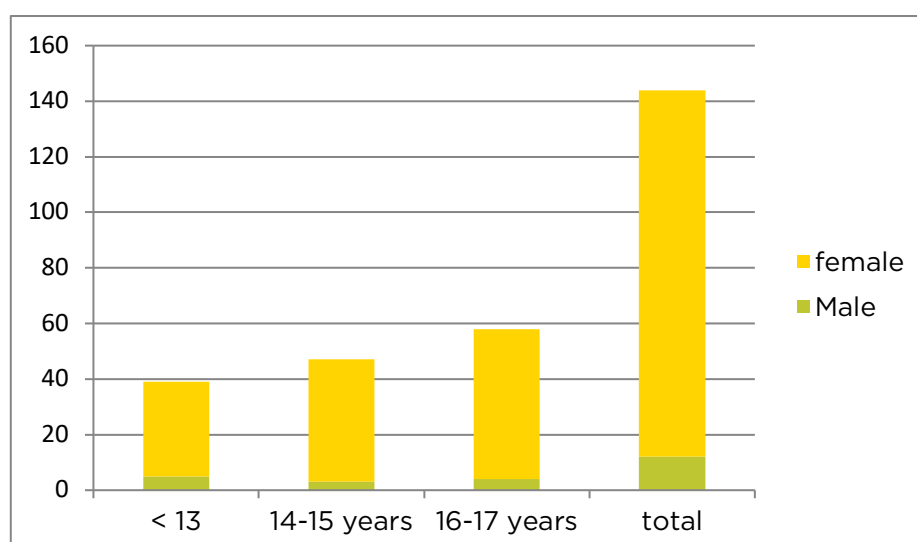


Figure 6

Ethnicity: The racial and ethnic profiles were white 73% (66% white British, 7% white other), two Black (both Black British) 3.4% mixed (1 mixed white and Asian, 3 mixed white and black Caribbean, 1 mixed other). 21% did not have their ethnicity documented.

Incident: 20% of the alleged offences occurred in a public building, outside, or on transportation.

Referral source: 9.6% were self-referrals or referred by a family member or friend rather than an agency.

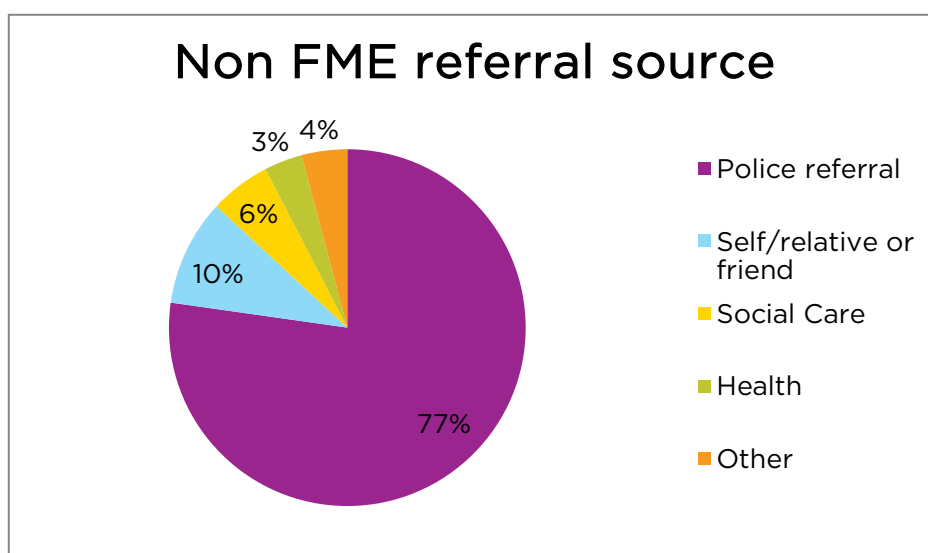


Figure 7

55% were offered and also agreed to take up counselling referrals

70% were offered and also agreed to ISVA referral

9% were offered and agreed to take up sexual health referrals

4.2.1.2. Paediatric telephone line

The paediatric telephone advice line is a 24 hour line for professionals to access advice, guidance and request input into strategy discussions. This report does not include a breakdown of use out of core hours.

Monitoring of the telephone line in the SARC is available for 6 months (1st April to 1st October 2019)

Month	Minutes per month (approximation)	Number of calls	Number of children related to
April	120	2	3
May	180	5	7
June	380	11	10
July	390	8	8
August	210	4	4
September	330	8	7

9 of the children discussed were offered an FME but never attended. Half of these were due to the young person declining.

4.2.2. Adult Service

4.2.2.1. Demographics

528 adults received support from the Bridge but did not have a forensic medical examination at the Bridge

Gender: 88% were female, 11.1% male and 4 (0.8%) were transgender

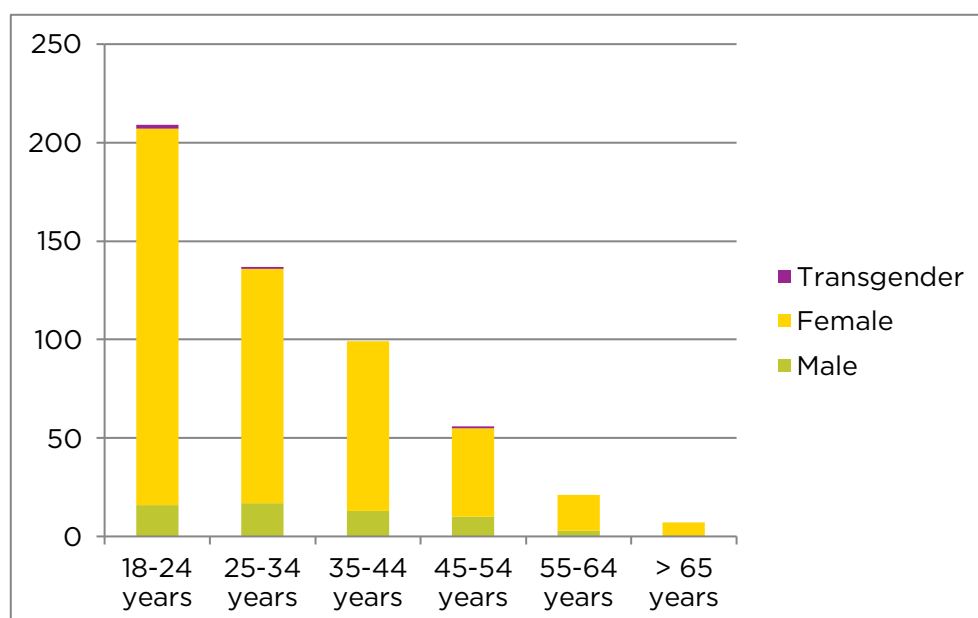


Figure 8

Ethnicity: The racial and ethnic profiles were white 78% (73% white British, 5% white other), six (1.1%) Black (3 Black African, 1 black Caribbean, 2 Black British) 3% mixed (2 mixed white and Asian, 3 mixed white and black Caribbean, 2 white and black African, 6 mixed other). 8 (1.5%) Asian (3 Asian Chinese, 1 Asian Indian, 2 Asian Pakistani, 2 Asian other) 15% did not have their ethnicity documented.

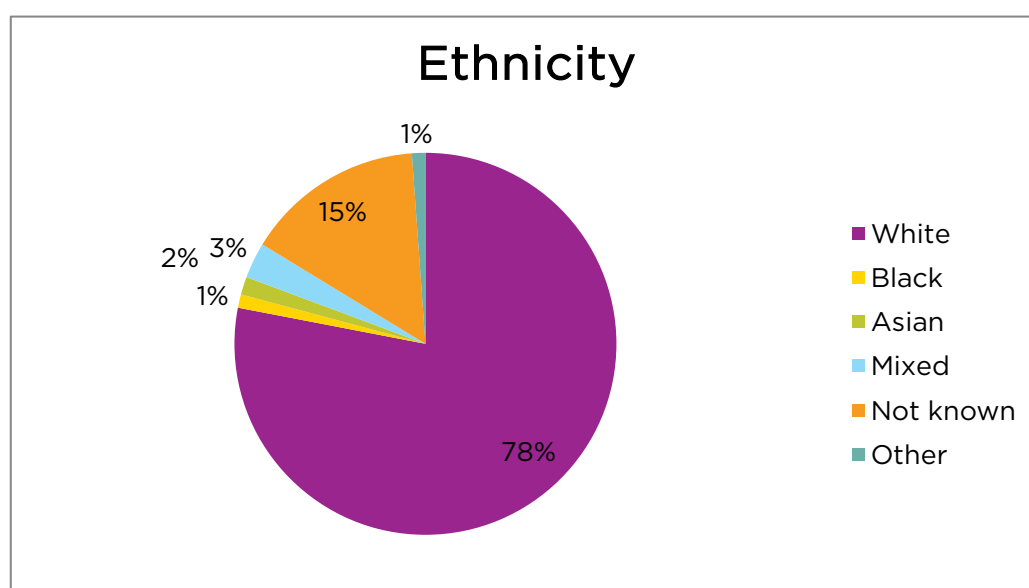


Figure 9

Incident: 17% of the alleged offences occurred in a public building, outside on transportation, in a hotel or other public space. One of the alleged offences occurred in prison. In 23% of the alleged offences the alleged offender was a stranger or unknown.

Referral source: 31% were self-referrals or referred by a family member or friend rather than an agency

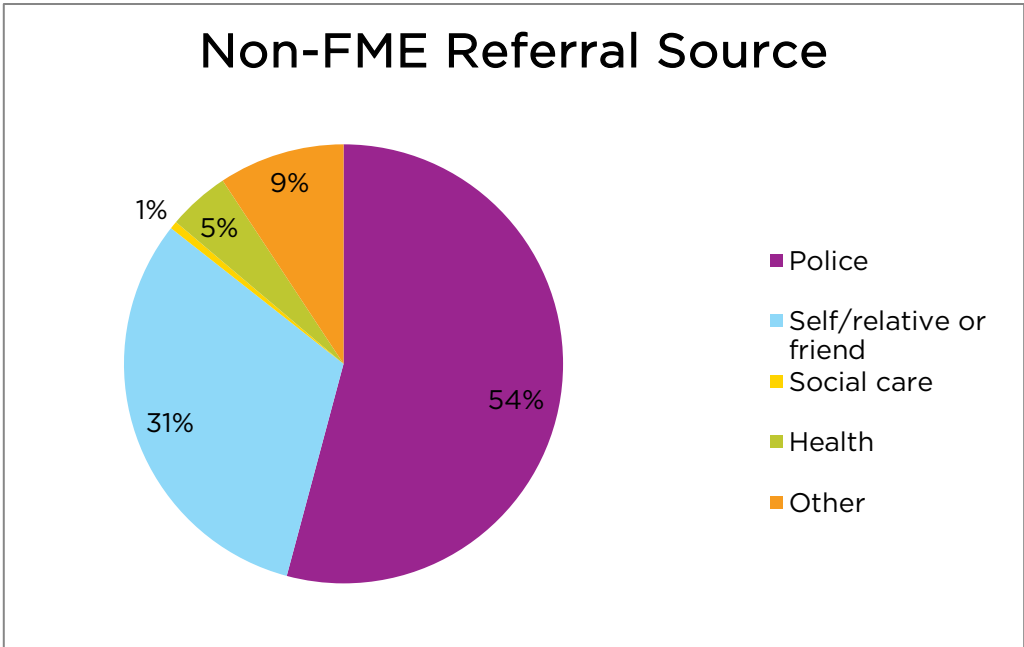


Figure 10

58% were offered and also agreed to take up counselling referrals

56% were offered and also agreed to ISVA referral

12% were offered and also agreed to take up sexual health referral

5. Patient and service user experience

5.1. Complaints

No complaints were received about the service

5.2. Compliments

Feedback is invited on aspect of the service and some of the comments are detailed here:

"You listened very well which allowed me to speak about my incident and how it has affected me"

"I am so grateful for yesterday, staff were so lovely and kind. Both my daughter and I are so very grateful for your help. If I could hire the Crisis Worker to come and live with us full time I would. My daughter loved her blanket and is asleep now cuddled up in it. Thank you"

"You made me feel comfortable relaxed and supported this helped me to feel less scared and worried. I left feeling much happier"

"I felt listened to. I was not judged and nobody tried to make me report it. I can't think of anything that could have been done better you informed me about everything that was going to take place, checked how I felt. Were very kind and understanding. You made me feel safe and able to say anything. You also complimented me on my bravery and strength. You were just really supportive. I cannot think of anything to complain about, everything was done really well and you all made me feel so comfortable"

"Both my child and I felt well cared for throughout the time we were at the Bridge"

"Before starting therapy, I never would have imagined just exactly how much better I would feel having completed the course. My therapist was brilliant. She's helped me, help myself to manage the difficult thoughts, emotions and feelings around my rape. She also helped me gain awareness about how I deal with trauma. Now I'm continuing my journey of self-awareness. I survived rape. Thanks to the wonderful services provided at The Bridge I can continue to thrive. Thank you"

"I received exceptional counselling care. She went above and beyond to provide a non-critical, caring and welcoming space. Showing continued understanding, patience and kindness throughout. I will always be grateful for her care and professionalism. She is an extraordinary counsellor"

The physical structure of the SARC was improved upon during the 2018-19 year by redecorating, the addition of new seating and making the paediatric suite more child and young person focused.



We are grateful to the following:

- **Project Linus**, for the donation of beautiful handmade blankets for children and young people
- **Above and Beyond**, for the charitable donation of a TV and DVD player in the Children's Lounge
- **The Quartet Foundation**, for the donation of funds for toiletries and clothing for clients.

5.3. Patient safety & governance

Patient safety and Governance meetings take place alternate months at the SARC with appropriate involvement and representation of the relevant stakeholders

36 incidents were reported through the year. 89% of these caused no harm to clients (33 incidents), 2.7% caused minor harm (1 incident) and 8% negligible harm (3 incidents)

The highest reported categories are:

- Service provision and staffing 46% of incidents
- Clinical assessment or review 16% of incidents

5.4. Non-client experience

The Bridge team are all involved in wider education; engagement and promotion not just for The Bridge service but to highlight the wider needs and experiences of those that have experienced sexual abuse and violence. Much of this work serves to ensure frontline professionals are aware what people's needs might be, how to help and respond, and where to get further advice and support as a victim and as a professional. This engagement also ensures that the staff are up to date with emerging research, data, trends and support available for service users.

This activity throughout the year involved the following:

- 21 training sessions delivered locally and nationally.
- Attendance at 15 local or regional training or educational sessions
- Attendance at 10 national training or educational sessions
- 47 face to face meetings with more than 100 professionals from educational, health, ISVA, criminal justice and patient involvement backgrounds.

5.5. Inspections and contract compliance feedback

No formal inspections took place in this year

Contract compliance has been 100% aside from the following areas where we have self-measured to be 90% compliant for at least 2 quarters in this year period

OS 1	The SARC premises and services, including crisis workers and on-call services, were available and effectively staffed for the entirety of the Operating Hours set out in Schedule 2.	<p>This is self-measured at 90% at the paediatric medical staff rota has not been 100% staffed during the mobilisation period while appropriate staff are recruited and trained.</p> <p>All children and young people have been seen with support from the private provider who holds an existing contract throughout the south west for the provision of medical examiners</p>
CG1	Clinical Governance – Provider has ensured the SARC meets all key national requirements including quality standards from relevant bodies such as the FFLM, CQC and applicable Royal Colleges (such as the RCPCH). The provider will be compliant within 6 months of contract start or from the date of publication of any change to the key national requirements.	<p>This is self-measured at 90% as we do not offer sexual health screening for children and young people as standard yet (as per RCPCH guidance)</p> <p>This is while the staff are trained and appropriate governance is put in place</p>

6. Research

The Bridge joined a number of other SARCs throughout England as part of the national MESARCH study looking at best practice in sexual assault referral centres <https://www.coventry.ac.uk/research/research-directories/current-projects/2018/mesarch/>

7. The Future

Looking forward to 2020 we intend to improve or enhance the service within these key domains:

Experience:

- To roll out sexual health screening in the SARC for children and young people
- To improve engagement and uptake of services offered within lesser heard communities
- To identify women that may have missed cervical screening and to help them access this
- To achieve accreditation of the Quality Standards for Services Supporting Male Survivors of Sexual Violence

Data collection:

- To improve the capture of concerns around child exploitation to feed into onward support
- To improve data collection to ensure ethnicity is correctly recorded
- To explore whether details on FGM can be captured and onward support initiated, where relevant

Quality:

- To continue to build a robust workforce, in particular for the paediatric service
- To start working towards forensic science accreditation
- To improve paediatric telephone line provision and monitoring

Research:

- To join and start MESARCH paediatric study