



theBridge

here, no matter what
help after rape and sexual assault

The Bridge Sexual Assault Referral
Centre

Annual Report 2019 – 2020

Contents	Page number
1. Introduction	3
2. Services available	3
3. Executive summary	6
4. Activity report	9
4.1. Forensic medical examination referrals	9
4.1.1. Paediatric Service	9
4.1.1.1. Demographics	9
4.1.1.2. Context	11
4.1.1.3. Aftercare uptake	11
4.1.1.4. Vulnerabilities	11
4.1.1.5. Case example	11
4.1.2. Adult Service	11
4.1.2.1. Demographics	11
4.1.2.2. Context	13
4.1.2.3. Aftercare uptake	13
4.1.2.4. Vulnerabilities	13
4.1.2.5. Case example	14
4.2. Non forensic medical examination referrals	15
4.2.1. Paediatric service	15
4.2.1.1. Demographics	15
4.2.1.2. Paediatric telephone line	16
4.2.2. Adult Service	17
4.2.2.1. Demographics	17
5. Patient and service user experience	19
5.1. Complaints	19
5.2. Compliments	19
5.3. Patient safety & governance	21
5.4. Non client experience	21
5.5. Inspections and contract compliance feedback	21
6. Research	22
7. The future	23

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 2019 to 1st October 2020

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 adults, 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 provide trauma informed care to support people in their recovery.

We provide a variety of bespoke services to the following:

Adults, children and young people in the Bristol, South Gloucestershire, North Somerset, Bath & North East Somerset or Somerset area, which include but are not limited to:

- Information to people about their options and support them in deciding what to do next
- Sexual health information and onward referrals for care
- Sexual health screening for children and young people seen on the paediatric pathway
- Collection of forensic samples and forensic medical examination (FME) with or without police involvement (Clinicians are provided by a private provider for adult clients and some clients age 16-17 years of age)
- Risk assessments for pregnancy and blood borne virus acquisition and appropriate interventions
- Information about reporting to the police and support approaching them, if needed
- Practical support and referrals to other services that they may need in order to move towards safety and recovery
- Referrals to other services that they may need in order to move towards safety and recovery including ISVA, sexual health screening, General Practitioner, safeguarding and psychological support

- 24-hour-a-day, 7-day a week, 365 days a year crisis support to callers

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 onward referrals for care
- Sexual health screening for children and young people seen on the paediatric pathway
- Collection of forensic samples and forensic medical examination (FME) with police involvement (or without police involvement for some young people over 13)
- Risk assessments for pregnancy and blood borne virus acquisition and appropriate interventions
- Information about reporting to the police and support approaching them, if needed
- Referrals to other services that they may need in order to move towards safety and recovery including ISVA, sexual health screening, General Practitioner, safeguarding and psychological support
- 24-hour-a-day, 7-day a week, 365 days a year crisis support to callers

For professionals:

- Information and advice to professionals who receive a disclosure of sexual assault
- Information and advice to professionals via a 24 hour clinician advice line for general advice, strategy and professional discussions with the police or social care in relation to children and young people
- 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 where appropriate for any of these referrals with a crisis worker.

We take self-referrals for forensic medical examination (FME) and informal chats with or without FME in adults and some 13 to 17 year old clients who allege recent

rape or sexual assault. The examining clinicians are provided by a private provider for all adult cases and some 16/17 year olds.

We take police referrals for FME 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 and young people 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 multiagency strategy discussion and professional advice.
- We offer FME and immediate care.
- We arrange aftercare, appropriate referrals and provide safeguarding reports for all and statements when required.

All FME include as a minimum holistic wellbeing evaluation and provision of emergency contraception, HIV post exposure prophylaxis (PEP) for HIV where required, Hep B vaccination/PEP where required and risk assessments for self-harm and suicide

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, including self-referrals, non-police medical examinations & telephone support:

Adults and over 16s on the adult pathway:

Monday to Thursday: 8am to 8pm

Friday: 8am to 6pm

Saturday & Sunday: 7am to 7pm

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 2019 marked the start of third year of the Bridge operating as the regional paediatric service alongside its 11 year history as an SARC. 1303 children, young people and Adults were supported by the Bridge from 2019-2020.

The year started with the first CQC inspection of the paediatric SARC service (<https://api.cqc.org.uk/public/v1/reports/3842bfb7-136d-4a56-ab0c-bdc6e2514f2a>) which was complimentary. Our favourite extracts (there are many!) from this are here:

“Interactions we observed during the inspection were caring and compassionate

Feedback from CQC comment cards completed in the two weeks prior to our inspection were also positive about the service in general; people commented that the environment felt calm and safe, and that the quality of care was amazing with very kind staff

Staff we met during the inspection showed passion and dedication for the work they do at the SARC, and leaders and team members consistently referred to the importance of a child’s experience of the service. This gave a warm and welcoming atmosphere to the SARC

Constructive advice for improvement was also provided which we have heartily embraced.

The bulk of 2020 to date has been overshadowed by the global COVID 19 pandemic which impacted on how services can be delivered safely but reliably and with the same quality within national and changeable guidance. This continues to be a challenge moving into 2021.

We had a noticeable reduction in people accessing our service for FME early in the first lockdown (Figure 1) and made constructive plans to allow for what was anticipated increases in demand as lockdown measures eased. We continue to be impacted by this as the calendar year ends.

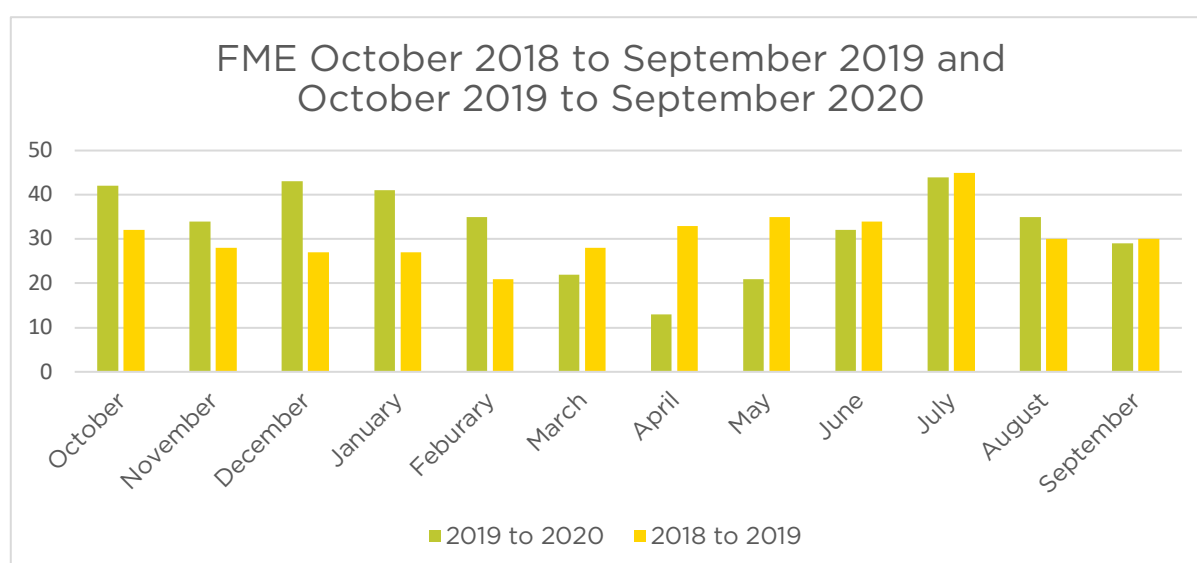


Figure 1

The COVID 19 pandemic has provided opportunities to look at the ways we work and has naturally enhanced relationships with partner agencies and statutory services and we are continually reflecting, learning and adjusting the way the service works with other organisations in light of this.

The year ended with the Bridge completing the final assessment and receiving the independent accreditation of the Quality Standards for Services Supporting Male Victims / Survivors of Sexual Violence (<https://limeculture.co.uk/accreditation/>) from Lime culture. An enormous amount of hard work has been put into this by all staff and in particular our 2 male crisis workers Duncan and Harry. Receiving this quality mark we think demonstrates our ongoing commitment to improve the consistency of service provision for male victims/survivors.

We also welcomed out new adult clinical director Dr Sandra Ives to the team as well as a number of new crisis workers

For this annual report in the context summaries we have chosen to highlight the service and responses to Males to celebrate acquiring the service standards and to highlight those that access the service as non-police self-referrals

We have reflected on 2018 to 2019 and celebrated the progress we have made with last year's goals namely:

- Accreditation of the Male service standards and an increase uptake of the SARC with males (from 6.9% April 2018-April 2019 to 8.2% October 2019-October 2020)
- The development of the paediatric service:
 - The paediatric service saw 41 % more children and young people for FME compared with 2018-2019
 - 54 children and young people had point of care sexual health screening undertaken at the SARC in 2019- 2020
- Better documentation of FGM status to facilitate relevant onward support and aftercare when desired.

We think there is still work to be done:

- Service users from lesser heard groups remain the minority. We have contributed as an organisation to research undertaken by the independent inquiry into child sexual abuse (IICSA) to increase understanding and explore challenges and barriers to SARC access for lesser heard groups. This remains a priority for 2020-2021
- We also think we can do better understand the demographics of our existing service users with better recording to improve our reach and tailor our support. This includes FGM status as $\frac{3}{4}$ children and young people did not have this documented. This also includes improved documentation of ethnicity and learning disability

Finally thank you for the ongoing support of all stakeholders – especially in these challenging global times, the dedication of the team and the bravery of those people we support.

Dr Sandra Ives

Clinical Director (Adult Service)

Dr Michelle Cutland

Clinical Director (Paediatric Service)

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: 141 FME undertaken on children and young people over the year, 9.9% male, 89% female and one transgender (Figure 2)

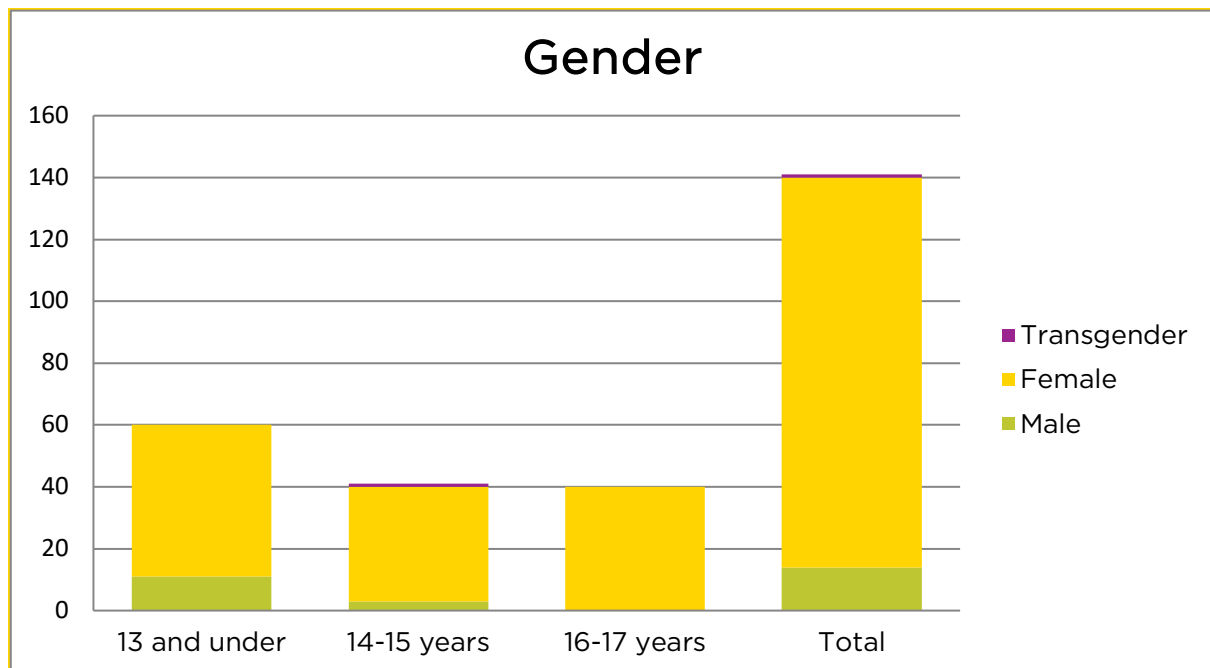


Figure 2

Ethnicity: The service user/carers identified ethnic backgrounds were White 80% (75% White British, 5% White other), 0% Black, 4% Asian (2% Asian Chinese, 1% Asian Indian, 1% Asian Pakistani), 11% mixed (4% mixed Black Caribbean and White, 6% mixed other, 1% mixed Asian and White), 1% Latin American (Figure 3)

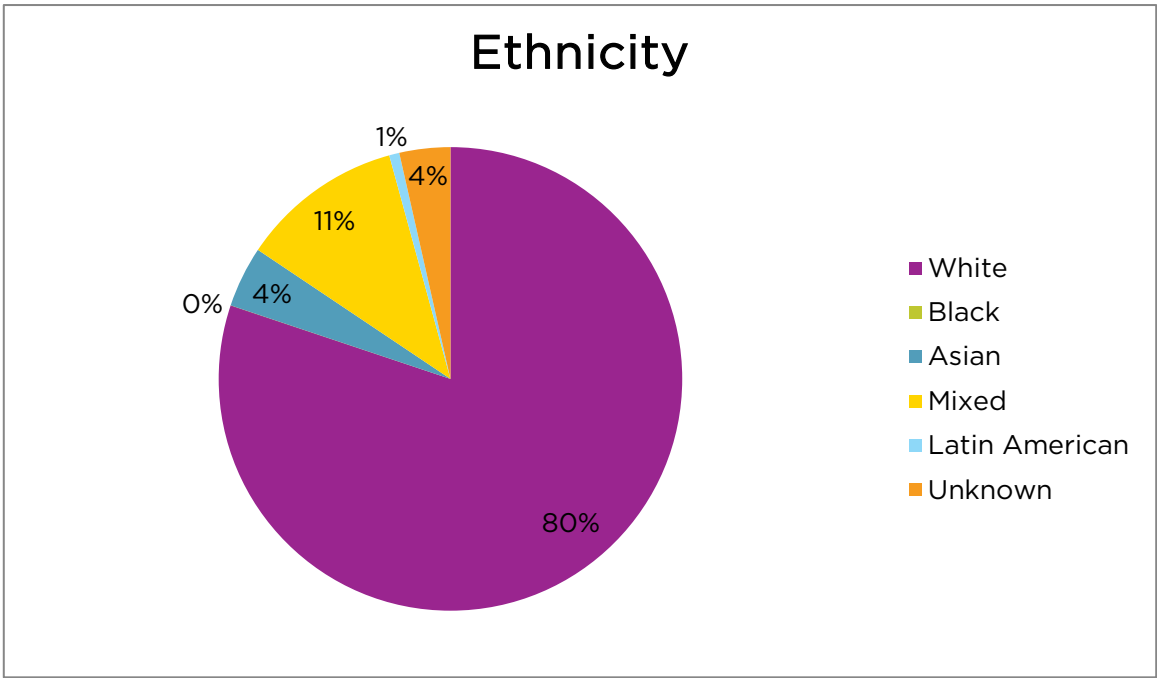


Figure 3

Area (Primary Care Trust): The PCT referral areas are detailed in figure 4.

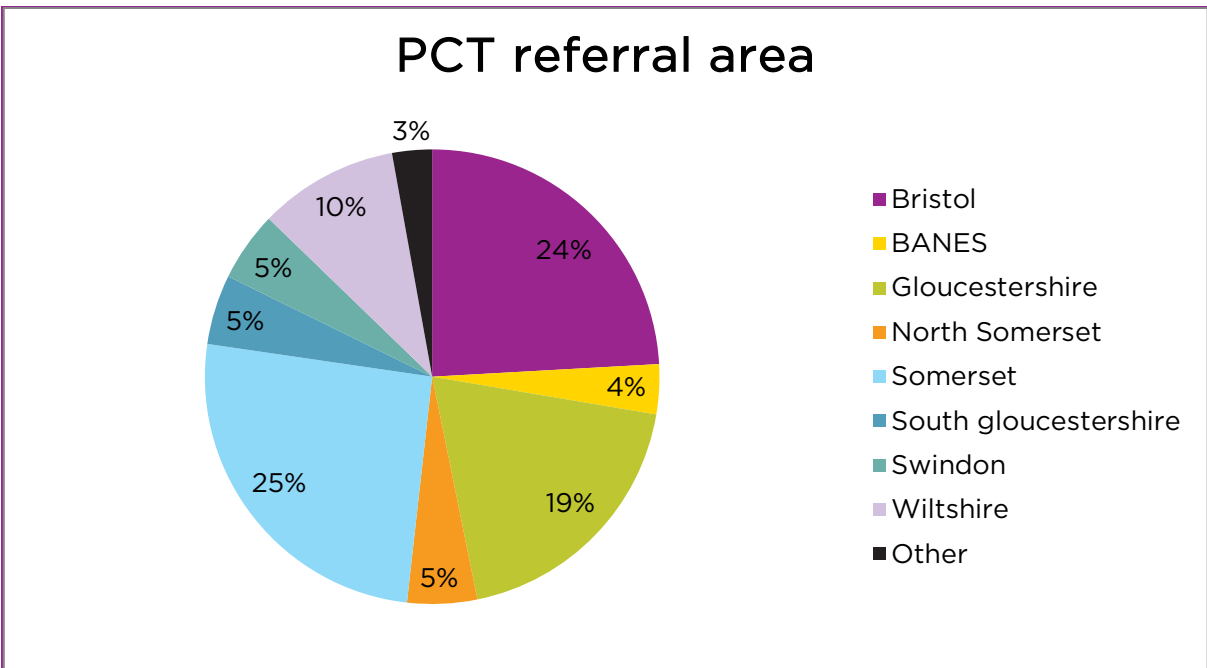


Figure 4

4.1.1.2. Context

16 FME (11%) of these were young people using the non-police self-referral pathway. This option has been available to those aged 16 and over historically but was extended as part of the enhanced young person self-referral service for those aged 13 to 15 in April 2018. 9/16 of these young people aged 14-15 were seen via this enhanced self-referral route.

14 male children and young people were seen for FME. Most (10) were aged 13 and under. Mean age was 11 (range three to sixteen years). Eight of the alleged offences were reported as intrafamilial.

4.1.1.3. Aftercare uptake

56% were offered and also agreed to take up counselling referrals

82% were offered and also agreed to ISVA referral

38% had sexual health screening at the SARC

57% were offered and agreed to follow up sexual health referrals

4.1.1.4. Vulnerabilities

Identifying vulnerabilities enables a holistic assessment of that person's life and facilitates further aftercare and interventions tailored to their needs and wishes.

Some children and young people had two or more vulnerabilities

41% of the children and young people had a history of self-harm

26% had a history of mental health difficulties

13% had a physical or learning disability or specific learning difficulty

In 10% there were concerns about substance misuse

In 9% there were concerns about child sexual exploitation

4.1.1.5. Case example

A & B

A, age 5 & B, age 1

A was seen with his sister following his father's arrest for internet based offences and a reported admission of penetrative abuse against A.

He was medically examined and support provided to him and his mother throughout.

A referral to a children's sexual violence advisor was actioned with consent and follow up with local counselling services.

4.1.2. Adult Service

4.1.2.1. Demographics

Gender: 275 adults aged 18 and over seen over the year for FME, 93% female, 5% male, Three were transgender (Figure 5)

Sexuality: 67% identified as straight, 5% identified as gay, 6% identified as bisexual, 20% not documented, 2% not disclosed.

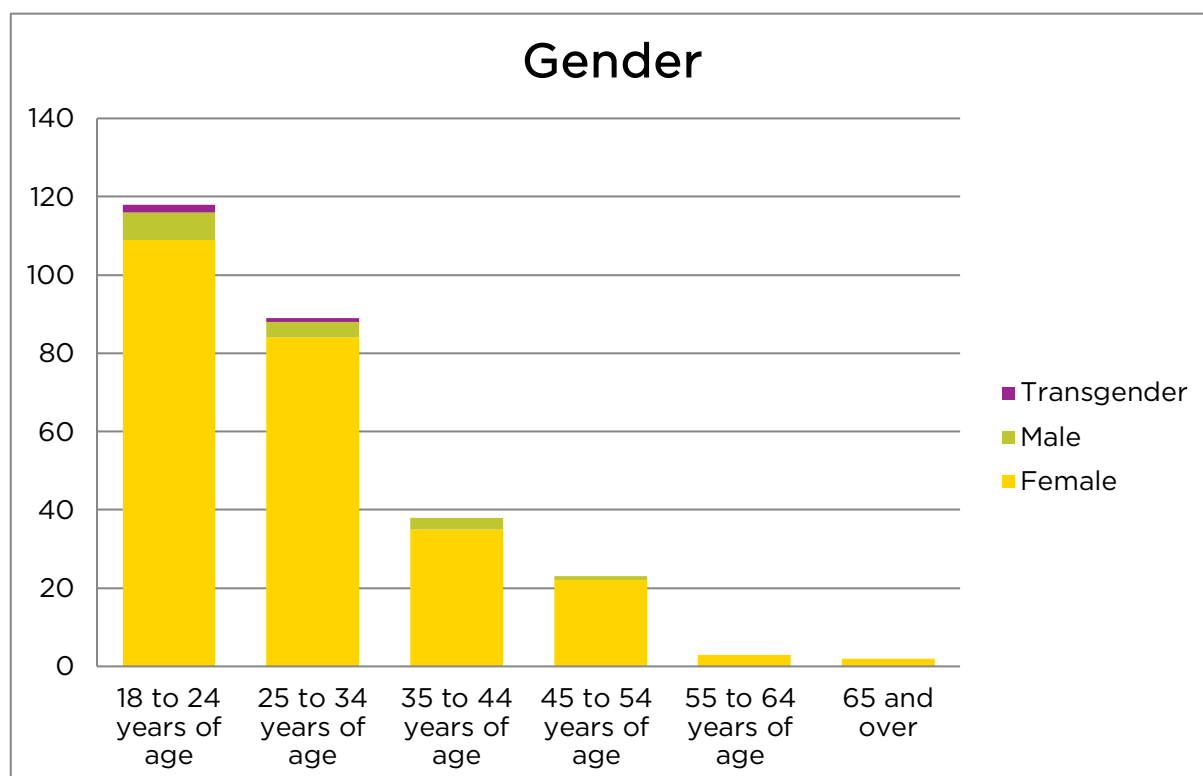


Figure 5

Ethnicity: The service user identified ethnic backgrounds were white 89% (83% White British, 5% White other), 3% (7) Black (One Black African, three Black British, two Black Caribbean, one Black other) 3% (7) Asian (one British Asian, two Asian Pakistani, one Asian Chinese, three Asian other), 3% mixed (one mixed Black Caribbean and White, seven mixed other). 3% (9) not known (Figure 6).

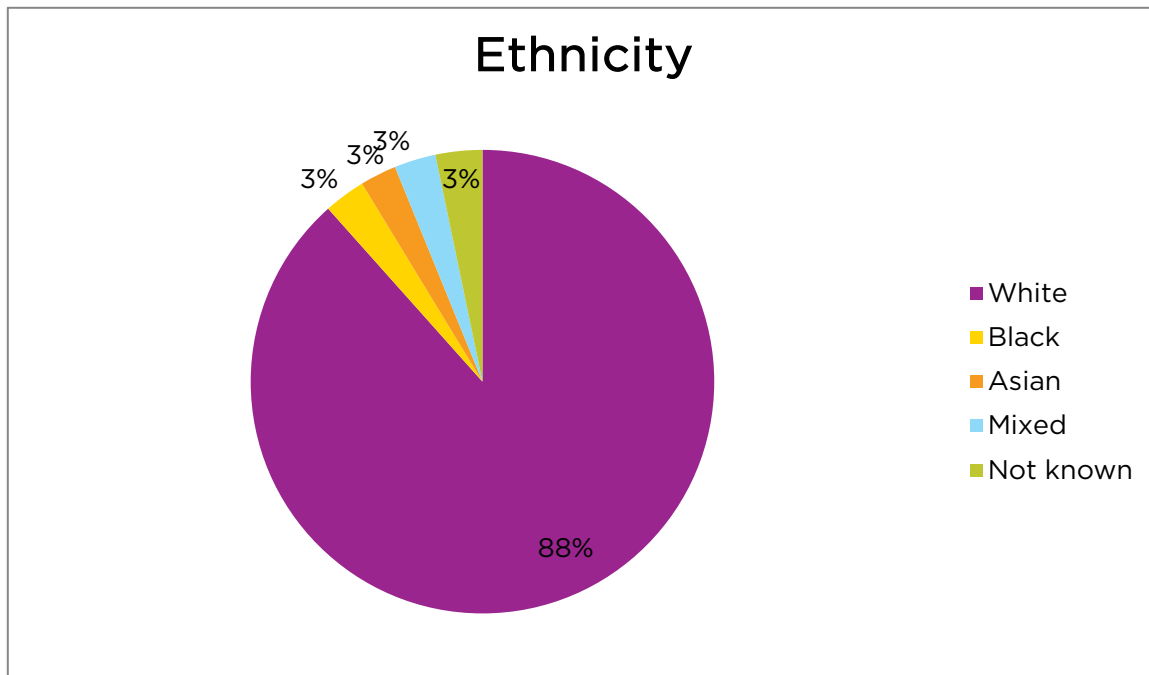


Figure 6

4.1.2.2. Context

68 FME (25%) of these were adults using the non-police self-referral pathway. 90% were female and 10% (6) were male. Just under half (49%) were in the 18 to 24 years age bracket.

15 males were seen for FME. Most (11) were aged 34 and under. Mean age was 24 (range 20 to 46 years). Eight of the alleged offences were reported as stranger assaults.

4.1.2.3. Aftercare uptake

57% were offered and also agreed to take up counselling referrals

77% were offered and also agreed to ISVA referral

69% were offered and agreed to follow up sexual health referrals

4.1.2.4. Vulnerabilities

Identifying vulnerabilities enables a holistic assessment of that person's life and facilitates further aftercare and interventions tailored to their needs and wishes.

Many people had two or more vulnerabilities

35% had a history of self-harm

64% had a history of mental health difficulties

17% had a physical or learning disability or specific learning difficulty

In 16% there were concerns about substance misuse

4.1.2.5. Case example

C

C, age 19

C was seen as a non-police self-referral 3 days after an alleged vaginal rape by a male met via a dating app.

She had an FME with the forensic samples taken consented for storage until her 21st birthday as a minimum in case she decides to pursue a police case.

She had a risk assessment for self-harm and suicide, emergency contraception was provided and aftercare initiated with her consent for sexual health screening. She declined a counselling referral or referral to an independent sexual violence advisor.

4.2. Non-forensic medical examination referrals

The non-FME 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.

4.2.1 Paediatric service

4.2.1.1 Demographics

183 children and young people received support from the Bridge but did not have an FME examination at the Bridge

Gender: 90% were female, 8% (15) were male, and for three the gender was not specified. 30% were aged 13 or under (Figure 7)

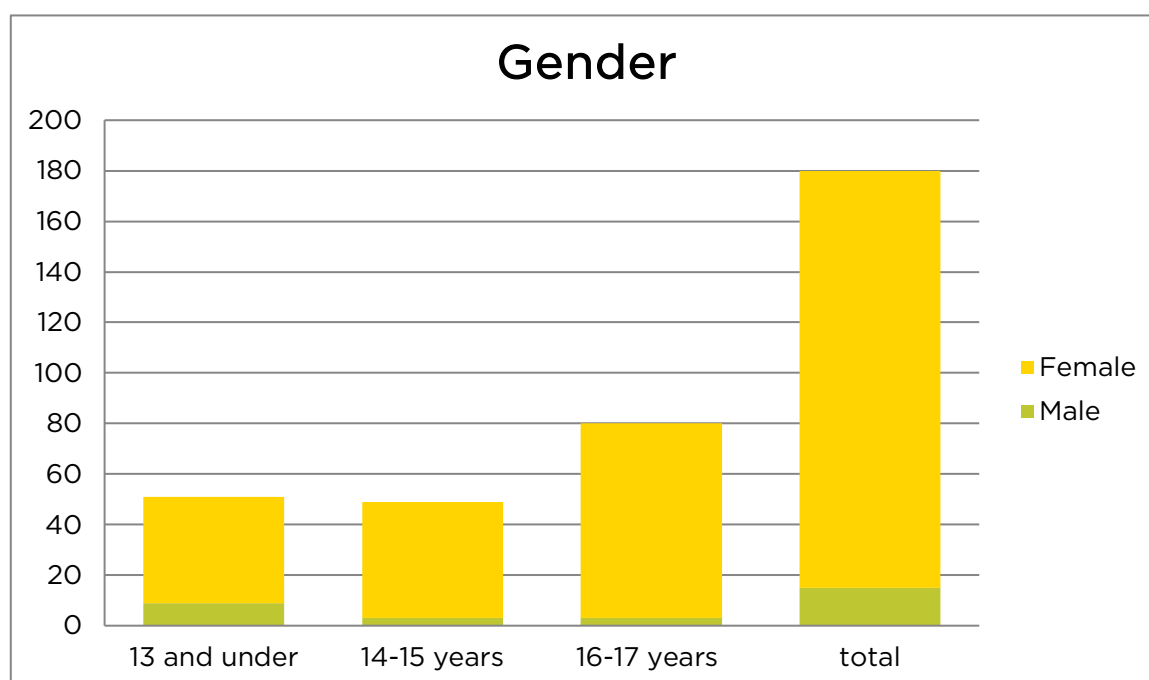


Figure 7

Ethnicity: The self-identified ethnic backgrounds were white 43% (43% white British, one white other), 2% (3) mixed (all mixed Black Caribbean and White). One middle Eastern, and One Romany. 54% did not have their ethnicity documented.

Referral Source: 9% were self-referrals or referred by a family member or friend rather than an agency (Figure 8).

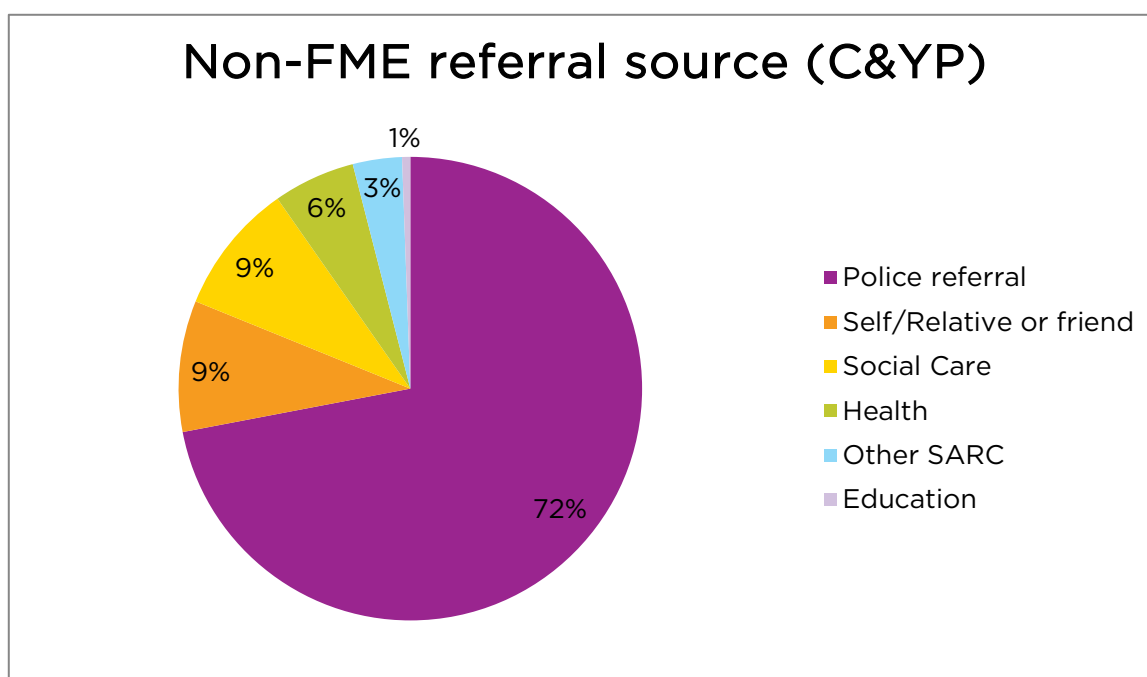


Figure 8

27% were offered and also agreed to counselling referrals

39% were offered and also agreed to ISVA referral

8% were offered and also agreed to follow up sexual health referrals

4.2.1.2. Paediatric telephone line

The paediatric telephone advice line is a 24 hour clinician led 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 (Table 1).

Monitoring of the telephone line in the SARC from October 2019 to June 2020 excluded calls undertaken in relation to children and young people seen for FME.

The method of recording was altered from July 2020 to include all calls in relations to cases seen for FME.

Month	Number of calls in relation to children/young people not seen for FME	Number of calls in relation to children/young people seen for FME	Total
October	9	N/A	N/A
November	6	N/A	N/A
December	4	N/A	N/A
January 2020	2	N/A	N/A
February	11	N/A	N/A
March	1	N/A	N/A
April	5	N/A	N/A
May	2	N/A	N/A
June	3	N/A	N/A
July	7	27	34
August	4	9	13
September	10	25	35

4.2.2. Adult Service

4.2.2.1. Demographics

702 adults received support from the Bridge but did not have an FME examination at the Bridge.

Gender: 89% female, 9% Male, One transgender, six did not have gender documented (Figure 9).

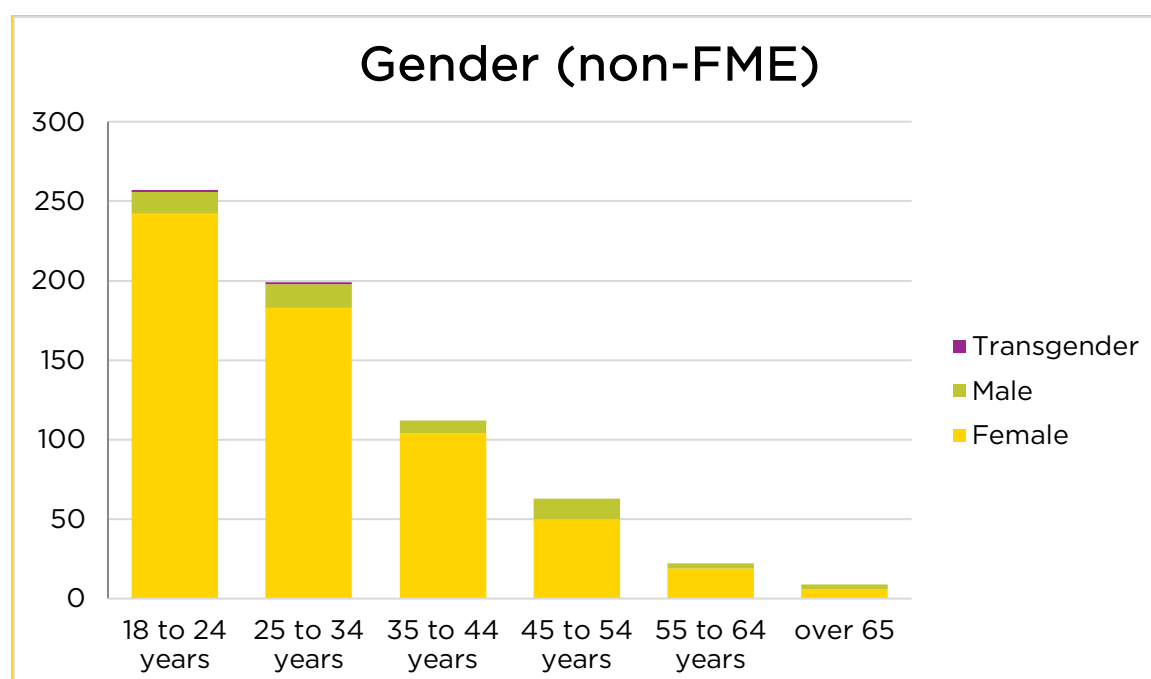


Figure 9

Sexuality: 47% identified as straight, 6% identified as gay, 3% identified as bisexual, 43% not documented, 5% not disclosed.

Ethnicity The self-identified ethnic backgrounds were white 70% (66% white British, 4% White other, Two White Southern Irish), 2% mixed (four mixed Black Caribbean and White, three mixed Asian White, one Mixed Black African and White, Two mixed other). 1% Black (three Black African, six Black Caribbean, One Black other), 1% Asian (three Asian Chinese, two Asian- Pakistani, One Asian British, One Asian Indian, two Asian other), Two middle Eastern. 25% did not have their ethnicity documented.

Referral Source 26% were self-referrals or referred by a family member or friend rather than an agency (Figure 10)

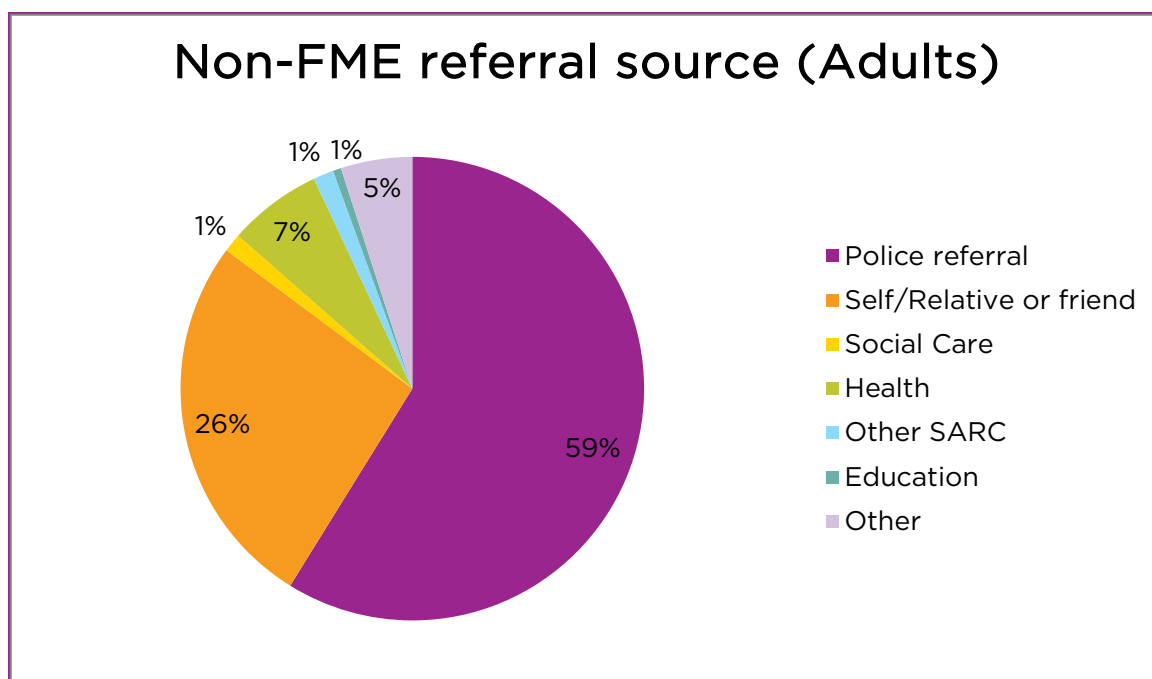


Figure 10

5. Patient and service user experience

We have installed a bespoke feedback system, designed in a way which we hope will enable a broader range of feedback to be gathered and allow for more user focused service development (Figure 10)



Figure 2

5.1. Complaints

One complaint was received relevant to the SARC concerning how a person was responded to in the Emergency department. A clinical guideline has since been written jointly by the SARC and ED staff providing professional advice and guidance on managing people who allege rape or sexual assault that may present an emergency setting.

5.2. Compliments

Feedback is invited and some of the compliments received are here:

"Children and parent were well supported through complete devastation, clothing, boots toiletries colouring in and blankets. The blanket is especially important to the older child. It is still in use."

"I rang the out of hours service and spoke to an amazing crisis worker who helped me through the night. I owe my life to people like you"

"felt listened too and I walked away feeling less ashamed"

" Please can I visit again tomorrow?"

"(Hope this message isn't too personal). Thank you so so much to everyone at the Bridge. I cannot put into words my gratitude towards you all, I will never be able to repay my thanks but you all are god sends. I felt at ease, I didn't feel judged, I knew the workers believed me (I was worried people wouldn't as I had been drinking), I felt listened to and I felt supported. I under no circumstance felt like I was wasting anyone's time (due to not actually knowing what's happened) I felt

well informed and made to feel that no matter what choice I make I will be okay and will be supported. The care bag is such a lovely gesture too. I cannot express my thanks and gratitude enough and I hope you all know I am so grateful for every single worker who I came into contact with. Thank you all again and I wish you all the absolute best! You all deserve the world."

We are grateful to the following:

- Project Linus for the donation of beautiful handmade blankets for children and young people
- The Quartet foundation for the donation of funds for toiletries and clothing.
- The Self-Care collective for their donation of self-care bags including bathing products, sanitary items, skin care, journals, stationary, books, recipe cards, snacks with a long shelf life, tea bags and hot chocolate, candles and other relaxation items.
- TK Maxx Bristol for the donation of Easter eggs to help all of us through the first lockdown (Figure 11)
- One of our service user's kind donation of toiletries and pyjamas



Figure 3

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

39 incidents were reported through the period this annual report covers. 92% of these caused no harm to clients (36 incidents) and 8% negligible harm (3 incidents)

The highest reported categories are:

- Consent or communication (10 incidents)
- Information governance (7 incidents)
- Service provision (7 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, rape or sexual assault. 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 included the following:

- Training sessions delivered locally and regionally to roughly 194 people
- Attendance at 5 local or regional training or educational sessions
- Attendance at 2 national training or educational sessions
- Face to face/telephone or virtual meetings/visits with more than 261 professionals from educational, health, ISVA, criminal justice, advocacy and patient involvement backgrounds

COVID restrictions greatly limited the opportunity for face to face teaching and meetings throughout the year.

5.5. Inspections and contract compliance feedback

The inaugural CQC inspection of the Paediatric Service took place in October 2020 and the details are available here (<https://api.cqc.org.uk/public/v1/reports/3842bfb7-136d-4a56-ab0c-bdc6e2514f2a>).

We received the independent accreditation of the Quality Standards for Services Supporting Male Victims / Survivors of Sexual Violence (<https://limeculture.co.uk/accreditation/>) from Lime culture.

Contract compliance has been 100% aside from the following areas where we have self-measured to be 95% compliant for at least 2 quarters in this year period

CG 1	<p>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>	<p>This is self-measured at 95% as a number of new national guidance documents came into place and the Bridge clinical guidelines are being updated in response to these.</p>
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6. Research

The Bridge continues to take part in the national MESARCH study taking an in-depth look at the work of SARCs and how they affect people

<https://www.coventry.ac.uk/research/research-directories/current-projects/2018/mesarch/>

The Bridge had an abstract accepted for presentation at the Sexual violence and Health Research Day on the enhanced paediatric self-referral service.

Two audits were completed in the year on the following:

- Are the safeguarding and health needs of young people self-referring to the Bridge SARC being met?
- Audit of SARC clinical records for Paediatric service

Several members of the clinical and crisis work team also started formal higher educational courses in the year including a Diploma in Healthcare management, leadership and innovation, and Masters in Criminology, Gender and Sexualities and Healthcare Improvement and Patient Safety.

One of the Clinical team is also part of a national team awarded funding to undertake research exploring the Impacts of the COVID-19 pandemic on criminal justice journeys of adult and child survivors of sexual abuse, rape, and sexual assault – <https://whatworks.college.police.uk/Research/Research-Map/Pages/ResearchProject.aspx?projectid=893>.

7. The Future

Looking forward to 2021 we intend to improve or enhance the service within these key domains:

Experience:

- To improve our reach and ability to engage with lesser heard groups
- To identify young people who may have missed or may benefit from HPV vaccination and facilitate this
- To explore how people with learning needs are identified early on to help tailor the SARC experience and optimise aftercare

Data collection:

- To improve data collection to ensure ethnicity is collected for non-FME referrals
- To analyse existing data to ensure we are meeting the needs of young people including opening times
- To improve patient involvement with service development with enhanced feedback mechanisms and development of the service user panel.

Quality

- To start working towards forensic science accreditation
- To complete the audits planned for the year as per the clinical audit plan (CQC recommendation)
- To proactively reflect locally, regionally and nationally on the impact of COVID 19 on service delivery and share experiences and learning

Research:

- To support members of the team in their higher educational studies
- To complete recruitment for the Adult MESARCH study
- To commence recruitment for the paediatric MESARCH study