



**theBridge**

here, no matter what

**help after rape and sexual assault**

**The Bridge Sexual Assault Referral Centre**

Annual Report 2020 – 2021

& Triennial Review 2018 – 2021

University Hospitals Bristol and Weston NHS Foundation Trust



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Due to the format of this annual report, hyperlinks to external weblinks may not work as expected. For best results, please copy and paste the full URL, as written in the report, directly into your web browser (instead of clicking).

# **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 2<sup>nd</sup> October 2020 to 1<sup>st</sup> October 2021.

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 aged 16-17 years of age, however this will change in October 2022)
- 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 to move towards safety and recovery

- Referrals to other services that they may need to move towards safety and recovery including ISVA, sexual health screening, general practitioner, safeguarding and psychological support
- 24 hour a day 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 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 to move towards safety and recovery including ISVA, sexual health screening, general practitioner, safeguarding and psychological support
- 24 hour a day crisis support to callers

#### **For professionals:**

- Information and advice to professionals who receive a disclosure of sexual abuse, rape, or 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, and 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 (this will change in October 2022).

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, post exposure prophylaxis (PEP) for HIV where required, Hepatitis B vaccination/PEP where required, and risk assessments for self-harm and suicide.

### **When do we do this?**

#### **Opening Hours**

24-hours a day, 7 days a week, 365 days a year:

- Telephone advice (0117 342 6999)
- Police FME referrals for those over 18-years-old and some 16/17-year-olds

For face-to-face care, including self-referrals, non-police forensic 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, forensic 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 2021 marked the end of the third year of The Bridge operating as the regional paediatric service alongside its 12-year history as a SARC. 1,668 children, young people and adults were supported by The Bridge from 2<sup>nd</sup> October 2020 to 1<sup>st</sup> October 2021.

The COVID-19 pandemic continues to have an impact on the region as a whole. We have had no symptomatic service users over this time period, our staff absences have fortunately remained manageable, and we continue to follow UHBW guidance on COVID-19 precautions. For the paediatric service throughout this period all consultations were face-to-face and in August 2021, for the adult services, all consultations returned to a face-to-face service without prior phone consultation.

Since March 2021 we have seen a large increase in referrals on the background of increasing referrals over the last 3 years (figure 1).

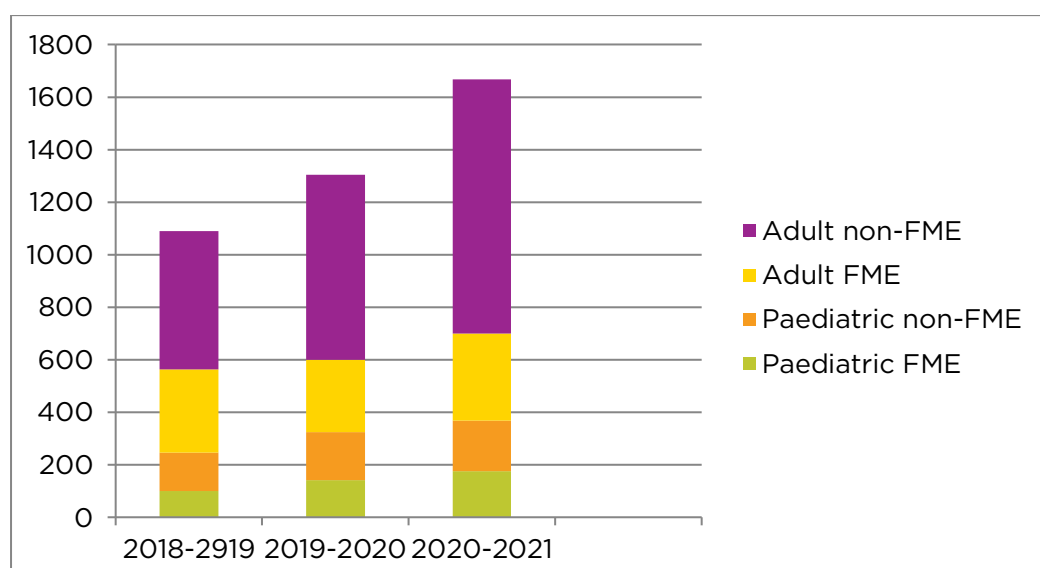


Figure 1: The Bridge SARC activity 2018-2021

We welcomed several new crisis workers and clinical fellows this year and said goodbye to our inaugural clinical fellows on the paediatric service.

For this annual report we are showcasing the last 3 years with some infographics.

Thank you for the ongoing support of all stakeholders – especially those in the third sector who have gone above and beyond for service users over the last year – thank you to our small but perfectly imperfectly formed team of dedicated professionals and, as ever, thank you to those who allow us to support them.

*Dr Sandra Ives*

Clinical Director (Adult Service)

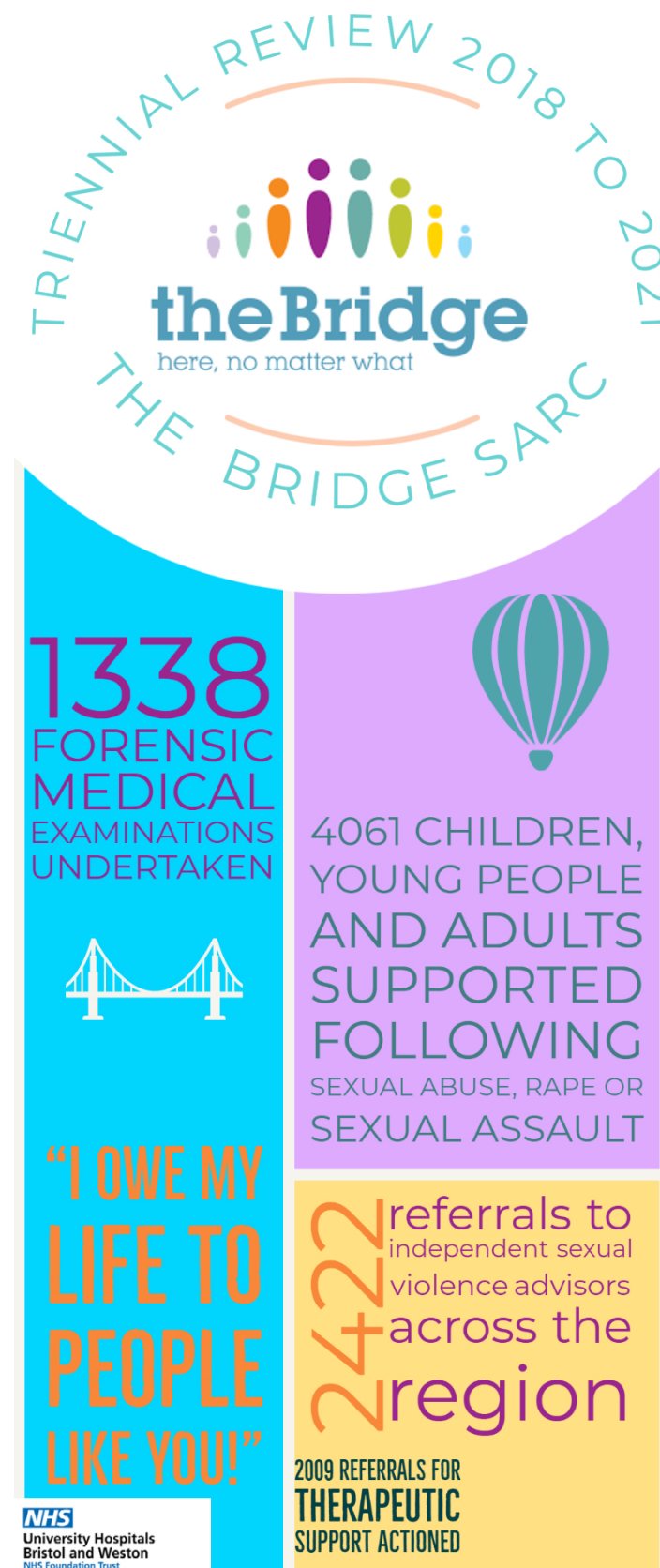
*Dr Michelle Cutland*

Clinical Director (Paediatric service)

*Nicola Shannon*

SARC Manager

#### 4. Triennial infographic



## 5. Activity report

### 5.1. Forensic medical examination (FME) referrals

#### 5.1.1. Paediatric Service

##### 5.1.1.1. Demographics

**Gender:** 175 children were seen over the year for FME, 91% identified as female, 7% identified as male, and three identified as transgender (figure 2).

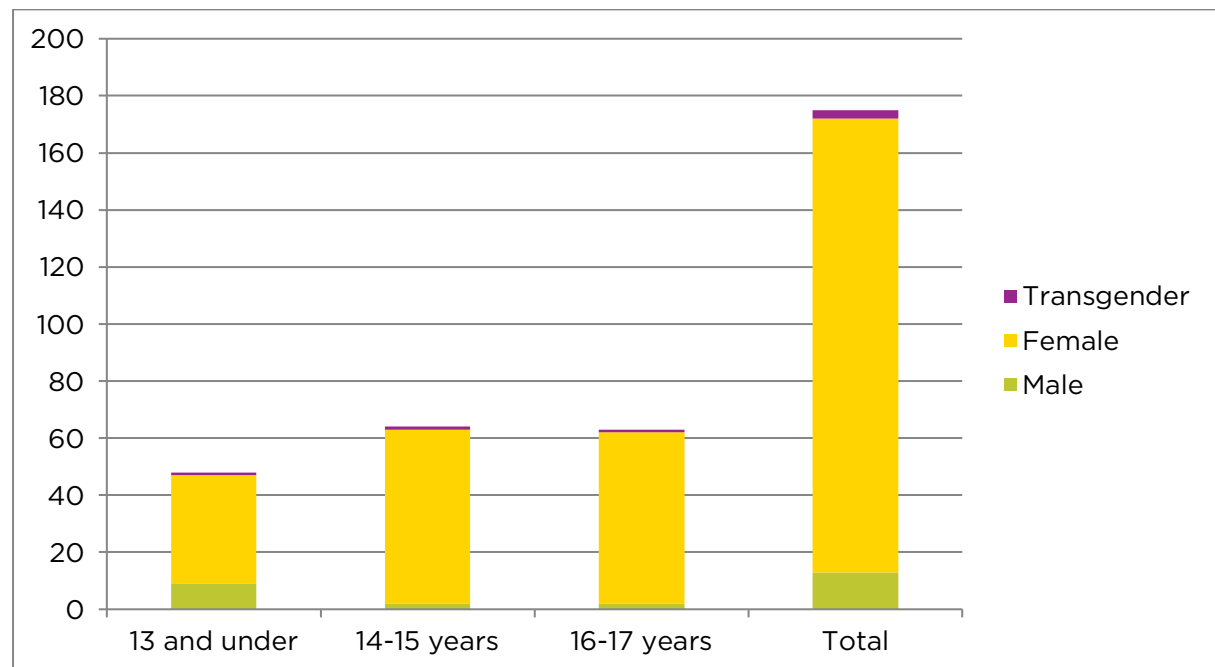


Figure 2: Gender and Age (Paediatric FME)

**Ethnicity:** The service user/carers identified ethnic backgrounds were white 69% (65% White British, 4% White other); 3% (5) Black (1 Black African, 3 Black British, 1 Black other); 2% (3) Asian (1 Asian Pakistani, 1 Asian South East Asian, 1 Asian other); 7% mixed (6 mixed Black Caribbean and White, 6 mixed other, 1 mixed Asian and White); and 19% not known (figure 3).

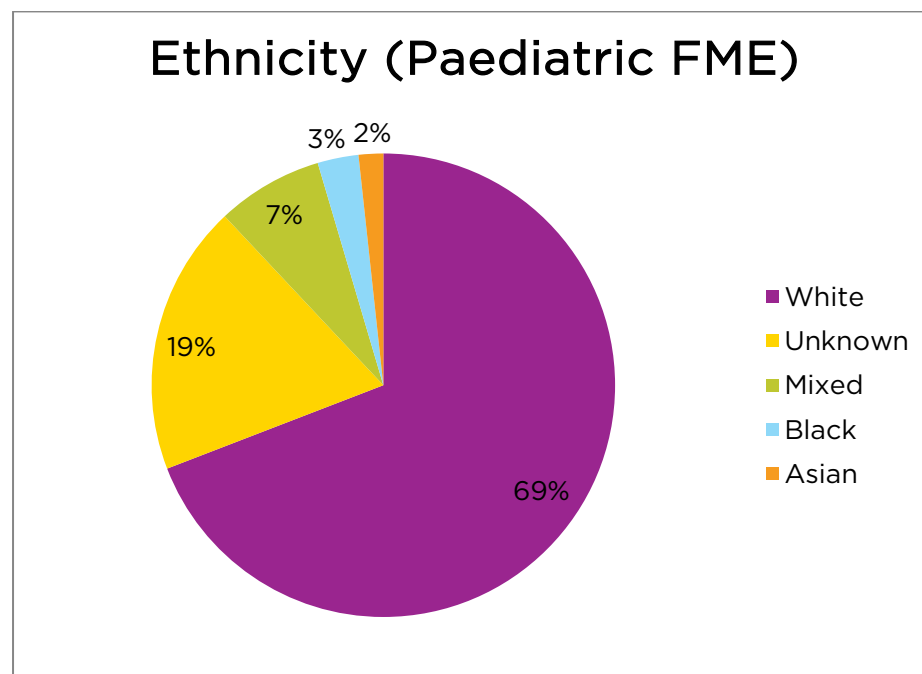


Figure 3: Ethnicity (Paediatric FME)

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

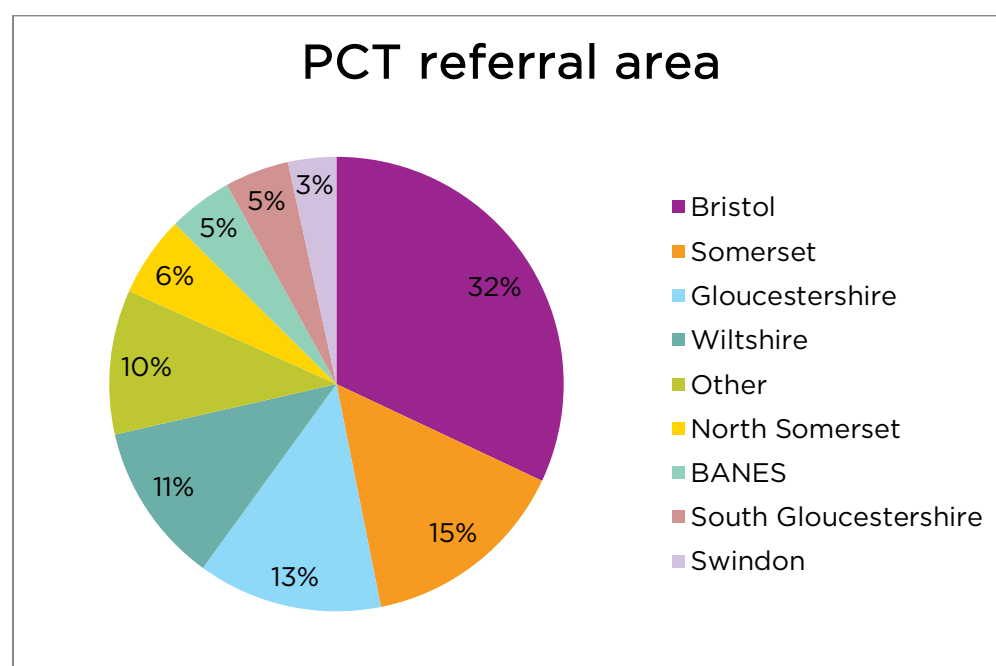


Figure 4: PCT referral area

## Case example

### A, Aged 15

A was seen as a non-police referral.

She reported a vaginal rape 7 days earlier in a public place by a male she met via snapchat. She was supported by her mother.

She had presented to her local hospital after an overdose and told the admitting doctors what happened.

She consented to a full examination and a number of forensic samples were taken. These will be stored by The Bridge SARC until she is 25, should she wish to report to the police at a later stage.

Sexual health screening was undertaken and follow up actioned. A referral to an independent sexual violence advisor was actioned.

Figure 5: Case example

#### 5.1.1.2. Context

19 FMEs (11%) were in young people using the non-police self-referral pathway available to those aged 13 to 17.

#### 5.1.1.3. Aftercare uptake

78% were offered counselling referrals, and 68% of these took up referral for counselling while in the SARC.

89% were offered ISVA referral and 81% of these agreed to ISVA referral in the SARC.

73% had sexual health screening at the SARC.

59% were offered sexual health follow up and 79% of these agreed to referral for this from the SARC.

#### 5.1.1.4. 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.

47% of children and young people had a history of self-harm.

30% had a history of mental health difficulties.

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

In 4% there were concerns about substance misuse.

In 14% there were concerns about child sexual exploitation.

#### 5.1.1.5. Case example

See Figure 5.

## 5.1.2 Adult Service

### 5.1.2.1 Demographics

**Gender:** There were 330 adults aged 18 and over seen over the year for FME. 93% identified as female, 3% identified as male, five identified as transgender, and gender was not detailed for seven (figure 6).

**Sexuality:** 58% identified as heterosexual, 8% identified as bisexual, five identified as gay. For 31% sexuality was not documented and eight did not disclose.

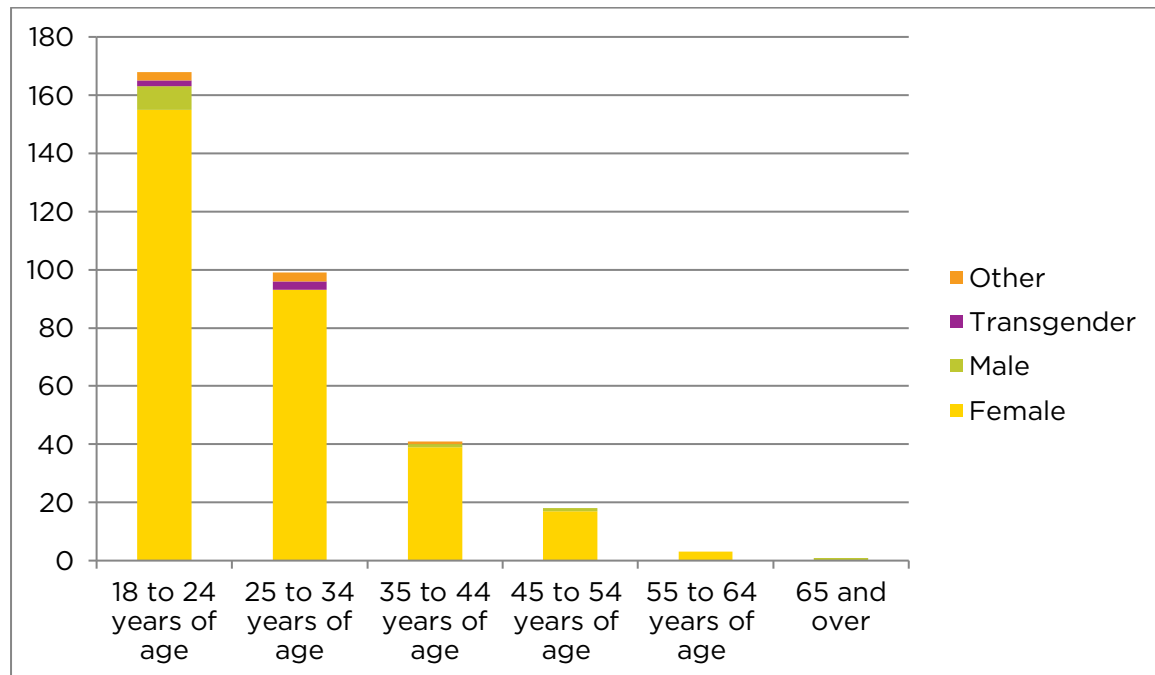


Figure 6: Gender and age (Adult FME)

**Ethnicity:** The service user identified ethnic backgrounds were white 77% (73% White British, 4% White other); 3% Black (four Black African, six Black British, one Black other); 2% (6) Asian (one British Asian, one Asian Pakistani, one Asian Bangladeshi, one south-east Asian, two Asian other); 4% mixed (four mixed Black Caribbean and White, two mixed Asian and White, eight mixed other); and 13% not known (figure 7).

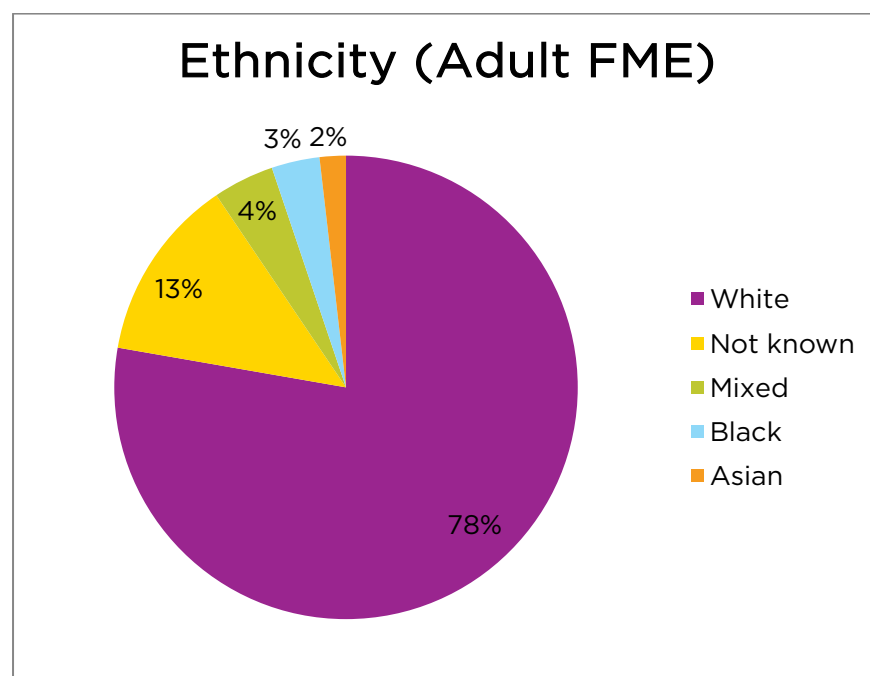


Figure 7: Ethnicity (Adult FME)

#### 5.1.2.2. Context

83 FMEs (25%) of these were adults using the non-police self-referral pathway.

#### 5.1.2.3. Aftercare uptake

92% were offered counselling referrals, and 66% of these took up referral for counselling while in the SARC.

92% were offered ISVA referral, and 81% of these agreed to ISVA referral in the SARC.

90% were offered sexual health follow up, and 81% of these agreed to referral for this from the SARC.

#### 5.1.2.4. Case example

See figure 8 on next page.

## Case example

### B, Aged 21

B was seen as a police referral. She reported vaginal rapes by 2 males not known to her with a third male present. These reportedly occurred in her home.

B reported herself to have mental health diagnoses and Autism.

She consented to a limited examination and forensic samples were taken. A risk assessment for pregnancy and HIV was undertaken.

She consented to referral for follow up sexual health screening, an ISVA and counselling. A safeguarding referral was actioned with her consent for support.

Figure 8: Case example

## 5.2. 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.

### 5.2.1. Paediatric service

#### 5.2.1.1. Demographics

194 children and young people received support from The Bridge but did not have an FME at The Bridge.

**Gender:** 87% identified as female, 9% (18) identified as male, one identified as transgender and for seven the gender was not specified. 25% were aged 13 or under (figure 9).

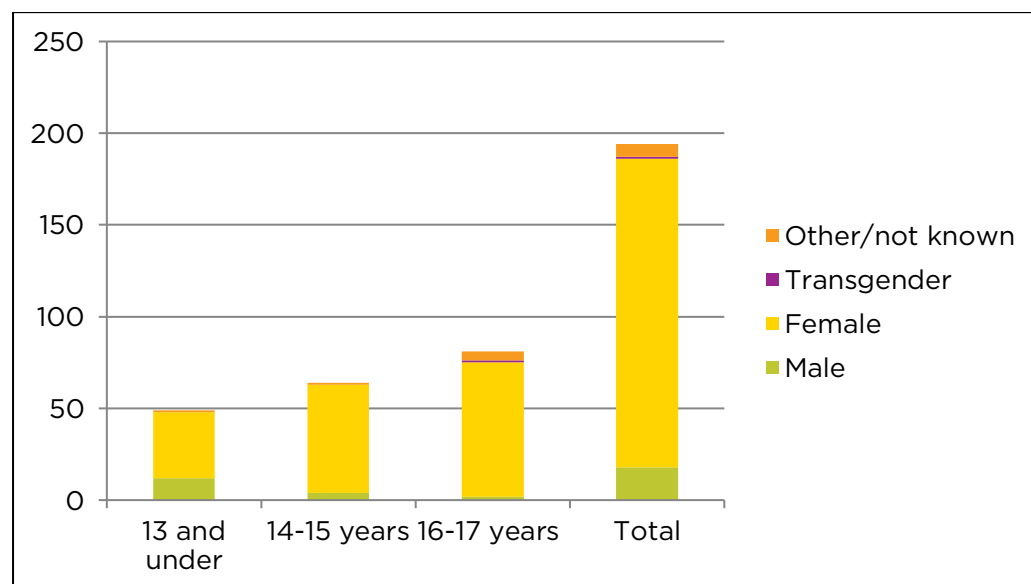


Figure 9: Gender and age (Paediatric non-FME)

**Ethnicity:** The service user/carers identified ethnic backgrounds were white 43% (40% white British, 3% white other); 2% (4) mixed (2 mixed Black Caribbean and White) 2% Black (2 Black British, 1 Black other), 2 mixed Black African and white); One Asian-Indian and One Romany; and 52% did not have their ethnicity documented.

#### 5.2.1.2. Aftercare uptake

55% were offered counselling referrals, and 50% of these agreed to referral for this from the SARC.

60% were offered ISVA referral, and 81% of these agreed to ISVA referral from the SARC.

30% were offered sexual health follow up, and 25% of these agreed to referral for this from the SARC.

#### 5.2.1.3. 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 vs in core hours (table 1, see next page).

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 2020	7	34	41
November	4	19	23
December	23	32	55
January 2021	1	27	28
February	2	10	12
March	19	36	55
April	5	19	24
May	4	27	31
June	13	20	33
July	9	16	25
August	17	40	57
September	10	33	43

## 5.2.2. Adult Service

### 5.2.2.1. Demographics

969 adults received support from The Bridge but did not have an FME at The Bridge.

**Gender:** 86% identified as female, 11% identified as male, five identified as transgender, three identified as other, and 21 did not have gender documented (figure 10).

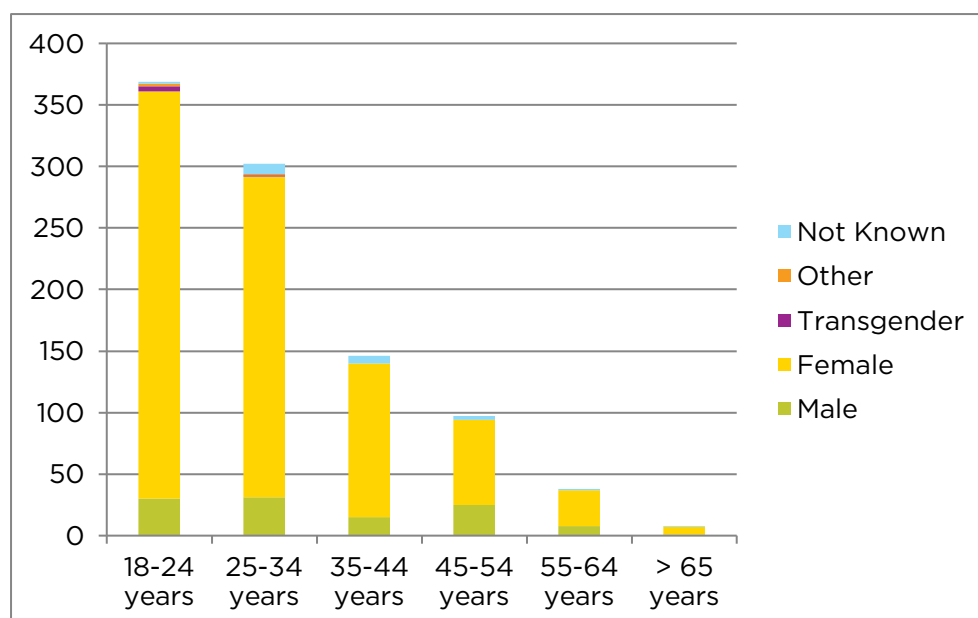


Figure 10: Gender and age (Adult non-FME)

**Sexuality:** 38% identified as heterosexual, 2% identified as gay, 3% identified as bisexual, 57% not documented, and seven reported other sexualities.

**Ethnicity:** The self-identified ethnic backgrounds were white 62% (60% white British, 2% White other, one White Southern Irish); 2% mixed (six mixed Black Caribbean and White, three mixed Asian White, ten mixed other); 2% Black (seven Black British, six Black African, one Black Caribbean, two Black other); 2% Asian (five Asian Chinese, two Asian- Pakistani, One Asian British, two Asian Indian, one Asian Bangladeshi, five Asian other); two other (one Romany, one Latin American); and 33% did not have their ethnicity documented.

#### **5.2.2.2. Aftercare uptake**

71% were offered counselling referrals, and 67% of these took up referral for counselling from the SARC.

78% were offered ISVA referral, and 76% of these agreed to ISVA referral from the SARC.

40% were offered sexual health follow up, and 31% of these agreed to referral for this from the SARC.

#### **5.2.2.3. Referral source**

19% were self-referrals.

## 6. Patient and service user experience

We invite feedback via several routes, including the onsite digital feedback system 'ViewPoint'.

Research tells us that service users want to feel heard, feel cared for, be given choices and have hope. This year we deliberately sought to gather feedback in these domains.

Of the 134 people who provided digital feedback in these domains the results are detailed below (figure 8).

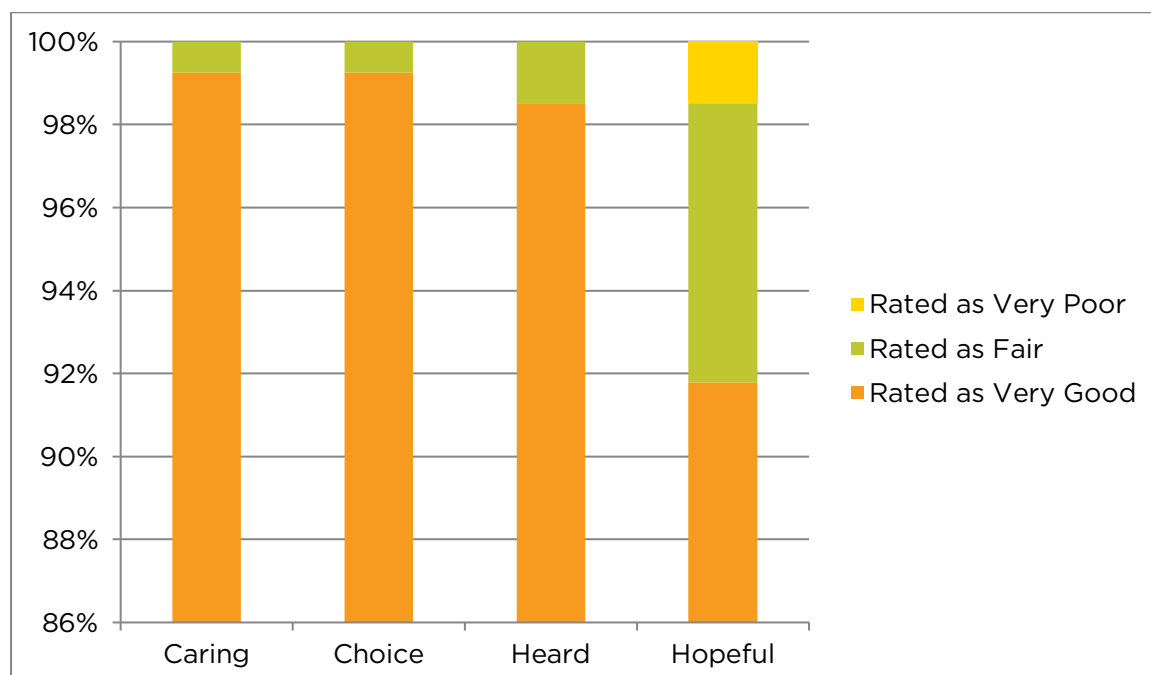


Figure 11: SARC feedback key 4 domains

### 6.1. Complaints

No Complaints were received but constructive feedback from service users included the following:

- *"More chocolate biscuits"*
- *"Be less abrupt at the start"*
- *"The aircon would have been good"*

### 6.2. Compliments

We invite feedback, some of which can be seen here:

*"Just want to send my regards to both you and Dr X following xxxx appointment on Friday. Considering our current situation to be dreadful I am so grateful for how fantastic you were with xxxxx and want to thank you for making something so awful a lot better than I thought it would of been."*

*"The crisis worker and the other doctors were so helpful and kind it has been 3 months now since I visited and they were all so helpful and calming and lovely,*

*exactly what I needed and explained everything to me before going forward with anything and letting me know what was going on step by step and what they would do to help me :)) the crisis worker was especially helpful and was so lovely and caring towards me and the situation and did everything she promised she would do. Will always remember her and her kindness towards me"*

*"Extremely kind and empathetic women who made me feel heard and safe. I couldn't ask for a better nurse and crisis worker. We laughed a lot I actually forgot where I was. I couldn't recommend these women more."*

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.
- Kinergy's donations of toiletries for service users

### **6.3. Patient safety & governance**

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

55 incidents were reported through the period this annual report covers. 91% of these caused no harm to clients (50 incidents) and minor harm (5 incidents).

The highest reported categories are:

- Clinical assessment or review; for example, a delay in appointment times
- Consent or communication; for example, a delay in a statement being provided to the police by the examining clinician

We welcome changes in the SARC commissioning process that will come into play in October 2022 that seek to bring the whole SARC provision under one provider that will help reduce the likelihood of some of these incidents recurring.

### **6.4. 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 staffs are up to date with emerging research, data, trends and support available for service users.

This activity throughout the year included the following (this is not an extensive list):

- A presence at Taunton Pride
- Training to local children's specialist CSE homes, families in focus support workers
- 214 GPs in Avon and Somerset emailed with resources, annual report and offer of training

## 6.5. 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 95% compliant for at least 2 quarters in this year period

KPI	Description	Comments
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.	This is self-measured at 95% as several new national guidance documents came into place and The Bridge clinical guidelines are being updated in response to these.

## 7. Research & audit

The Bridge continues to take part as a SARC site in the national MESARCH study taking an in-depth look at the work of SARCs and their impact (<http://mesarch.coventry.ac.uk>).

Recruitment for the adult arm of the MESARCH study has closed and the paediatric recruitment ongoing.

One of the clinical team continues to be part of a national team awarded funding to undertake research to explore 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>).

Early research briefings for JiCSAV are available at: [https://www.research.lancs.ac.uk/portal/en/publications/jicsav-evidence-briefing-1--independent-sexual-violence-advisors-and-third-sector-support-services\(bfb61776-9a23-4e4c-8087-a7a4c49250a0\).html](https://www.research.lancs.ac.uk/portal/en/publications/jicsav-evidence-briefing-1--independent-sexual-violence-advisors-and-third-sector-support-services(bfb61776-9a23-4e4c-8087-a7a4c49250a0).html).

One of the clinical team also sits on the best practice and advisory board of the Bluestar project at the Green House (<https://the-green-house.org.uk/wp/wp-content/uploads/2021/03/Bluestar-Project-website.pdf>). This is a research project led by the University of Bristol in partnership with the Sexual Violence Consortium in Bristol.

We presented at the following:

7<sup>th</sup> International conference on survivors of rape ICSOR: **HPV vaccination catch-up in the SARC setting: A feasibility study poster presentation** June 2020

One audit was completed in the year on the following:

*'Audit of SARC staff adherence to Trust Chaperone Policy'*

## **8. The Future**

Looking forward to 2022, we intend to improve or enhance the service by undertaking a theory of change exercise with the staff, service users and wider stakeholders to ensure all are heard and all have a voice. We anticipate development in these domains:

### **Experience:**

- To continue to improve our reach and ability to engage with lesser heard groups through our development role and workforce diversification
- To explore the aftercare pathway for children and young people, with children and young people, in whom follow up sexual health testing is needed and whether new models are needed

### **Data collection:**

- To improve data collection for non-FME service users and think about how information can be better shared across agencies to improve the service user response
- To look forward and plan to what the service may look like from October 2022, using the theory of change exercise to underpin this

### **Quality:**

- To continue working towards forensic science accreditation in 2023
- To complete the audits planned for the year as per the clinical audit plan

### **Research:**

- To complete recruitment for the paediatric MESARCH study
- To share and disseminate findings from the Bluestar project, MESARCH and JiCSAV through 2022
- To be an active partner in the pilot of the child sexual abuse pathway (<https://www.csacentre.org.uk/documents/implementing-the-child-sexual-abuse-pathway/>) from the Centre of expertise on child sexual abuse and work with partners in Bristol to develop a CSA strategy for the region



# the Bridge

here, no matter what  
help after rape and sexual assault

**The Bridge Sexual Assault Referral Centre**

Central Health Clinic

Tower Hill

Bristol

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0117 342 6999

[Ubh-tr.thebridgecanhelp@nhs.net](mailto:Ubh-tr.thebridgecanhelp@nhs.net)

[www.thebridgecanhelp.org.uk](http://www.thebridgecanhelp.org.uk)