



**University Hospitals
Bristol and Weston**
NHS Foundation Trust

The Bridge SARC

The Bridge Adult and Children's Centre of Excellence
Sexual Assault Referral Centre

Annual Report 2021 – 2022

University Hospitals Bristol and Weston NHS Foundation Trust

The Bridge here, no matter what

Page intentionally left blank

Table of Contents

1. Introduction	4
2. Services available	4
3. Executive summary.....	7
4. Paediatric Service.....	9
4.1 Forensic medical examination (FME) referrals.....	9
4.2 Demographics of FME referrals	9
4.3 Context.....	11
4.4 Aftercare uptake.....	11
4.5 Vulnerabilities	11
4.6 Non forensic medical examination referrals (paediatric)	11
4.7 Paediatric telephone advice line	12
5. Adult Service	13
5.1 Forensic medical examination referrals.....	13
5.2 Demographics of FME referrals	13
5.3 Context	15
5.4 Aftercare uptake.....	15
5.5 Non forensic medical examination referrals.....	15
6. Lived experience feedback.....	16
6.1 Complaints	17
6.2 Compliments	17
7. Patient safety & governance	18
8. Sector engagement	18
9. Inspections and contract compliance feedback.....	19
10. Research & Audit.....	19
11. The future	20

PLEASE NOTE:

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 2nd October 2021 to 1st October 2022.

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 sexual abuse, 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 were provided by a private provider for adult peoples and some peoples aged 16-17 years of age during this period)
- 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.
- Early trauma intervention support to adults
- 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 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 in order 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 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 persons 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 peoples who allege recent rape or sexual assault. The examining clinicians were provided by a private provider for all adult cases and some 16/17-year-olds during this period.

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.

The Bridge here, no matter what

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 FME those over 18 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 (as of October 2022 these hours have been extended until 10 pm for some aged 13 and over).

Saturday and Sunday: 12pm to 4pm (as of October 2022 these hours have been extended from 9 am until 4 pm (10 pm for some aged 13 and over).

3. Executive summary

October 2022 marked the end of the fourth year of The Bridge operating as the regional paediatric service alongside its 13-year history as an SARC. As of October 2022, we were also awarded the contract for all SARC services (to include medical staff that see adults) moving forward to be housed under UHBW. We are delighted to be bringing all services together and developing the service

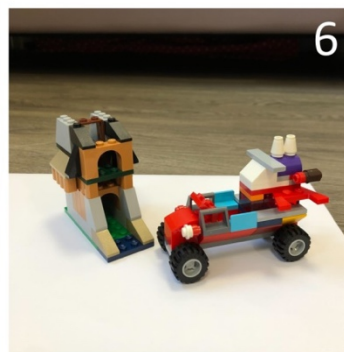
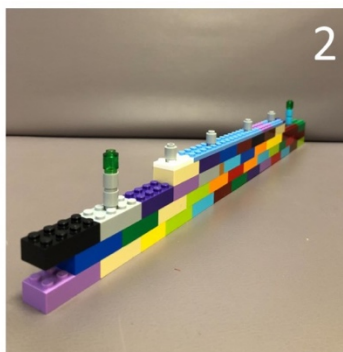
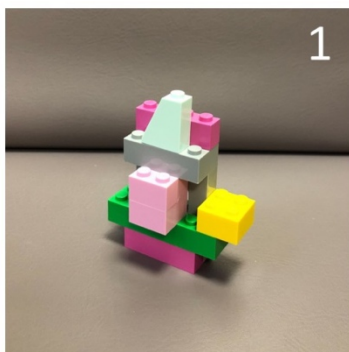
We have had a lot of change within the workforce in this time period including workforce expansion across the medical, crisis worker and psychological services. There have been internal promotions, new roles, new babies and staff moving on to other adventures.

These staff changes, the impact of illness within the workforce, wider NHS pressures and change in general has brought its challenges but we are pleased to say we supported a record 2853 children, young people and adults through the year.

Highlights for us this year include;

- The start-up of the pathfinder service to improve psychotherapeutic support for people harmed by sexual abuse and rape in collaboration with our Sexual Violence Alliance partners SARSAS, Womankind, Kinergy, The Southmead Project and The Greenhouse.
- Being awarded funding through the UHBW research and capability grant process to analyse our paediatric sexual health aftercare pathways and change these with the help of the Greenhouse Young Peoples VOICE group
- Seeing great initiatives and research like The Bluestar Project (https://www.bluestarproject.co.uk/wp-content/uploads/2022/03/Keeping-Secrets-Policy-Report_FINAL.pdf) and Operation Bluestone (<https://www.avonandsomerset.police.uk/news/2022/12/operation-bluestone-our-specialist-approach-to-rape-and-sexual-offence-investigations-to-help-shape-new-national-operating-model/>) bear fruit and influence change across the sector
- Getting a thank you email from our winner of the children's Christmas Lego® competition (see below for the finalists of our competition)

The Bridge here, no matter what



Change is also opportunity and we have spent time this year internally and via consultation with our stakeholders to create our theory of change to map out what matters most and how we get there over the next few years. This is available on our website (www.thebridgecanhelp.org.uk/toc) and will underpin all we do to find our way towards our long-term goal:

'To enable adults, children and young people who have been raped, sexually assaulted, or sexually abused at any time in their lives to live healthier, hopeful lives, empowered by the support they have received'

Thank you for the ongoing support of all stakeholders. Thank you to our 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

Dr Louise Davey
Lead Psychologist

4. Paediatric Service

4.1 Forensic medical examination (FME) referrals

Of the 699 care episodes for children through this year 221 were attendances for forensic medical assessment/examination

4.2 Demographics of FME referrals

Gender of FME referrals (Figure 1): 91% 203/221 were female 6% 15/221 were male and three identified as transgender

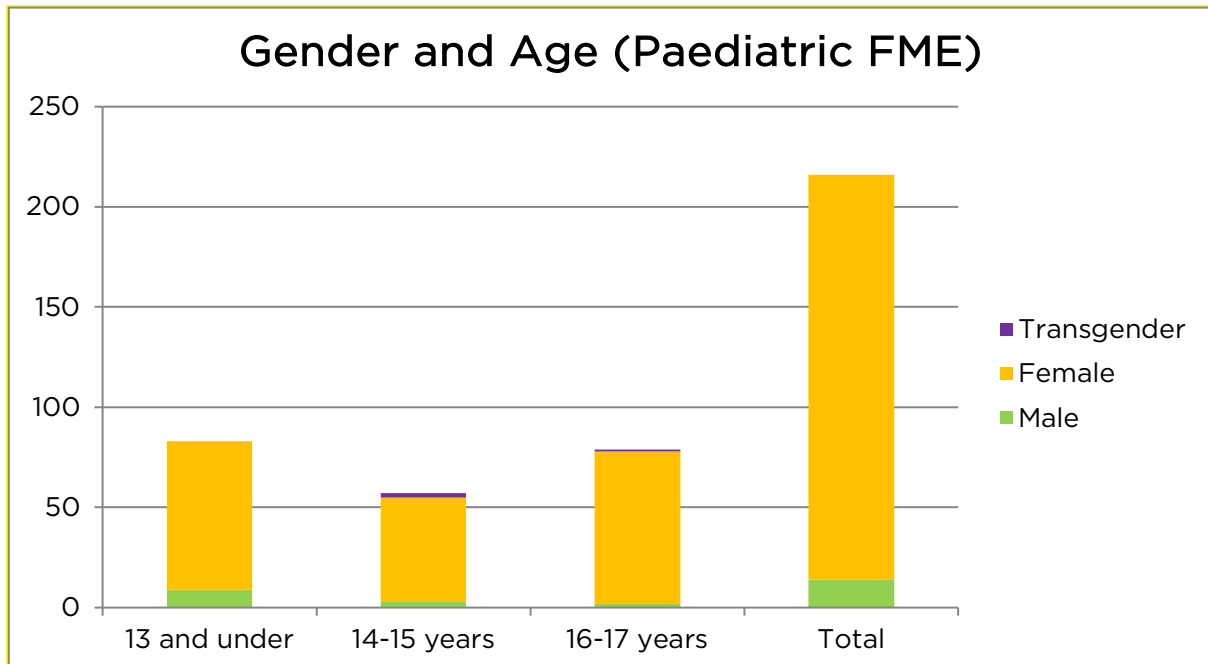


Figure 1: Gender and Age (Paediatric FME)

Ethnicity: The service user/carer identified ethnic backgrounds were white 75% (165 White British, 4 White other), 1% (3) Black (2 Black African, 1 Black British), 1% (2) Asian (1 Asian British, 1 Asian Indian) 7% (16) mixed (5 mixed Black Caribbean and White, 5 mixed other, 4 mixed white and black African, 2 mixed Asian and White), 1 Latin American, 1 Romany, 13% (29) not known (figure 3)

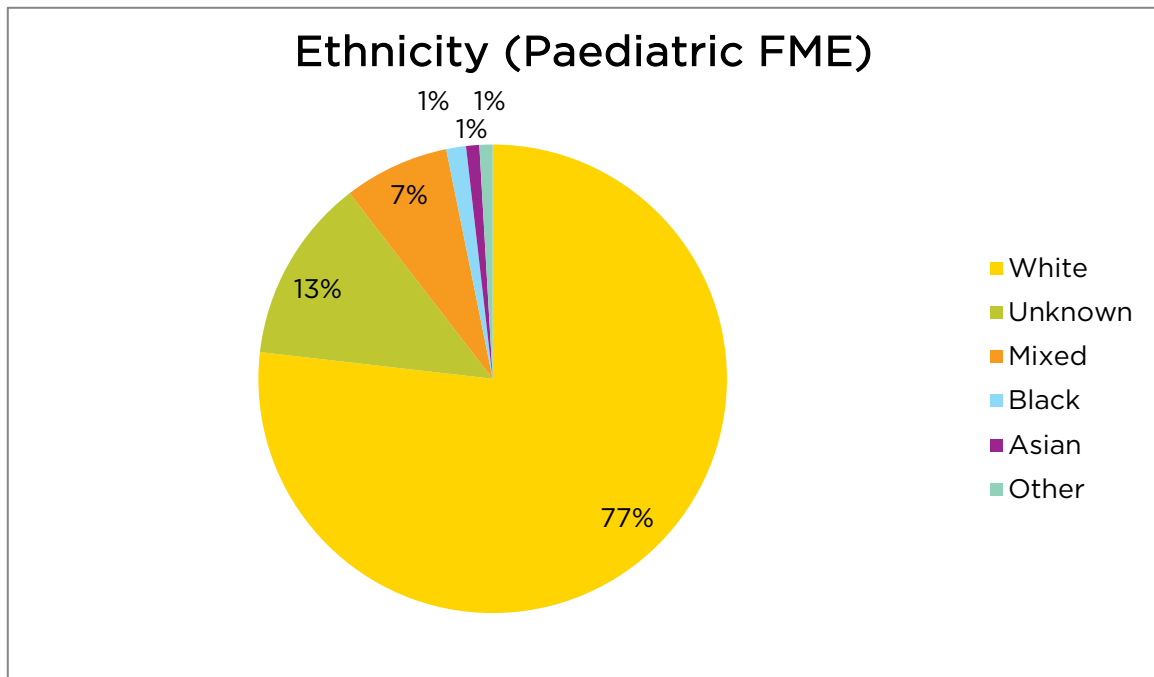


Figure 2: Ethnicity (Paediatric FME)

Primary Care Trust (PCT) of residence of FME referrals: The PCT referral areas are detailed in Figure 4

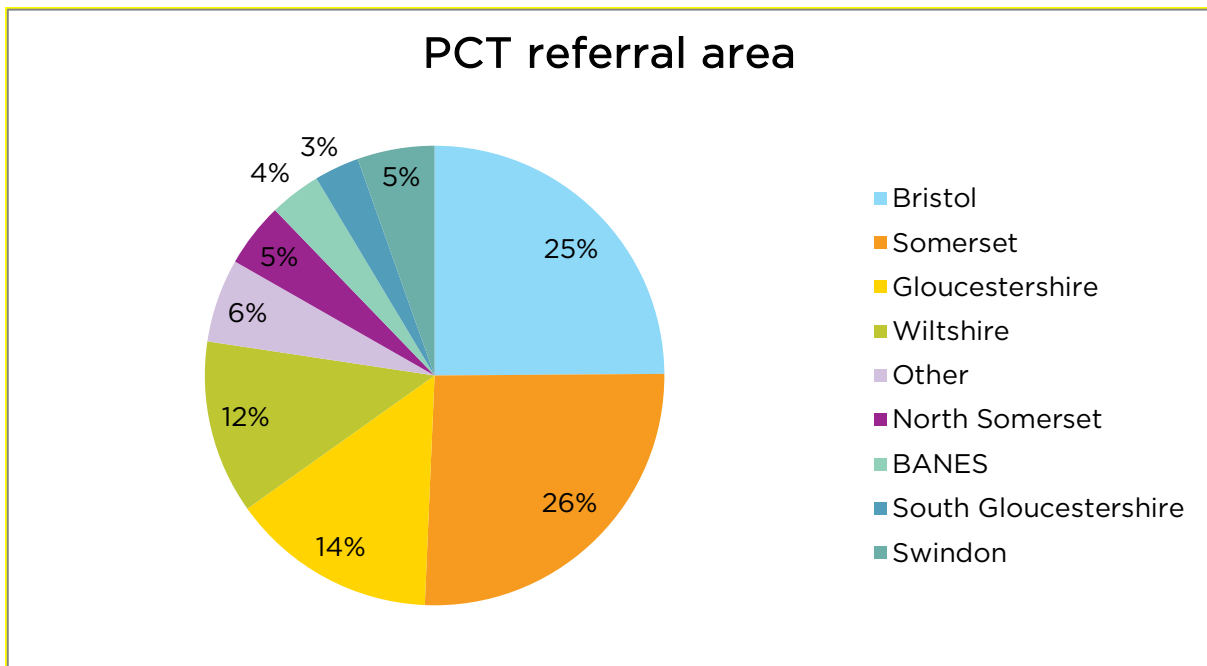


Figure 3: PCT referral area (Paediatric FME)

4.3 Context

53 FMEs (24%) were in the context of intrafamilial abuse (harmed by someone who felt like family to them).

4.4 Aftercare uptake

73% were offered counselling referrals, and 60% of these took up referrals for therapeutic support while at the SARC.

79% 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.

4.5 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

34% expressed 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

4.6 Non forensic medical examination referrals (paediatric)

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.

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

Gender of non FME referral (figure 4): 87% were female, 9% (45) were male, two were transgender and for fifteen the gender was not specified.

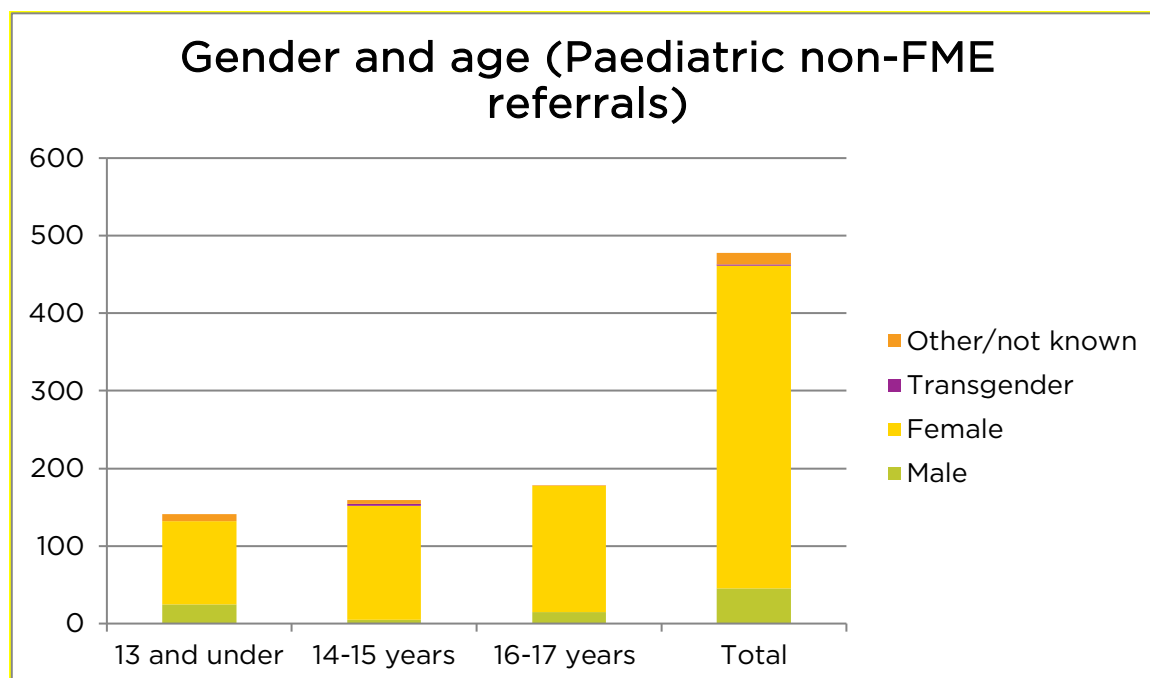


Figure 4: Gender and age (Paediatric non-FME referral)

Ethnicity: The service user/carer identified ethnic backgrounds were white 58% (96% white British, 4% white other), 3% (13) mixed (4 mixed Black Caribbean and White, 4 mixed Asian and white, 1 mixed black African and white, 4 mixed other) 1% (7) Black (2 Black British, 5 Black African), <1% Asian. 37% did not have their ethnicity documented.

4.7 Paediatric telephone advice line

The paediatric telephone advice line is a 24-hour clinician led line for professionals to access advice, guidance, and request input into multiagency strategy meetings. This report does not include breakdown of use out of core hour vs in core hours (see table 1).

Table 1: Paediatric Telephone line calls

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	Number of multiagency strategy meetings attended	Total
October	15	24	7	46
November	4	33	12	49
December	7	11	3	21
January	8	29	5	42
February	6	33	6	45
March	13	26	8	47
April	8	24	8	40
May	14	21	9	44
June	5	20	9	34
July	8	22	15	45
August	8	12	5	25
September	8	16	12	36

5. Adult Service

5.1 Forensic medical examination referrals

Of the 2014 care episodes for adults through this year 524 were attendances for forensic medical assessment/examination

5.2 Demographics of FME referrals

Gender of FME referrals (Figure 5): 92% 487/524 were female 6% 29/524 were male, four were transgender, and eight were non-binary

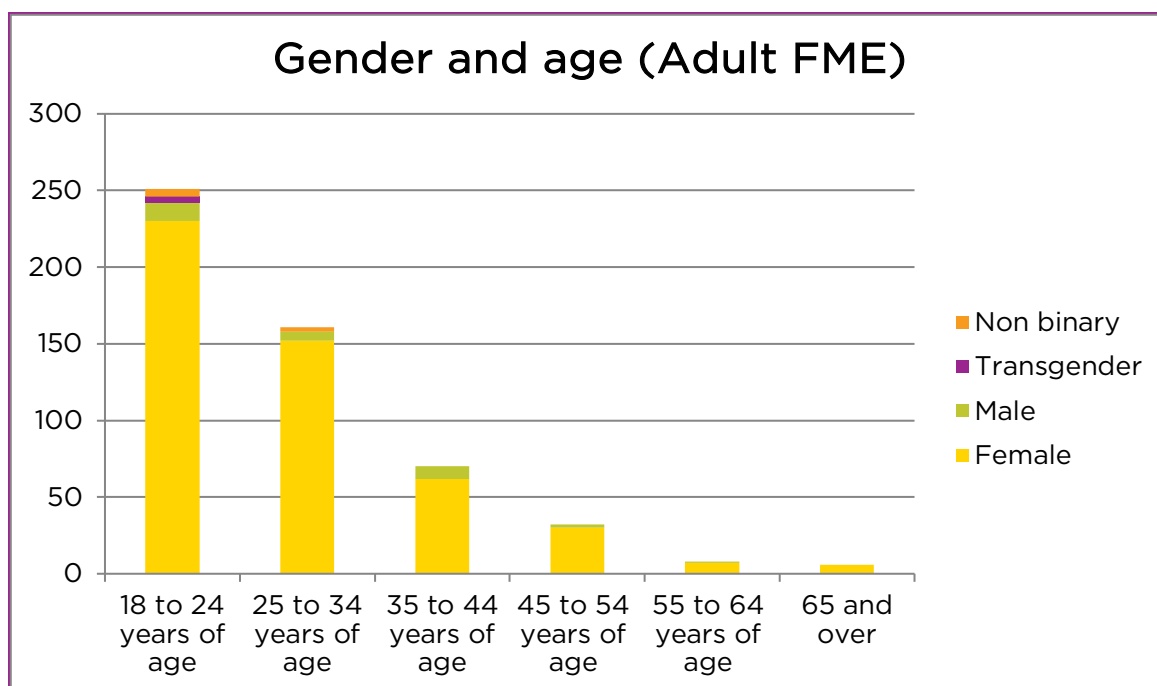


Figure 4: Gender and age (Adult FME)

Sexuality: 53% identified as straight/heterosexual, 16% (83) identified as bisexual, 4% (21) identified as gay. For 24% sexuality was not documented/asked and fourteen did not disclose, 3% identified as other

Ethnicity: The service user identified ethnic backgrounds were white 80% (73% White British, 6% White other, three white- southern Irish), 3% (16) Black (seven Black African, four Black British, four black Caribbean, one Black other) 2% (9) Asian (one British Asian, two Asian Pakistani, three Asian Chinese, two Asian other), 4% (23) mixed (six mixed Black Caribbean and White, seven mixed Asian and White, one mixed Black African and white, nine mixed other). 10% not known, two Roma, one Latin American, one Arab. (Figure 6)

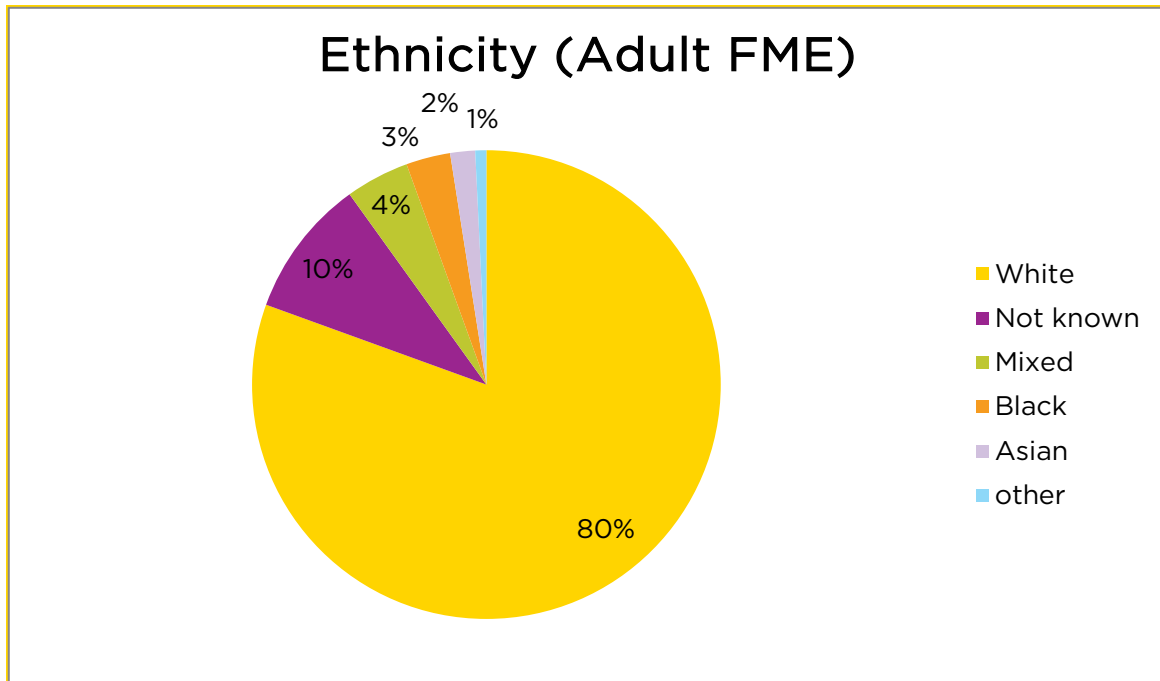


Figure 6: Ethnicity (Adult FME)

5.3 Context

14% (74) were FME where the alleged suspect was a current or previous partner/spouse

5.4 Aftercare uptake

87% were offered counselling referrals, and 72% of these took up referral for therapeutic support while within the SARC

88% were offered ISVA referral and 81% of these agreed to ISVA referral in the SARC

87% were offered sexual health follow up and 85% of these agreed to referral for this from the SARC

5.5 Non forensic medical examination referrals

1630 adults people received support from the Bridge but did not have an FME examination at the Bridge

Gender of non FME referral (figure 7): 58% were female, 7% were male, 0.6% (10) were transgender, 0.1% (2) did not disclose, 0.6% (11) were other and for six the gender was not specified.

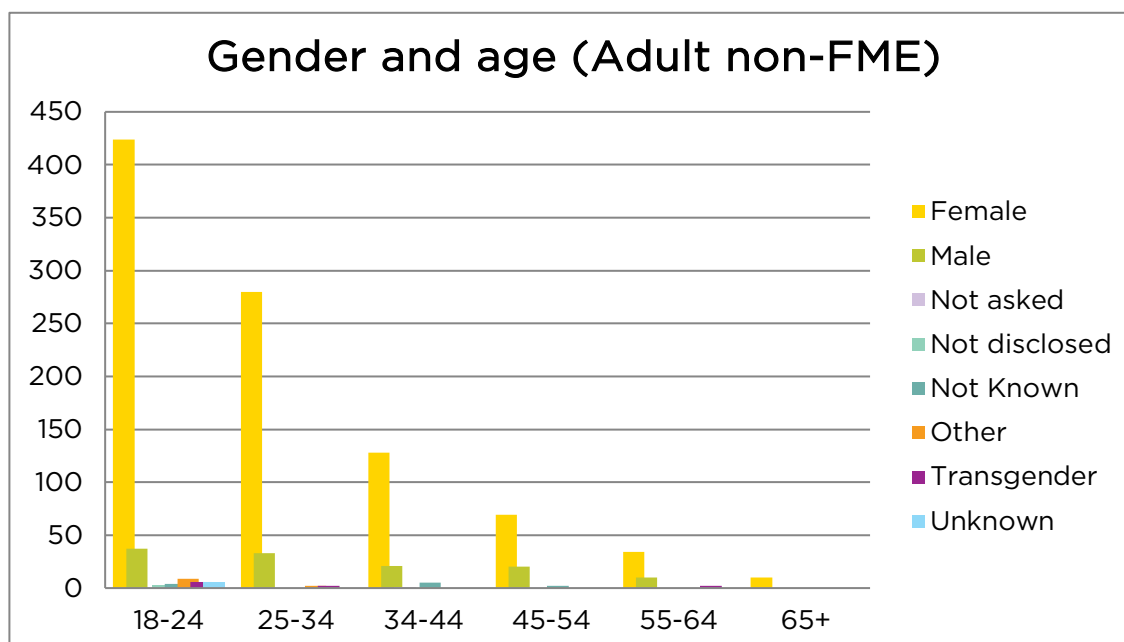


Figure 7: Gender and age (Adult non-FME)

Sexuality: 39% identified as straight/heterosexual, 5% identified as bisexual, 7% identified as gay. For 19% sexuality was not documented/asked and 30% did not disclose, 2% identified as other

Ethnicity: The self-identified ethnic backgrounds were white 46.6% (44% white British, 2.6% White other, 4 White Southern Irish), 2% mixed (six mixed Black Caribbean and White, three mixed Asian White, ten mixed other). 2% Black (three Black British, three Black African, three Black Caribbean, two Black other), 1% Asian (three Asian Chinese, three Asian-Pakistani, three Asian Indian, one Asian Bangladeshi, six Asian other), One other (one Latin American). 23% did not have their ethnicity documented.

6. Lived experience feedback

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

In collaboration with the local police we have sought feedback from people attending our service about the police response (where applicable) to help educate and inform their responses

Twenty-seven clients who had attended The Bridge for an FME with police support completed further questions. Feedback included "Be more open and clear with everything going on" & "Supported me through everything"

6.1 Complaints

We welcome feedback and we have listened to the following constructive feedback

- *Always have plant based milk for tea*
- *More information regarding the swabs but I was made to feel as relaxed as possible whilst here*
- *Be more open and clear with everything going on*

We received one complaint regarding the pathway around a young person who was seen by our service and a lack of communication with her and her family through the process from initial concerns being raised in her local area, the children's social care response to this through to her clinical review with us.

Key learning for us was to ensure any case referred to the Bridge in which child sexual abuse is a concern, the referring professional must ensure that the child/family is aware of the reason for referral before coming and that we clarify this on arrival.

6.2 Compliments

Positive feedback we have received can be seen here:

Duncan was so knowledgeable and clear, calmed me and did next step referrals

Thank you for being so supportive. I can see why you are a centre for excellence. It made a huge difference for me to be heard without being doubted and also that xxx's big NO was so well respected. She is practicing it often! (parent of child)

Both ladies very kind and caring. Treated me like they would a family member

"I really appreciated someone to talk to. I've not had counselling before for any situation and it really helped to talk to someone. My counsellor was brilliant. No judgement and it was great to be able to talk openly without feeling silly or stupid about some of the emotions I was faced with."

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 & Her Royal Highness The Duchess of Cornwall and Boots Wash Bags initiative.

7. Patient safety & governance

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

45 incidents were reported through the period this annual report covers. 96% of these caused no harm to clients and two minor harm. There were no serious incidents.

The highest reported categories and examples within this were:

- Staffing capacity: including incomplete rota cover or staff sickness
- Information governance: including emails sent to wrong recipient
- Service provision: related to heating and hot water system failures and equipment failures

8. Sector engagement

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 been sexually harmed. 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 (this is not an extensive list):

- 18 Doctors in training shadowed clinical staff at the Bridge to learn more about how to respond to sexual harm across health
- Delivered training to Avon and Somerset constabulary including their specialist child abuse investigation detective programme
- Delivered specific training to all Avon and Somerset 101 & 999 call handlers to create a trauma informed call following a sexual assault and appropriate referrals
- Attended events such as LGBT+ Pride, Sexual Violence and Abuse Health Research Network (SVaRHN) and International Women's Day
- Given training or presentations to over 360+ professionals in a range of health and social about The Bridge, sexual assault and managing disclosure in the Avon and Somerset area including Mendip Community Hospital, Bridgwater Community Hospital and Yeovil District Hospital
- Attendance and participation in the 'The Beyond Therapy Festival of Activism Against Child Sexual Abuse'

9. Inspections and contract compliance feedback

No formal inspections took place in this year of the SARC. UHBW was inspected by CQC August 2022 and rated Good

10. Research & Audit

The Bridge took part as a SARC site in the national MESARCH study taking an in-depth look at the work of SARCs and their impact and findings were published last 2022 (<http://mesarch.coventry.ac.uk>). Recruitment for the paediatric arm of MESARCH is ongoing until early 2023

One of the clinical team was 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. The final research briefing is available here: https://www.coventry.ac.uk/globalassets/media/global/08-new-research-section/centre-for-healthcare-research/jicsav_final-report.pdf.

One of the clinical team sat on the best practice and advisory board of the Bluestar project at the Green House This was a research project led by the University of Bristol in partnership with the Sexual Violence Consortium in Bristol looking at pre-trial therapy. The final policy report is available here: <https://the-green-house.org.uk/articles-resources/bluestar-policy-report/>.

One of the management team was involved in the development of an animation by NHSE depicting the role of a SARC, available here: <https://www.youtube.com/watch?v=K6Ftxol6FRY>, was created by the SAAS lived experience group and was based on practice in The Bridge SARC.

We were awarded research capability funding to undergo a yearlong piece of work to review involving the voice of children/parents/carers and develop a new aftercare pathway for sexual health follow up for children seen at the SARC.

We took part in the KBSP multi-agency audit for Child Sexual Abuse as well undertaking our own internal audits including:

- SARC staff adherence to trust chaperone policy

11. The future

Looking forward to 2023, we intend to improve or enhance the service by embedding our theory of change to shape the new integrated service

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 launch a new aftercare pathway for children and young people, with children and young people, in who follow up sexual health testing is needed and evaluate this
- To develop the care provided for people with more complex experiences and needs both at referral to the SARC and in follow-up pathways through relationship building and collaborative working across statutory and community sector partners.
- To develop the psychotherapeutic provision at The Bridge and contribute to systems change to improve access to therapeutic support through collaborative work within the Sexual Violence Alliance

Data collection:

- To improve data collection with the creation of a new role and think about how information can be better used to improve the experience of those we engage with and explore who we are not reaching as well as we would like

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 pilot and evaluate provision of additional Crisis Worker follow-up support for adult FME clients.

To be an active partner in the pilot of the child sexual abuse pathway (<https://www.csacentre.org.uk/documents/implementing-the-child-sexualabuse-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
BS2 0JD
0117 342 6999
Ubh-tr.thebridgecanhelp@nhs.net
www.thebridgecanhelp.org.uk