



**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 2022 – 2023

University Hospitals Bristol and Weston NHS Foundation Trust

“  
Like no other place,  
”  
thank you so much.

– Client feedback

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## Introduction

This 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 commissioners, stakeholders, and the public via the Bridge website.

It covers activity from 2<sup>nd</sup> October 2022 to 1st October 2023.

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

## The Bridge – what we do and how we do it

The Bridge's long-term **goal** is:

“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.”

### 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 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 a range of populations.

**For adults in Bristol, South Gloucestershire, North Somerset, Bath & North East Somerset, or Somerset, our services include, but are not limited to:**

- Providing people with information about their options and supporting them in deciding what they do next
- Sexual health information and onward referrals for care
- Collection of forensic samples and forensic medical examinations (FME), with or without police involvement
- Risk assessments for pregnancy and blood borne virus acquisition, and appropriate interventions where indicated
- Care planning and the provision of a tailored support plan, including onward referrals to other services they may need in order to move towards safety and recovery – these include ISVA, sexual health screening, general practitioner, safeguarding, psychological support, and liaison with other professionals (existing mental health worker etc.)
- Information about reporting to the police, and support approaching them if needed

- Psychological formulation and therapy for adults, including brief early trauma intervention counselling
- Follow-up support, with a specially trained crisis worker, for adults who attend for an FME
- Specialist returning client care planning multi-disciplinary team input for adults who are referred, or self-refer, to The Bridge on more than one occasion, and/or additional support may be indicated
- 24-hour a day initial crisis worker support, information, and advice via telephone (0117 342 6999)

**For children and young people in Bristol, South Gloucestershire, North Somerset, Bath & North East Somerset, Somerset, Gloucestershire, Wiltshire, and Swindon, our services include, but are not limited to:**

- Providing children, young people, their families, and those who support them, information about their options and supporting them in deciding what they 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 examinations (FME) with police involvement (or without police involvement for some young people aged 13-years and over)
- Risk assessments for pregnancy and blood borne virus acquisition, and appropriate interventions where indicated
- Care planning and the provision of a tailored support plan, including onward referrals to other services they may need in order to move towards safety and recovery – these include CYPSVA, sexual health screening, general practitioner, safeguarding, and psychological support
- Professional liaison with a range of services/agencies, including existing CAMHS workers, social care, youth and family support, and schools/colleges
- Information about reporting to the police, and support approaching them if needed
- 24-hour a day initial crisis worker support, information, and advice via telephone (0117 342 6999)

**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 meetings 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 Lighthouse (Avon and Somerset Victim and Witness Care).

The crisis worker team contact these clients, discuss what care and support is available to them, what support they would like to access, offer relevant information and advice, and then create a tailored support plan, including appropriate onward referrals.

We offer face-to-face appointments with a crisis worker, where appropriate, for any of these referrals.

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

We take self-referrals for forensic medical examinations (FME), and informal chats with or without FME, for adults, and some 13- to 17-year-olds who allege recent rape or sexual assault

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

- We provide multi-agency strategy discussions and professional advice
- We offer FMEs and immediate care
- We arrange aftercare, appropriate referrals, and provide safeguarding reports for all, and statements when required

All FMEs include, as a minimum, a holistic wellbeing evaluation and an assessment for emergency contraception, HIV post-exposure prophylaxis (PEP), Hepatitis B vaccination/PEP. If the assessment indicates treatment is indicated, The Bridge will administer emergency contraception, HIV PEP, and the Hepatitis B vaccination. The Bridge will also complete risk assessments for self-harm and suicide, and make appropriate onward referrals depending on the outcome of those assessments.

**When do we do this?**

### Opening hours\*

- Telephone advice is available 24-hours a day, 356 days a year – 0117 342 6999.
- The Bridge is available for police referral forensic medical examinations 24-hours a day, 365 days a year for clients aged 18-years, or over, and some 16- and 17-year olds – this means clients who choose to complete a forensic medical examination and are referred by the police

For face-to-face care, including self-referral/non-police forensic medical examinations, and chat support:

- Adults
  - Monday – Thursday: 08:00 – 19:00
  - Friday: 08:00 – 18:00
  - Saturday and Sunday: 07:00 – 19:00
  - The last available appointment (start time) for a self-referral/non-police examination is 16:00 daily

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

- Children and young people (0-15 years old, and 16- and 17-year-old on the paediatric pathway)
  - Monday – Friday: 09:00 – 18:00 (*as of October 2022, these hours have been extended until 21:00 (start time) for some young people aged 13-years and over*)
  - Saturday and Sunday: 12:00 – 16:00 (*as of October 2022, these hours have been extended until 21:00 (start time) for some young people aged 13-years and over*)

\*Please note that The Bridge always aims to see clients on an appointment basis – this ensures the correct staff are available and prepared to meet a client's needs.

## Executive Summary

October 2023 marked the end of the fifth year of The Bridge operating as the regional paediatric service, alongside its 14-year history as a SARC.

As of October 2022, we were also awarded the contract for all SARC services (to include medical staff that see adult clients). For the first time, in the SARC's history, all SARC staff have been employed by UHBW, allowing real opportunity for development and cohesion.

We also began developing our psychological support offer with the start of the Sexual Violence Complex Trauma Pathfinder; a partnership project with Kinergy, SARSAS, The Southmead Project and Womankind. Through this initiative, we are working together to make therapeutic support more accessible to adults who have been sexually abused at any time in their lives, however complex their current situation or need. The first year of this integrated, and expanded, team has been a year of great change and development, and a year of reflection.

We are pleased to say we supported **1,963** children, young people, and adults through the year.

This represents a rise in the number of paediatric FMEs, but a drop in all other SARC contact types.

Highlights for us, this year, include:

- Winning, in collaboration with the University of the West of England and The Green House Young Voices Project, the 2023 British Medical Association MEDFASH prize for improving the quality of HIV and Sexual Healthcare. This was for our work around redesigning our sexual health follow-up pathway for children and young people.
- Meeting the students of St Telio's Church in Wales School who generously donated their £1,000 competition winnings to us, via the hospital charity, from a competition organised by the charity First Light.

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 SARC)

Dr Michelle Cutland  
Clinical Director (Paediatric SARC)

Nicola Shannon  
SARC Manager

Dr Louise Davey  
Specialist Counselling Psychologist



## Performance Report

### Paediatric SARC

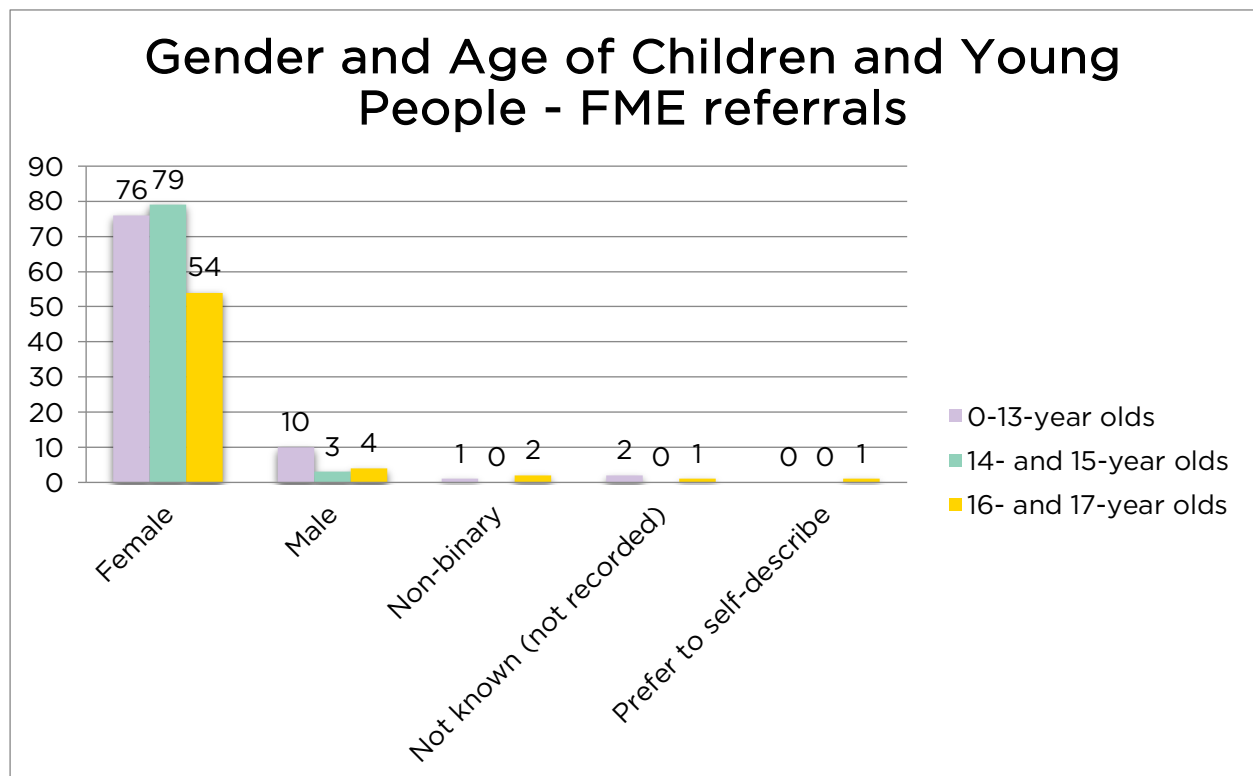
#### Forensic medical examination referrals

Of the **532** care episodes for children through these 12-months, **233** were attendances for forensic medical assessment/examination.

#### Demographics of FME referrals

Gender of FME referrals (Figure 1)

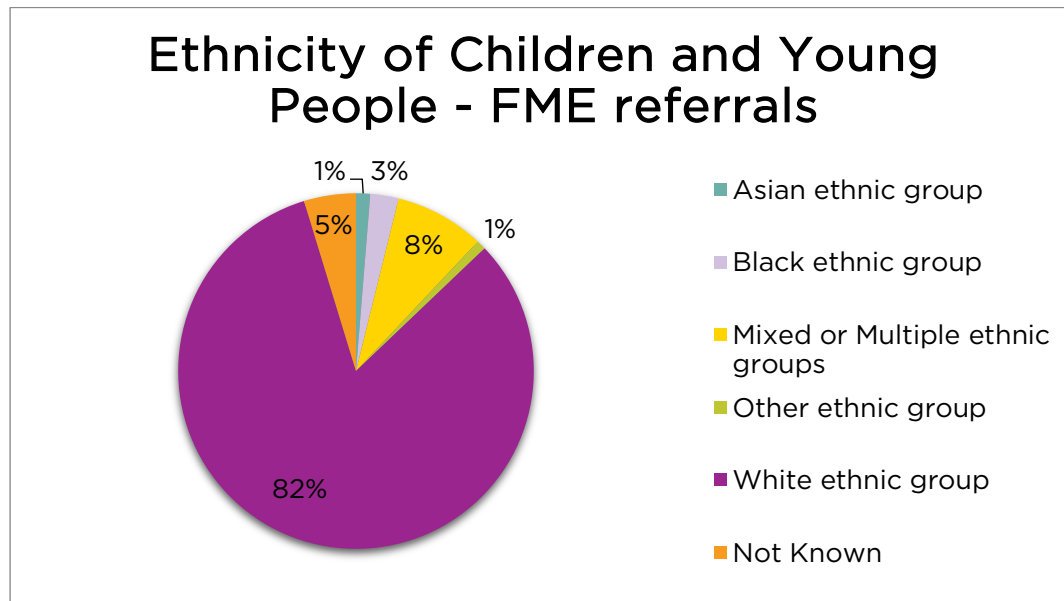
- 90% were female
- 7% were male
- 2% self-described
- 1% were gender fluid or non-binary



**Figure 1:** Gender and age of children and young people referred to The Bridge for an FME

### Ethnicity of FME referrals (Figure 2)

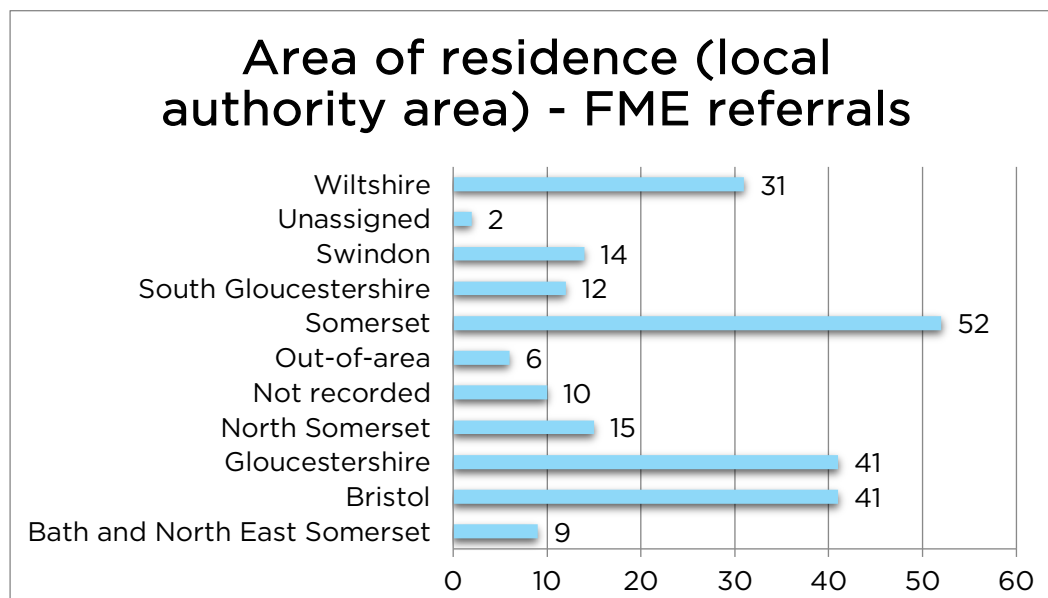
Ethnicity of the children and young people referred to The Bridge for an FME can be found in the pie chart below. Please note that, whilst this graph shows limited groups, ethnicity is recorded in greater detail by The Bridge.



**Figure 2:** Ethnicity of children and young people referred to The Bridge for an FME

### Local authority area of residence (Figure 3)

The graph below shows the area of residence for children and young people seen at The Bridge for an FME. This area is categorised by the local authority area, the child or young person lives in, falls under.



**Figure 3:** Area of residence of children and young people referred to The Bridge for an FME

## Context

- For 41 children (18%), the incident occurred in the context of alleged intrafamilial abuse (harmed by someone who felt like family to them)
- For 61 children (26%), the alleged suspect was a known person or associate
- For 24 children (10%), the alleged suspect was a stranger

## Aftercare uptake

- **100%** of children and young people were offered a counselling referral
- **100%** of children and young people were offered a referral to the Children and Young Person Sexual Violence Advisor (CYPSVA) service
  - 66% of those took up the referral
- **100%** of children and young people were offered sexual health screening at the SARC
  - 41% took up this offer
  - 28% has referrals made outside the SARC setting

## 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.

- **16%** of children and young people had a history of self-harm
- **30%** of children and young people were experiencing current self-harm
- **54%** expressed mental health difficulties
- **28%** were living with a physical or learning disability
- **63%** were living with a specific learning difficulty
- In **7%** of cases there were concerns about substance misuse
- In **15%** of cases there were concerns about child sexual exploitation

## Non forensic medical examination referral

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.

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

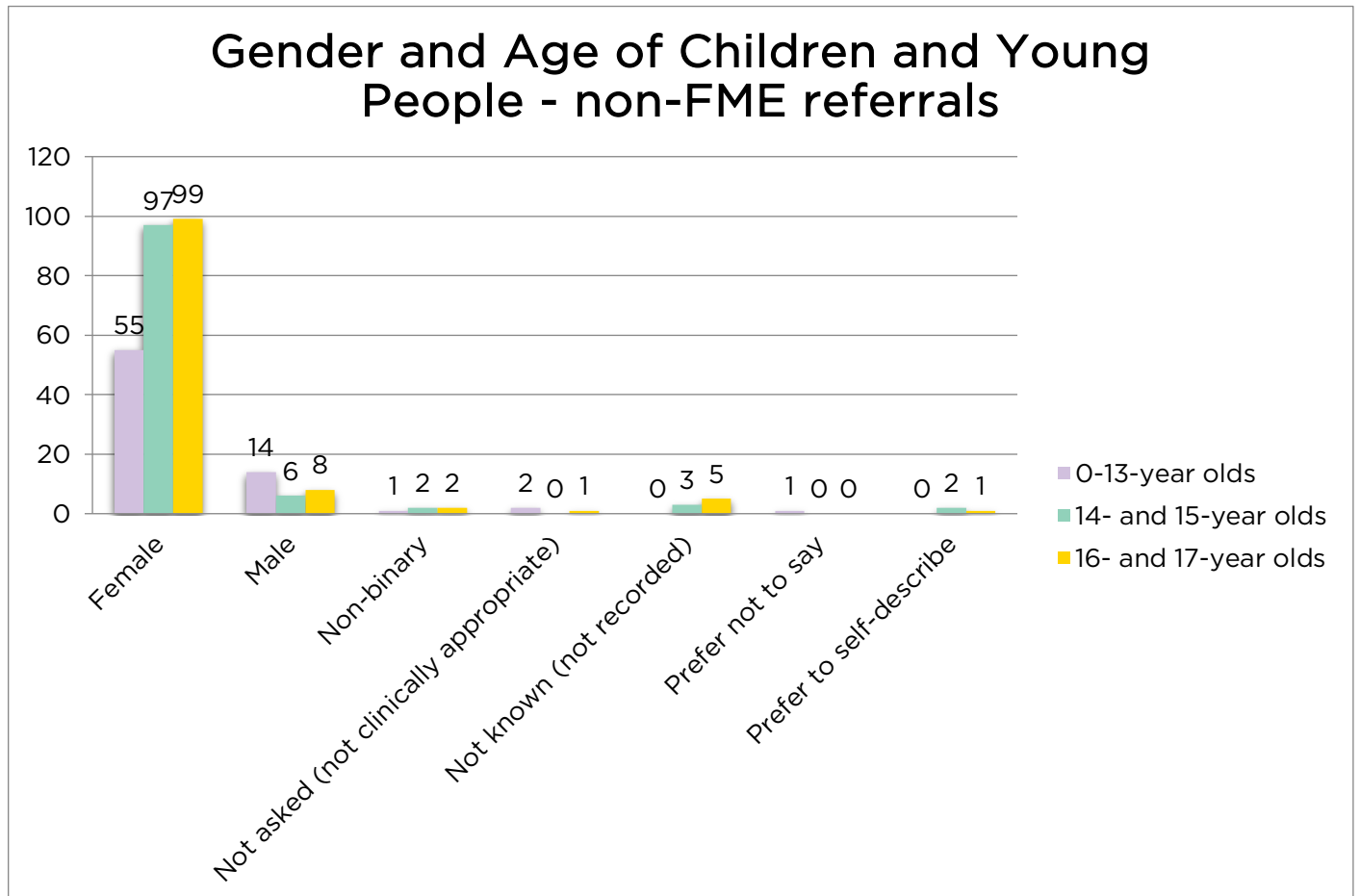
#### Gender of non-FME referrals (Figure 4)

84% were female

9% were male

Five children or young people were non-binary

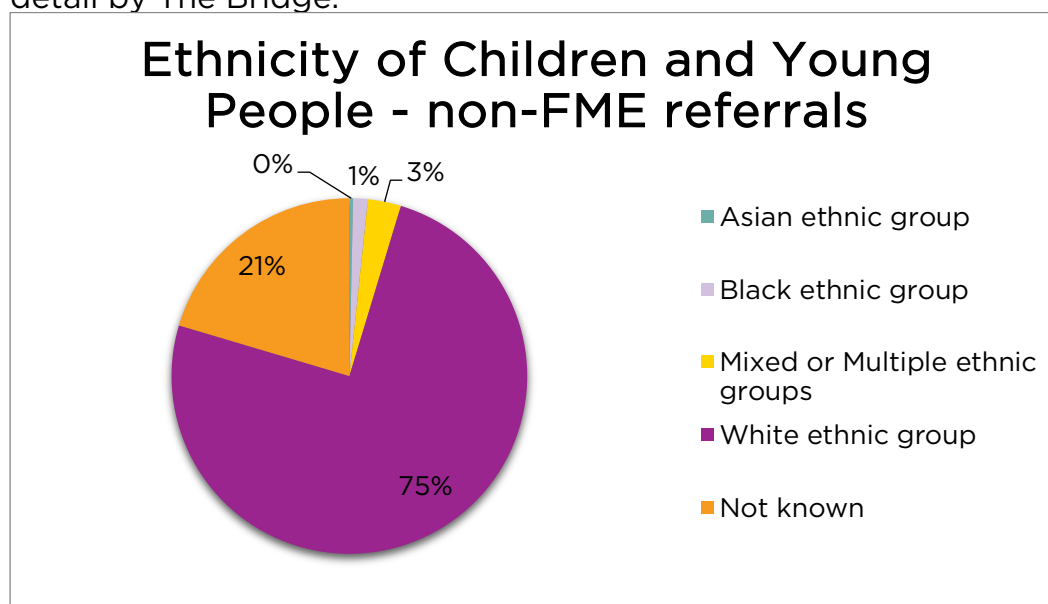
Fifteen children or young people had their gender recorded as 'not specified'



**Figure 4:** Gender and age of children and young people referred to The Bridge who did not have an FME

### Ethnicity of non-FME referrals (Figure 5)

Ethnicity of the children and young people referred to The Bridge, who did not have an FME, can be found in the pie chart below. Please note that, whilst this graph shows limited groups, ethnicity is recorded in greater detail by The Bridge.



**Figure 5:** Ethnicity of children and young people referred to The Bridge who did not have an FME

## 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 multi-agency strategy meetings. This report does not include the breakdown of us out of core hours 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 multi-agency strategy meetings attended	Total
October 2022	7	27	13	47
November	10	25	15	50
December	4	12	7	23
January 2023	4	25	13	42
February	4	26	9	39
March	12	34	7	53
April	14	20	3	37
May	16	32	11	59
June	32	34	7	73
July	16	14	10	40
August	20	25	17	62
September	24	15	9	48

## Adult SARC

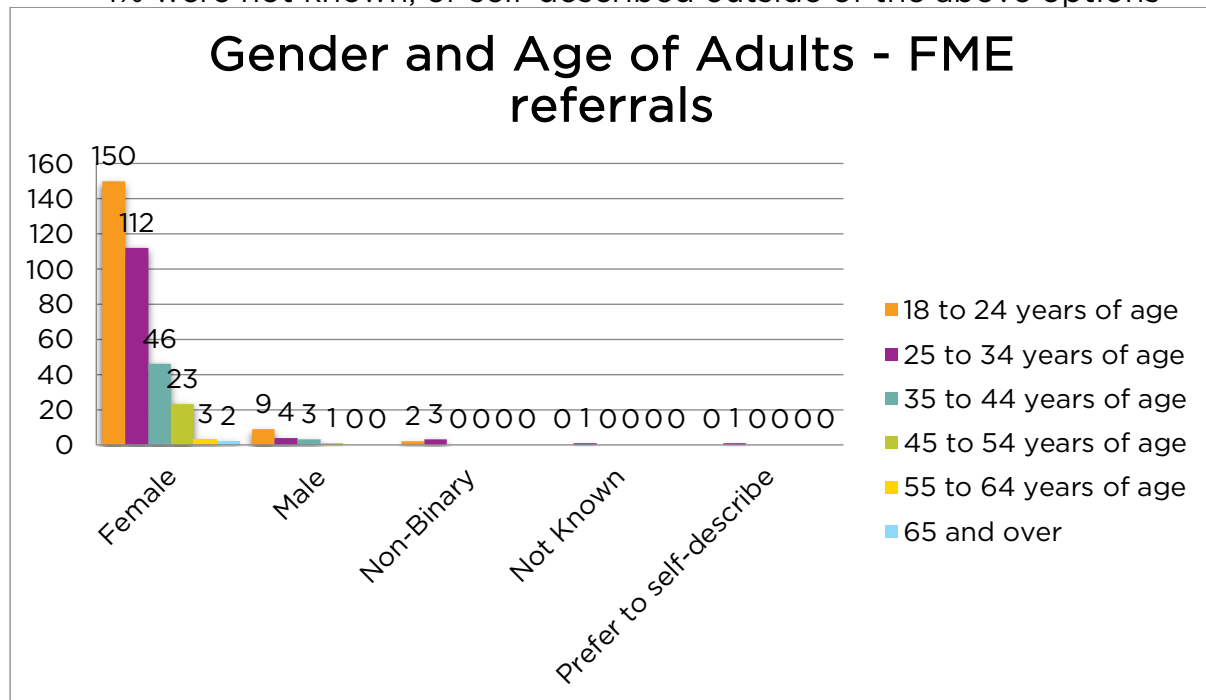
### Forensic medical examination referrals

Of the 1,431 care episodes for adults through these 12-months, 360 were attendances for forensic medical assessment/examination.

### Demographics

#### Gender of FME referrals (Figure 6)

- 93% were female
- 5% were male
- 1% were non-binary
- 1% were not known, or self-described outside of the above options



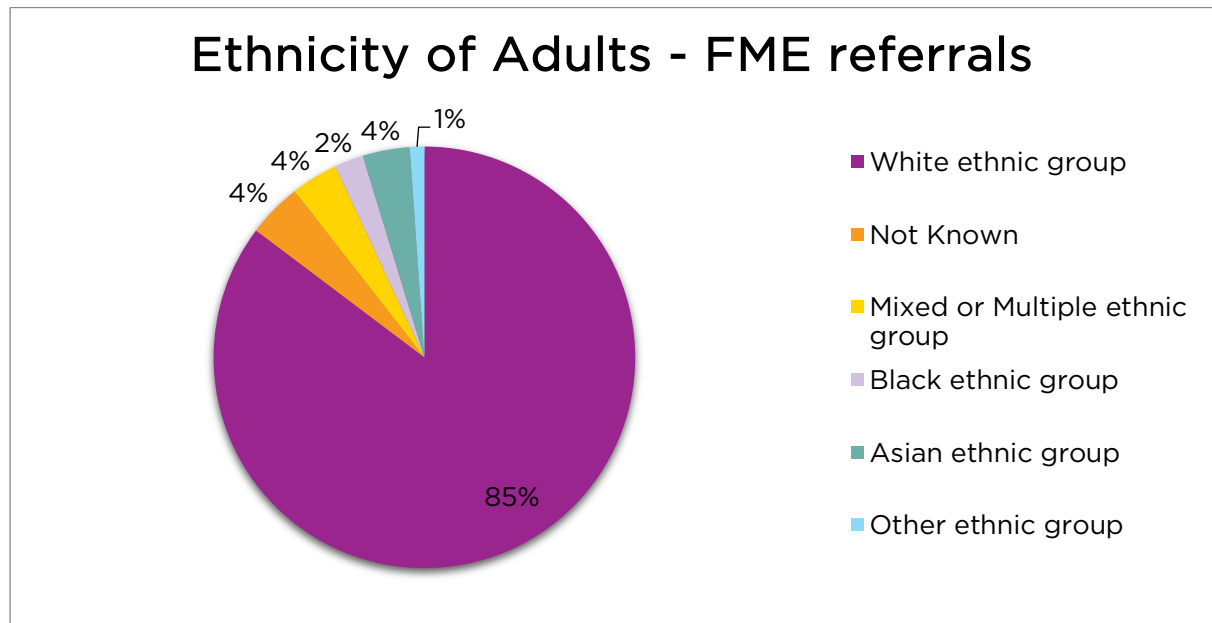
**Figure 6:** Gender and age of adults referred to The Bridge for an FME

#### Sexual orientation of FME referrals

- 66% (238) identified as straight/heterosexual
- 14% (52) identified as bisexual
- 4% (15) identified as gay
- For 12% sexual orientation was not documented/asked and fourteen did not disclose, for 4% the sexual orientation was recorded as outside the above options

### Ethnicity of FME referrals (Figure 7)

Ethnicity of the adults referred to The Bridge for an FME can be found in the pie chart below. Please note that, whilst this graph shows limited groups, ethnicity is recorded in greater detail by The Bridge.



**Figure 7:** Ethnicity of adults referred to The Bridge for an FME

### Context

- For 40 adults (11%), the alleged suspect was a current, or previous, partner or spouse
- For 86 adults (24%), the alleged suspect was a stranger
- For 81 adults (23%), the alleged suspect was a known person or associate
- For 6 adults (2%), the alleged suspect was a family member



### Aftercare uptake

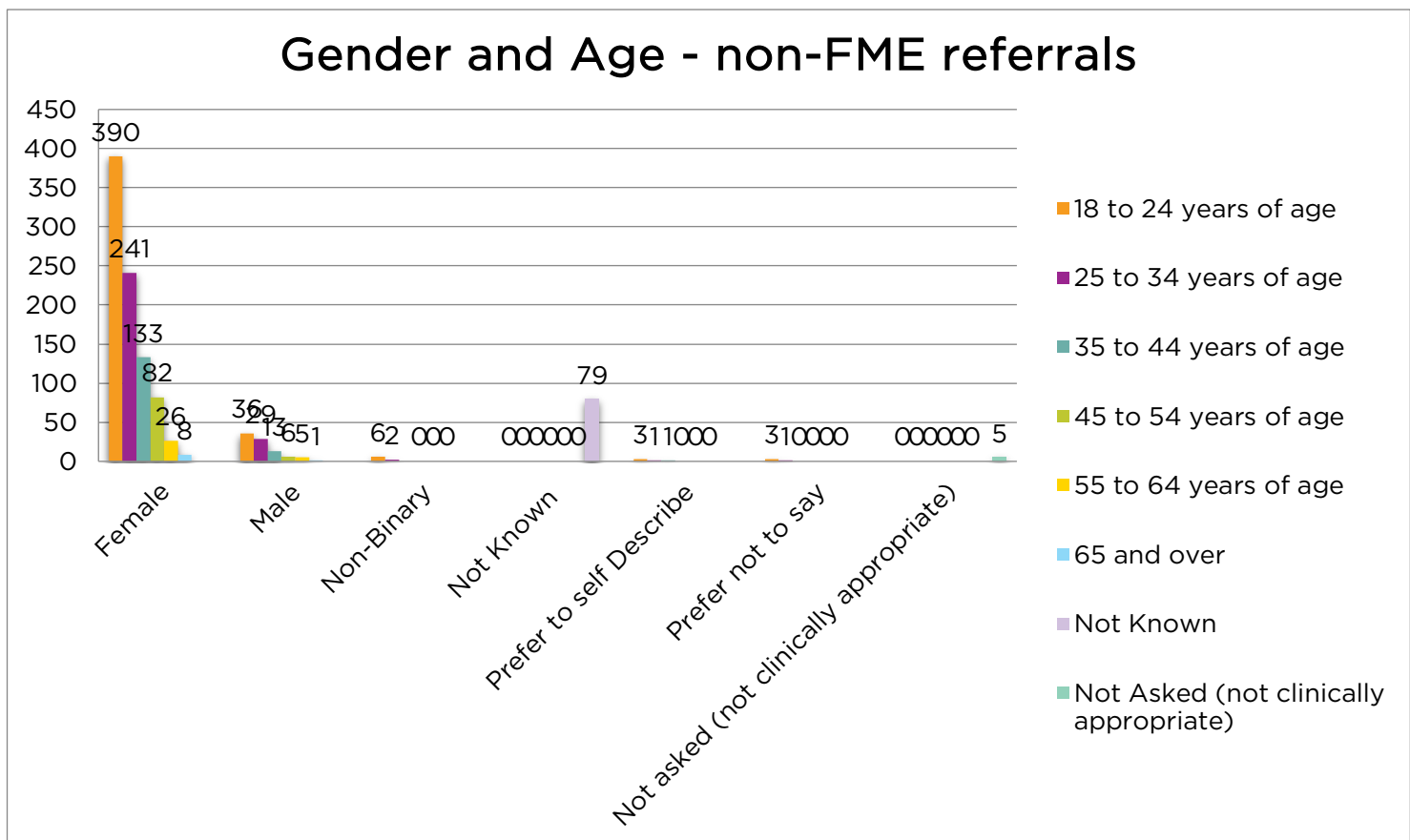
- 100% of clients were offered counselling referrals
  - 78% of clients took up a referral for therapeutic support
- 100% of clients were offered an ISVA referral
  - 81% of clients took up this referral
- 80% of clients were offered sexual health follow-up
  - 77% of clients took up this referral

### Non forensic medical examination referrals

1,071 adults received support from The Bridge but did not have an FME.

#### Gender of non-FME referrals (Figure 8)

- 82% were female
- 8% were male
- 0.7% (8) were non-binary
- 7% (79) Not known
- 0.4% (5) self-described outside these options
- 0.3% (4) Preferred not to say
- 0.4% (5) Not asked (not clinically appropriate)



**Figure 8:** Gender and age of adults who received support from The Bridge but did not have an FME

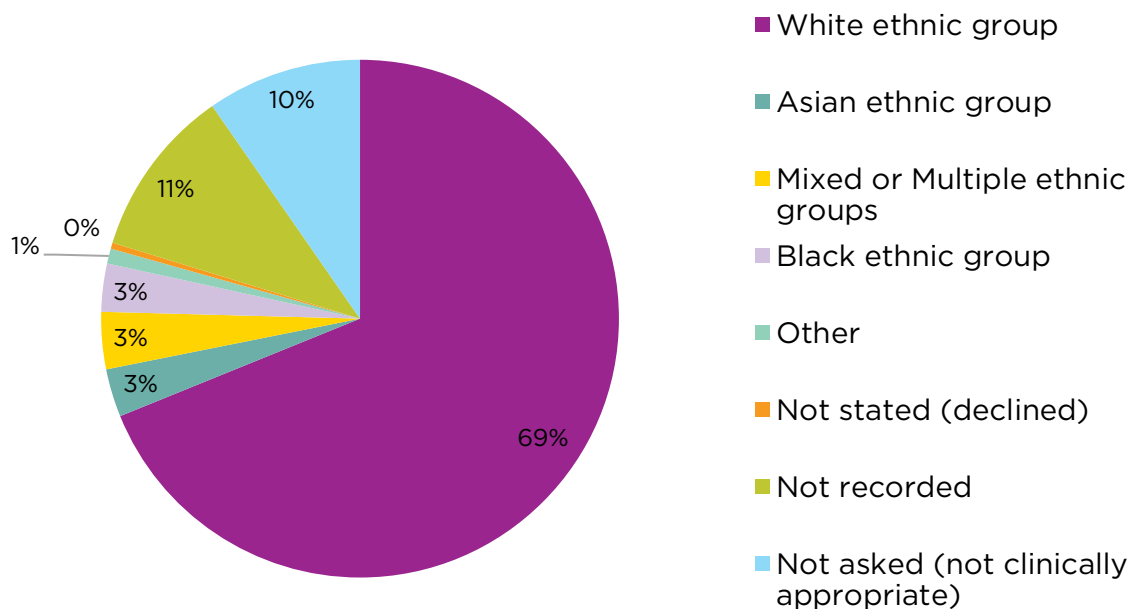
#### Sexual orientation of non-FME referrals

- 39% identified as straight/heterosexual
- 9% identified as bisexual
- 2% identified as gay
- For 47% sexual orientation was not documented/asked
- 1% did not disclose
- 2% identified as other

#### Ethnicity of non-FME referrals (Figure 9)

Ethnicity of the adults referred to The Bridge, who did not have an FME, can be found in the pie chart below. Please note that, whilst this graph shows limited groups, ethnicity is recorded in greater detail by The Bridge.

### Ethnicity of adults - non-FME referrals



**Figure 9:** Ethnicity of adults referred to The Bridge, who did not have an FME.

## Theory of Change progress review

The Bridge Theory of Change, as introduced in last year's annual report, guides our work, development, and mission. The Theory of Change can be found on our website, [here](#).

The tables below detail our successes and progress, mapped to our Theory of Change.

Table 2: Theory of Change Progress Review	
<b>Strategic aim</b>	To provide bespoke early care, facilitate change and create a hopeful space at the earliest opportunity for the people we support
<b>Long-term outcomes</b>	People our service engages with experience less ongoing physical and psychological harm
	People our service engages with are more knowledgeable about other services
<b>Short-term outcomes</b>	People our service engages with feel better as a result of accessing our services
	People our service engages with can access the health and wellbeing services they need in a timely manner
	People our service engages with receive specialist, high-quality, compassionate, and trauma-informed care
	People our service engages with have choices and options in what happens at the SARC
	People our service engages with can make informed decisions about what happens next
<b>Activities in 2022 – 2023</b>	We were present at the University of Bristol's Fresher's Event
	We attended NASS Festival, providing awareness, as well as a safe, confidential, and trauma-informed space to anyone who disclosed sexual violence
	We commenced changes to our main corridor environment, and inside The Bridge, to create a welcoming and inviting environment. This included client feedback 'you said – we did' wall art, and a staff photo board of the staff members caring for our clients
	We made our in-house, full day, training on trauma-informed practice mandatory for all staff, and delivered this to 36 members of the SARC team during the year
	We expanded the therapy team and added trauma-focussed therapies to our relational, trauma-informed therapy service
	We developed an internal non-fatal strangulation care pathway, in response to the act in the domestic abuse bill and the increased use of this as a stand-alone charge by the police
	We established a multi-disciplinary team, care-planning pathway for clients with more complex support needs

Table 3: Theory of Change Progress Review

<b>Strategic aim</b>	To improve other professionals' understanding and responses to the people we support
<b>Long-term outcomes</b>	Other professionals are more able to respond to the accounts people share
	Other professionals are more able to provide a trauma-informed response in their settings
	Other professionals are more confident in managing cases
<b>Short-term outcomes</b>	Other professionals have a better understanding of how to provide trauma-informed care
	Other professionals are more aware of us and the service we provide
	Other professionals have a better understanding of how to respond to people sharing their accounts
	Other professionals are better informed and supported on individual cases
	Other professionals are more able to recognise signs and indicators of sexual harm and its impact
<b>Activities in 2022 – 2023</b>	9 trainee paediatricians/ED clinicians/other health professionals spent 1-2 days at The Bridge observing clinical care
	4 of The Bridge medical staff were members of an international team involved in updating the 2023 'The Physical Signs of Child Sexual Abuse' Evidence Based Review – a collaborative piece of work produced by the RCPCH
	We trained 63 Avon and Somerset Police Comms Call Handlers to offer trauma-informed calls
	We started monthly professionals open mornings where 83 professionals (to date) from our stakeholder organisations have attended our service to learn more about our work
	We gave a presentation on the UWE Police Detective degree and non-degree training programmes to over 198 students
	We trained 18 UWE nursing degree students as part of their Sexual Health module
	We delivered training to our own wider UHBW trust staff around topics such as sexual violence, safeguarding, and The Bridge's services
	We gave training to a variety of other organisations, such as the university SVLOs, women's refuges, and therapeutic services
	Development of 'The Bridge – Introduction to Sexual Offences Medicine' two-day course
	2 sessions of training delivered to GP trainees within the locality – this training covered The Bridge and the services we provide, along with training on how to manage presentations of sexual assault in general practice

Table 4: Theory of Change Progress Review

<b>Strategic aim</b>	To promote excellent care for people we support by working collaboratively with other agencies
<b>Long-term outcomes</b>	Greater consistency for people who have been sexually harmed in accessing and receiving services
	A stronger regional provision for services for people who have been sexually harmed
<b>Short-term outcomes</b>	Other agencies have better understanding of emerging needs, issues and trends
	We are more able to influence the training of other health professionals
	Stronger networks with, and across, statutory, and non-statutory services
<b>Activities in 2022 – 2023</b>	We contributed to the Children's Commissioner for England's report on the evidence of pornography's influence on harmful sexual behaviour among children – May 2023
	Co-collaboration on the 'Justice in Covid-19 for Sexual Abuse and Violence' report – available <a href="#">here</a>
	We embarked on our Sexual Violence Trauma Pathfinder project, working with specialist community and voluntary sector partners to improve care and support across systems for adults who have been sexually abused at any time in their lives

Table 5: Theory of Change Progress Review

<b>Strategic aim</b>	To build on our strengths, grow as a high-quality organisation, and become an exemplar to others
<b>Long-term outcomes</b>	We are more able to offer a responsive service that meets individual needs
	We achieve and maintain a high-quality service, underpinned by lived experience, that is evidence-informed
	We take active steps to mitigate climate change
<b>Short-term outcomes</b>	People we support get a bespoke service
	Every person we support has a named crisis worker
	Achieve and maintain FSR accreditation
	Our pathways for aftercare are clear and equal
	A focus on addressing climate change
	A clear, safe, and responsive audit plan
	Workforce meet professional competency and quality standards
<b>Activities in 2022 - 2023</b>	The FFLM guidance is that a minimum of 25% of clinicians on the paediatric rota have either MFFLM (SOE) or MRCPCH with LFFLM (SOE). As of September 2023, 100% of our substantive paediatric rota clinical staff are compliant with this
	We launched our new paediatric sexual health follow-up pathway in April 2023, which was co-designed with The Voices group at The Green House
	In September 2023, we took on all aftercare pathways for all children across the 3 counties (Avon and Somerset, Gloucestershire, and Wiltshire), excluding those aged 16- and 17-years-old who are seen for FME in Gloucester or Swindon.

Table 6: Theory of Change Progress Review

<b>Strategic aim</b>	To increase visibility and amplify the voice for everyone we support
<b>Long-term outcomes</b>	People who have been sexually harmed are able to be more involved in service development
	Views of people who have been sexually harmed, and those who care for them, are better heard and understood
	Greater awareness of the needs of those who have been sexually harmed, and those who care for them
<b>Short-term outcomes</b>	Seldom heard groups are better represented within our service
	More input and voice within policy and local and national strategy
	We celebrate the diversity of voices engaged with The Bridge
	A reduction in barriers to accessing our service for all people and agencies across the region
	Amplify the voice of the people we support and the people that support them to influence change
<b>Activities in 2022 – 2023</b>	Improved physical signage from the front door in 3 languages
	We drafted a submission to the Government's call for evidence in relation to mandatory reporting of CSA
	Involvement in drafting Somerset wide guidance for the termination of pregnancy in children aged 12 and under
	The Bridge SARC held two public and stakeholder events aimed at facilitating open discussion around supporting Men who have experienced sexual violence and Childhood Sexual Abuse (CSA). This has resulted in securing funding for future work
	We had a visible presence and supported Bristol Pride and Trans Pride South West

## Lived Experience Feedback

We invite feedback via several routes, including the on-site digital feedback system 'ViewPoint'.

Over the year 157 people provided feedback through 'ViewPoint'.

Of those providing feedback:

- 89% were female, 6% were male, 2% were non-binary, and 1% were Trans male
- 80% were heterosexual, 15% were bisexual, 4% were gay male or gay female
- Most people were under 25-years old, but 5 people providing feedback were aged under 13, 10 aged over 41, and 2 aged 61 or over

Some comments in relation to what we did well are shared here:

“Very empathetic and showed understanding”

“Talked to me properly slowly clearly as I am severely deaf calmed me down loads”

“Very nice and very supportive, like no other place, thank you so much”

“Super understanding, welcoming and also made me laugh which I really appreciated and needed. Such lovely staff and very helpful”

Feedback on what we do better included these themes:

- Providing detail on the timelines and steps, e.g.:
  - “Verbalise each step of the physical exam”.
  - “A rough timeline of proceedings”
- Better room temperature control, e.g.:
  - “Very hot”
  - “It was very hot”.
  - “Consultation room was hot”

### Complaints

No formal complaints were received during the period covered by this report.

### Compliments

Compliments received via ‘ViewPoint’ can be found earlier in the report (under ‘Lived experience feedback’).

## Patient Safety and Governance

Patient safety and governance meetings occur bimonthly at the SARC, these meetings are attended by relevant members of the SARC team, with involvement and representation of relevant stakeholders.

The SARC team also attend monthly trust-wide assurance and patient safety meetings, to address concerns and any ongoing risks to the SARC operations or service provision.

The SARC reported 70 incidents across the year. All incidents involved no, or minor, harm.

### Inspections

An inspection of the SARC was carried out by the Care Quality Commission (CQC) in June 2023. The outcome was favourable, and the full report is available to read on the CQC website [here](#).

UHBW was inspected by CQC in August 2022 and was rated Good.



## Research and Audit

### Research

Research-related activity has been included in the theory of change progress report, which can be found earlier in the report.

### Audit

A number of clinical audits were completed this year, in line with our audit plan, these included:

- A repeat audit of SARC staff adherence to the UHBW Chaperone Policy
- An audit of SARC Clinical Records (Adult SARC)
- An audit of SARC Safeguarding Compliance

## Acknowledgements

Thank you to our team of dedicated professionals and, as ever, thank you to those who allow us to support them.

We are also grateful to the following:

- **Cosy Quilts Gloucestershire** – for the donation of beautiful handmade patchwork quilts for children and young people who visit The Bridge
- **Period Poverty Scheme** (funded and purchased by Bristol and Weston Hospitals Charity) – offering free sanitary products
- **Students of St Telio's Church in Wales School** – who generously donated their £1,000 competition winnings from a competition organised by the charity First Light
- **Bristol and Weston Hospitals Charity** – for their ongoing support, including the funding of changes to our signage and corridor
- **The Quartet Foundation** – for the donation of funds for toiletries and clothing
- **Her Majesty The Queen's washbag initiative** – we are grateful to Her Majesty The Queen for delivering the washbag initiative, in partnership with Boots (product supplier) and In Kind Direct (a charity founded by The King, which acts as the delivery partner of the project).



**Above:** (L-R) Students of St Telio's Church in Wales School present a cheque for £1,000 to Dr Michelle Cutland (Clinical Director for Paediatric SARC) and Nicola Shannon (SARC Service Manager). *Image courtesy of Bristol & Weston Hospitals Charity*



# the Bridge

here, no matter what  
**help after rape and sexual assault**



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

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

University Hospitals Bristol and Weston NHS Foundation Trust

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The Bridge SARC is hosted by University Hospitals Bristol and Weston NHS Foundation Trust and sits within the division of medicine.

The service is commissioned by NHS England and Regional Police & Crime Commissioners for Avon & Somerset, Gloucestershire, and Wiltshire Police.