



the Bridge

here, no matter what
help after rape and sexual assault



The Bridge SARC

Annual report 2024 – 2025



“Mummy that was the best appointment I’ve ever had”

“You made something really awful feel a lot easier”

“Thank you from the bottom of our hearts for making what has been a very traumatic time that much easier for us.”

“Staff were really friendly made me feel comfortable and reminded me that everything was my choice”

“I have never received such kindness in quite some time [...] some of the loveliest health professionals I have ever had the pleasure of meeting, even under these circumstances. I will forever remember them”



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About The Bridge

The Bridge Sexual Assault Referral Centre (SARC) is a service provided by **University Hospitals Bristol and Weston NHS Foundation Trust** (UHBW). Within UHBW, The Bridge sits within the Division of Medicine.



The service is commissioned by NHS England, Avon and Somerset Police and the Office of Police and Crime Commissioner for Avon and Somerset Police.

During the period covered by this annual report, the Integrated Care Board (ICB) for Bath and North East Somerset (BaNES), Swindon and Wiltshire, the ICB for Gloucestershire, and the ICB for Somerset have also contributed funds to the development and delivery of the non-recent paediatric child sexual abuse (CSA) service.



The provision of a counselling and psychology service was funded by NHS England as part of a pathfinder initiative to improve therapeutic support for adults through collaboration between NHS and specialist community and voluntary sector sexual abuse support services.



Successful completion of this pathfinder has led to longer term funding for both The Bridge SARC Counselling and Psychology Service and the collaborative work with our community and voluntary sector partners SARSAS, The Southmead Project and Womankind.

The Bridge – what we do and how we do it

Our 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 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 who reside, or are harmed, in the Bristol, North Somerset, South Gloucestershire (BNSSG), Bath & North East Somerset (BaNES) or Somerset area which includes but is not limited to:



- Information to people about their options and support in deciding what to do next
- Sexual health information and onward referrals for care
- Collection of forensic samples and forensic medical examination (FME) with or without police involvement after recent rape or sexual assault
- 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
- Psychological formulation, support and therapy for adults, including brief early trauma intervention counselling and trauma-focused therapies

- Referrals to other services that they may need in order to move towards safety and recovery including Independent Sexual Violence Adviser (ISVA) service, sexual health screening, general practitioner, safeguarding and psychological support
- 24 hour a day immediate telephone advice and support from a crisis worker

Children and young people who reside, or who have been harmed, in the Bristol, North Somerset, South Gloucestershire (BNSSG), Bath & North East Somerset, Somerset (BaNES), Gloucestershire, Swindon or Wiltshire areas which includes but is not limited to:



- 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 by our service
- Collection of forensic samples and acute FME with police involvement (or without police involvement for some young people over 13)
- Non recent medical examinations after non recent sexual abuse (excluding BNSSG area)
- 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 immediate telephone advice and support from a crisis worker
- Acute medical care, forensic samples and medical examinations (where indicated) for children and young

people in whom female genital cutting is suspected or reported

For professionals:

- Information and advice to professionals who receive a disclosure of sexual abuse, rape or sexual assault
- 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 referrals from the police, victim and witness care units, social care and a range of other organisations/professionals. We also receive self-referrals from adults, young people, and parents and carers of children, who contact us following rape, sexual assault, abuse or where there is a suspicion of sexual abuse.

Our crisis worker team process all referrals promptly, contacting clients to discuss their needs, offer advice, support and discuss their care moving forward – this includes the creation of a person-centred care plan, tailored to what the client needs. Our crisis worker team can also meet clients face to face at The Bridge, if required.



FMEs are offered, where indicated, to adults, children and young people when rape, sexual assault or abuse has been reported to have occurred, or there is a suspicion of this occurring, recently (within the last 7 days). This can be without police involvement, if aged 13 or over.

FMEs are also offered to children and young people in all areas (excluding BNSSG) when the sexual abuse, or suspected abuse or harm, occurred 8 or more days ago.

When do we do this?

Our telephone line (0117 342 6999) is available 24/7, 365 days a year. These calls are answered by our crisis worker team, who can provide immediate information, support and advice.



Professionals can also call us 24/7, 365 days a year for specialist advice and input into multiagency strategy meetings from our specialist clinical team.

When do we do this? *(continued)*



FMEs are usually booked, on an appointment-only basis, for a time agreed by the client (adult, child or young person we are supporting), in collaboration with any supporting professionals and/or parents/carers/supporters who attend with them.

Appointments are triaged and consideration is given to medical, forensic and safety needs.

We are available 24-hours a day, 365 days a year for:

- Adult clients (aged 18 and over) attending with the police

We are available daily, 365 days a year for:

- Adult clients (aged 18 and over) attending without the police (non-police/'self-referral' cases)
- Paediatric clients (aged 17 and under)

We provide clinics throughout the month for:

- Non-recent FME appointments at the Avon River Clinic

Executive summary

The annual report is created to summarise activity, data and wider relevant activity of The Bridge Sexual Assault Referral Centre (SARC). It is shared with commissioners, stakeholders, and the public via The Bridge website.

This annual report is for the period commencing **1st April 2024** to **31st March 2025**.

During this period, The Bridge supported people through **2,226** incidents/episodes of care.



Key points:

- **35%** of our activity involved support and care for people aged 17 and under
- **1 in 5** of our FMEs were non-police FMEs, with **28%** of all adult FMEs taking place without the police
- **13%** of those we supported identified as male (across all ages), which is a **7% increase** from the previous annual report we published
- **306** adults received support from a psychological therapist

Alongside our important client-facing work, The Bridge has attended several events, training sessions, workshops, and engaged with national awareness campaigns.

Key highlights include:

- An invite from **Queen Camilla** – members of The Bridge team were invited, along with local and national colleagues, to a reception at Buckingham Palace where Her Majesty The Queen announced the relaunch of The Washbag Project. *The washbags are provided by Boots UK, with In Kind Direct coming on board as the distribution partner for the initiative too.*
- Involvement in the national NHS England ‘Turn to us, We are here’ SARC awareness campaign.
- Launch of a new Men’s Peer Support Group



This period has also been marked by development and expansion of the capacity of the paediatric service, with additional funding received from regional ICBs. This is evidenced over the last year by:

- Recruitment of an additional consultant paediatrician and specialist social worker to support the non-recent CSA service and Avon River Clinic
- A **53%** increase in the number of children seen in the non-recent service
- Increasing our attendance at multiagency strategy meetings by a considerable **240%**
- Delivering training and updates across the commissioned area to partner agencies and stakeholder organisations



Thanks to the success of the Trauma Pathfinder Project, the Counselling and Psychology Team secured ongoing funding to continue to develop a flexible model of therapy and training delivery, with a focus on partnership working and promoting improved response to the impact of sexual trauma across services. Crucially, this includes a focus on supporting people with complex trauma stemming from sexual abuse, people who often experience multiple barriers to physical and psychological health care.



In our adult service, we received 26 referrals into our innovative multi-disciplinary care planning pathway. This pathway has enabled us to better support clients with complex or additional support needs, ensuring they receive the most appropriate and high-quality care when accessing our service.



We give our thanks to our dedicated team of professionals at The Bridge for their ongoing commitment 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.

We also thank our stakeholders and partner agencies across our commissioned area for their ongoing support.

Finally, we give our heartfelt thanks to those individuals who allow us to care for and support them.

Dr Sandra Ives
Clinical Director
(Adult SARC)

Nicola Shannon
SARC Manager

Dr Michelle Cutland
Clinical Director
(Paediatric SARC)

Dr Louise Davey
Principal Counselling
Psychologist



Activity report

Paediatric service

The Bridge provided care and support during **772** incidents/episodes of care which involved children or young people. This included:

- **248** forensic medical examinations
- **290** multi-agency strategy discussions
- **4,614** individual contacts
- **359** referrals to an Independent Sexual Violence Adviser (ISVA) / Child and Young Person’s Sexual Violence Adviser (CYPSVA)
- **212** onward referrals for mental health and therapeutic support

Across the paediatric service, where gender was recorded, **83%** of children were female, **12%** were male and **3%** of children were gender diverse.

Ethnicity data for the paediatric service is detailed in **Figure 1**. For the purpose of reporting, ethnicity has been grouped into broader categories, however in our data collection processes it is captured in greater detail.

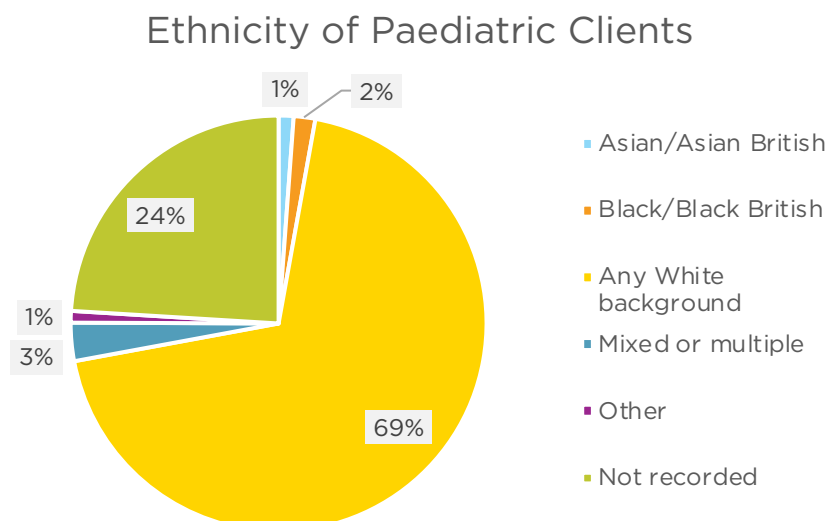


Figure 1: Ethnicity of Paediatric Clients

Forensic medical examination (FME) referrals

248 Paediatric FMEs were completed throughout the year.

43 were non-recent examinations, seen within the Avon River Clinic non-recent service.

The age distribution is detailed in **Figure 2**. **Figure 3** shows a breakdown of the local authority.

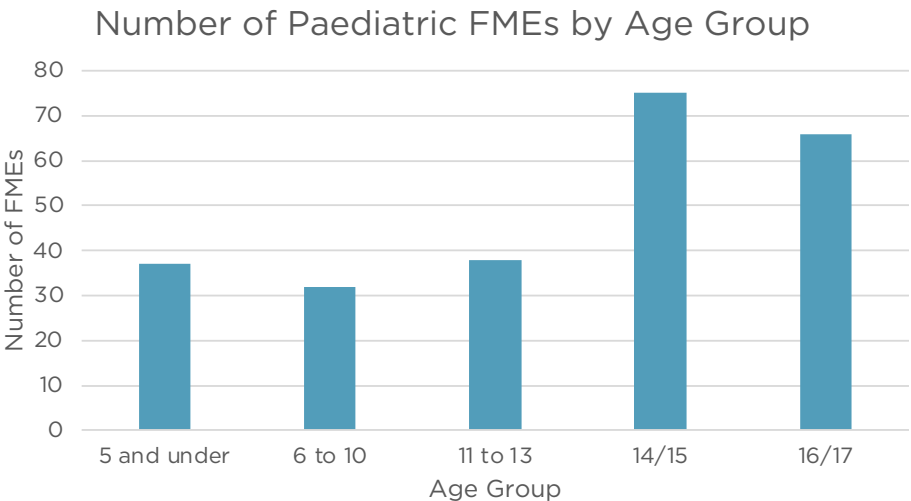


Figure 2: Paediatric FMEs by Age Group

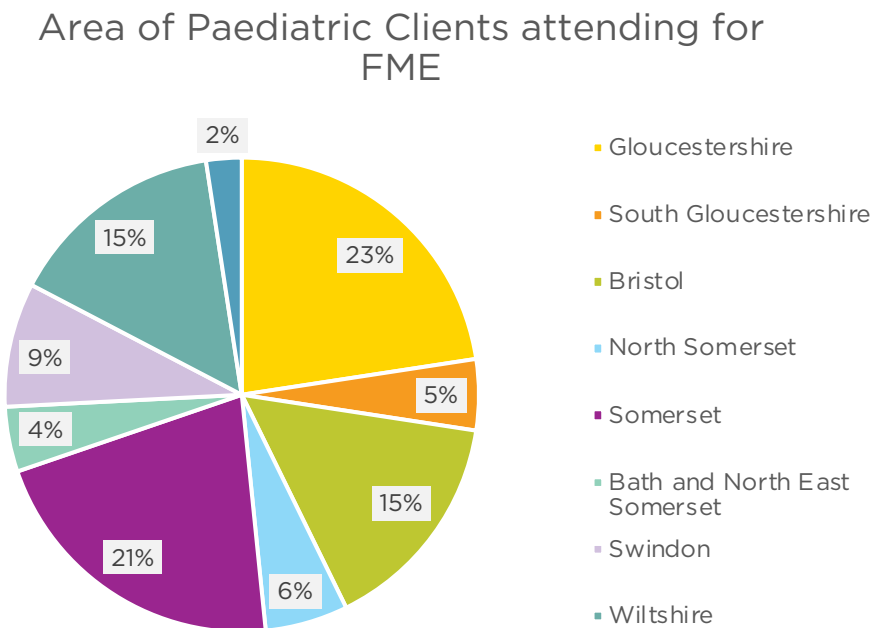


Figure 3: Paediatric FMEs by Area

Context

For **60** children and young people (24%) they were reportedly abused in the context of alleged intrafamilial abuse (harmed by someone who felt like family to them, including carers).



For **42** children and young people (17%) the person who reportedly harmed them was a partner, ex-partner, friend or school peer.

For **70** children and young people (28%) the alleged suspect was a stranger, unknown or 'other'.

For **73** children and young people (29%) the alleged suspect was a known associate.

Aftercare uptake

Less than 6 children and young people required, and were initiated on, medication to prevent HIV acquisition.

49 children and young people were given emergency contraception.

87 children and young people (35%) had opportunistic testing for STIs in the SARC and 62 (25%) had onward referrals for this.

78 children and young people had onward referrals made for psychological support.

141 children and young people agreed to ISVA support.

24 children and young people were given Hepatitis B vaccinations.



6 children and young people were given opportunistic HPV vaccination.

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:

- **14%** were autistic
- **35%** of children and young people had a history of self-harm
- **5%** were subjected to alleged non-fatal strangulation in the context of the suspected sexual abuse
- **3%** had a physical or learning disability and **4%** had a specific learning difficulty
- In **4%** there were concerns about substance misuse
- In **12%** there were concerns about child sexual exploitation



Non-FME referrals

Non-FME referrals (cases where the client does **not** have an examination or face-to-face health assessment) form the bulk of activity.

These referrals are received from a variety of sources but are mainly from people who report to the police but fall outside the timeframes where a FME would be helpful and a non-recent FME is not indicated or declined.

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

The age distribution is detailed in **Figure 4**. **Figure 5** shows a breakdown of the local authority.

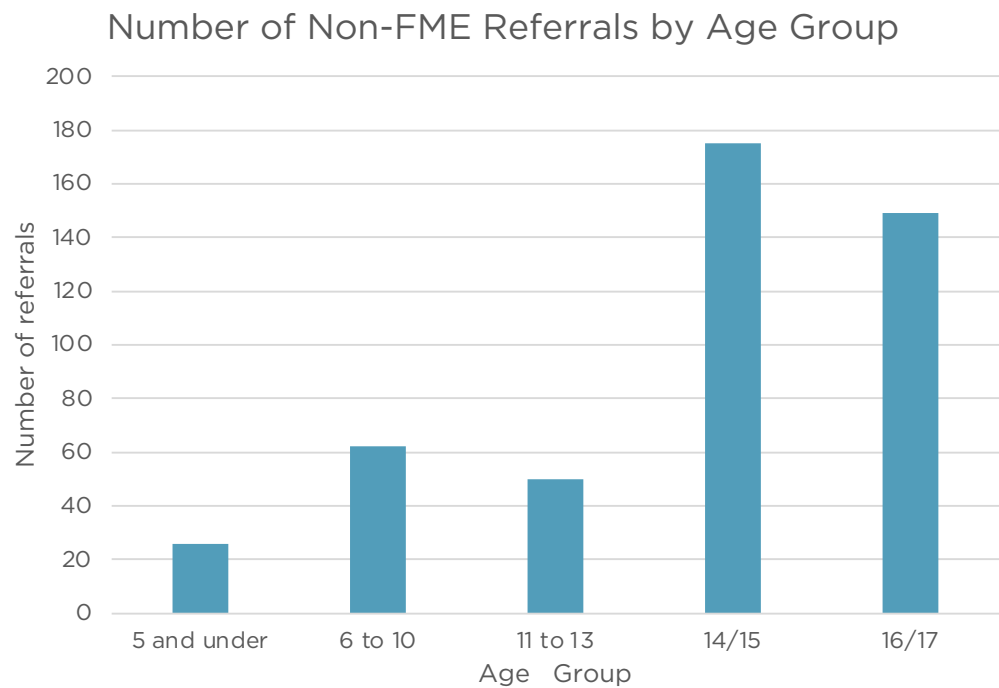


Figure 4: Paediatric Non-FME Referrals by Age

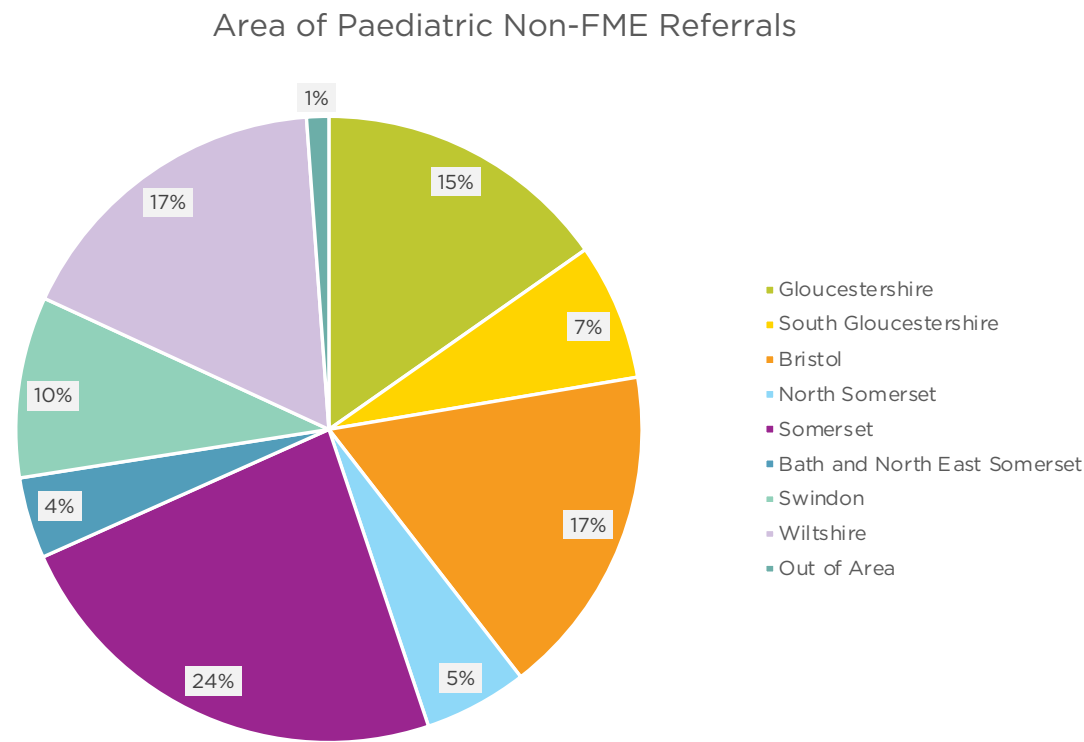


Figure 5: Paediatric Non-FME Referrals by Area

Adult service

The Bridge provided care and support during **1,454** incidents/episodes of care which involved adults. This included:

- **368** forensic medical examinations
- **8,012** individual contacts
- **817** referrals to an Independent Sexual Violence Adviser (ISVA)
- **753** referrals for mental health and therapeutic support

Across the adult service, where gender was recorded, 85% of clients were female, 12% were male and 3% were gender diverse.

Ethnicity data for the adult service is detailed in **Figure 6**. For the purpose of reporting, ethnicity has been grouped into broader categories, however in our data collection processes it is captured in greater detail.

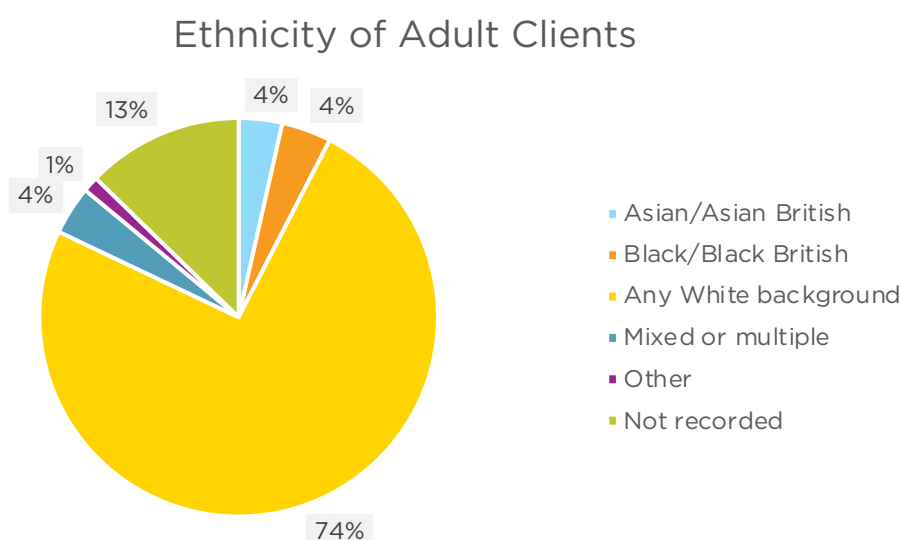


Figure 6: Ethnicity of Adult Clients

Forensic medical examination (FME) referrals

368 Adult FMEs were completed throughout the year.

Of those adults seen for an FME:

- **10%** were autistic
- **10%** had a learning disability
- **9%** had a visual/hearing or mobility impairment
- **13%** were subjected to alleged non-fatal strangulation in the context of an alleged sexual assault or rape
- **48%** had a history of self-harm

Sexuality: 63% identified as straight/heterosexual, 15% identified as bisexual and 7% identified as Gay or Lesbian. For 14% sexuality was not documented, asked or disclosed. 1% identified as another sexuality.

The age distribution of adult clients attending for an FME is detailed in **Figure 7**.

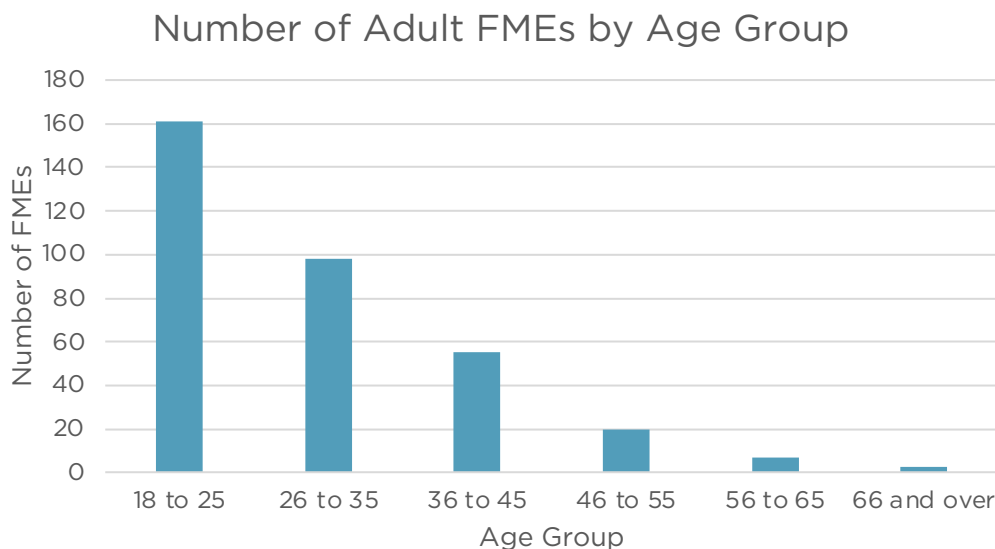


Figure 7: Adult FMEs by Age

Context

Less than 6 adults reported that they were harmed by someone who felt like family to them (incl. carers).

96 adults (26%) reported that they were harmed by a partner/spouse, ex-partner or friend.

144 adults (39%) reported that the alleged suspect was a stranger, unknown or 'other'.

112 adults (30%) reported that the alleged suspect was a known associate or work colleague.

11 adults (3%) reported harm involving multiple alleged suspects.

Aftercare uptake

6% of adults were started on medication to prevent HIV acquisition

30% of adults were given emergency contraception

69% had onward referrals made for sexual health

59% had ongoing referrals made for psychological support

69% agreed to ISVA support

13% were given Hepatitis B vaccinations



Non-FME referrals

1,040 adults received support from The Bridge but did not have an FME, or face-to-face health assessment, at The Bridge.

Sexuality: 45% identified as straight/heterosexual, 11% identified as bisexual, 3% identified as Gay or Lesbian. For 39% sexuality was not documented, asked, or disclosed. 2% identified as ‘other’.

The age distribution for adult non-FME referrals is detailed in **Figure 8**.

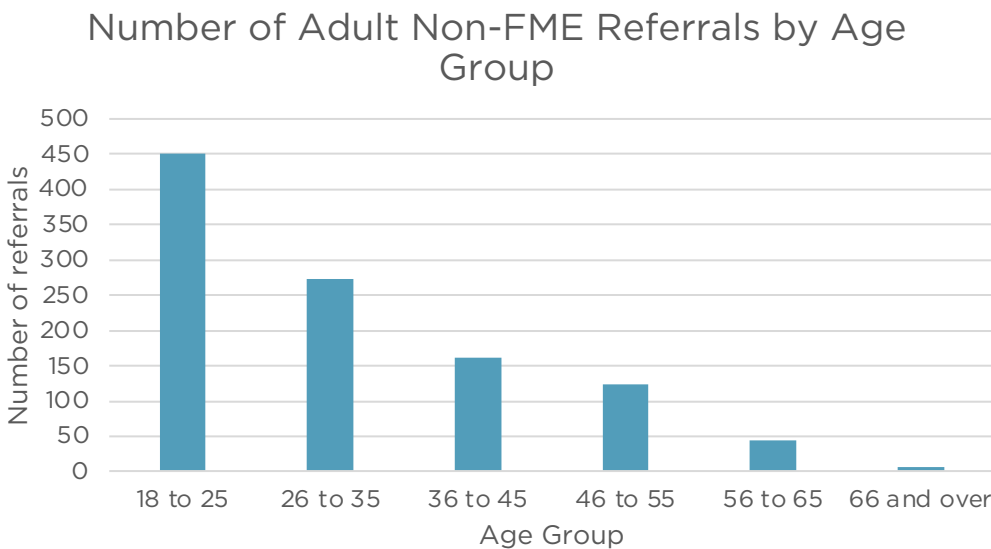


Figure 8: Adult Non-FME Referrals by Age

Counselling & Psychology service

Direct client work

Over the course of the year **1,967** assessment, formulation and therapy sessions were offered to **306** individual clients.



The service offers brief psychological support, trauma-informed relational counselling and trauma-focused therapies, including Eye Movement Desensitisation and Reprocessing (EMDR) and Narrative Exposure Therapy (NET).

Capacity to offer these specialist therapies increased during the year 2024/25 thanks to targeted funding from NHS England.

Anyone who has been sexually assaulted or raped within 4-months prior to referral can access the service. Many of our clients had also been sexually abused as children and/or been raped before as an adult.

Peer support

We additionally established a peer support group for men who have been sexually abused or raped at any time in their lives. Development of this group is ongoing through consultation with men's survivor led organisations and the men and facilitators attending the group.

Training

The counselling and psychology team also delivered, or coordinated, training for therapist and other practitioners working in physical and mental healthcare, or in specialist sexual trauma support services.



Lived experience feedback

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



Throughout the year, **211** people provided feedback through 'ViewPoint'.

Of those providing feedback:

- **85%** were female; **12%** male; **2%** non-binary and **1%** trans men
- **52%** were heterosexual; **23%** bisexual; **10%** Gay or Lesbian
- Most people were under 25 years old, but:
 - **9** people were aged either under 13 or aged 66 or over
 - **16** people were aged over 41 years

When people were asked 'What did we do well?', they told us...

"Compassionate, broke everything down and explained it clearly, showed immense amount of kindness and understanding"

"Very supported, made me feel at ease, didn't judge, did everything at my speed, didn't feel pressured"

"I was here to support a friend. And offered tea, coffee and made to feel welcome"

"Made my daughter and ourselves feel comfortable and explained everything we needed to know"

"Kind and considerate explaining everything brilliantly, thank you for being patient and for making it known everything is my choice"

We also asked people, ‘What could we do better?’ and they told us that we could provide more information about how long they may expect their appointment to last, and what the appointment will involve.

“Letting me know in advance of arrival how long it takes”

“Description when scheduling of what the visit would involve in more detail”

We received help and support in improving client experience of The Bridge from several different organisations and groups. With this in mind, we are grateful to:



- Cosy Quilts Gloucestershire for the continued donation of beautiful homemade blankets for children and young people who visit our service
- Period Poverty Scheme, funded by Bristol & Weston Hospitals Charity, who help us to provide free sanitary products
- Her Majesty The Queen, Boots UK and In Kind Direct who provide washbags for our clients via The Washbag Project
- Bristol & Weston Hospitals Charity who support in many ways, including the purchasing of food and replacement clothing for our clients

Patient safety and governance

Patient safety and governance meetings happen every month at The Bridge. These meetings are attended by members of The Bridge team, as well as representatives from UHBW and relevant stakeholders.



The Bridge also attends monthly trust-wide assurance and patient safety meetings to address departmental areas of concern and ongoing risks to SARC service provision.

The Bridge reported 70 incidents across the year. All incidents were classified as no harm, negligible harm, or minor harm.

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

Inspections

The Bridge SARC was last inspected by The Care Quality Commission (CQC) in June 2023. The outcome was favourable and the full report is available here:



www.cqc.org.uk/location/RA7CQ

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

Research and audit

Several clinical audits were completed during the year, as per our audit plan. Audits are detailed in our Theory of Change progress review.

Theory of Change progress review

The Bridge Theory of Change guides our work, development and mission. The Theory of Change can be found on our website, here:

www.thebridgecanhelp.org.uk/toc

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

Table 1: Theory of Change Progress Review	
Strategic aim	To provide bespoke early care, facilitate change and create a hopeful space at the earliest opportunity for the people we support
Long-term outcomes	People our service engages with experience less ongoing physical and psychological harm
	People our service engages with are more knowledgeable about other services
Short-term outcomes	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
Activities in 2024 - 2025	We saw 8 young people for follow-up sexual health testing at The Bridge as part of the new follow-up pathway
	We received 211 pieces of feedback
	We managed postal sexual health testing for over 50 young people
	We continued our in-house, full day, training on trauma-informed practice mandatory for all staff, and delivered this to 15 members of The Bridge team during the year
	We continue to run the bespoke paediatric sexual health follow-up service driven by child/young person choice
	We developed and delivered 25 sessions of the Men's Peer Support Group and delivered training to 8 facilitators
	We received 26 referrals into our multi-disciplinary team care planning pathway for clients with complex support needs. 22 clients remained 'Open' on this caseload during the period covered by this report.

Table 2: Theory of Change Progress Review

Strategic aim	To improve other professionals' understanding and responses to the people we support
Long-term outcomes	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
Short-term outcomes	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
Activities in 2024 – 2025	9 trainee paediatricians/ED clinicians/other health professionals spent 1-2 days at The Bridge observing clinical care
	We delivered training to 12 members of staff from MSI Reproductive Choices Safeguarding Team
	We delivered training to 75 GPs across our commissioned areas
	We hosted our first Year 3 Medical Student 'Choice' project from the University of Bristol
	We delivered training to 300 Avon and Somerset Police staff as part of their CPD update
	We continued our monthly professionals open mornings where 106 professionals from our stakeholder organisations have attended our service to learn more about our work
	We delivered training to 41 of our own wider UHBW trust staff around topics such as sexual violence, safeguarding, and The Bridge's services
	We provided training on the UWE Police Detective degree and non-degree training programme to 52 students
	We delivered training to the following: <ul style="list-style-type: none"> • Bath Emergency Department staff (20 people) • IA Hotels Services (14 people) • Victim Support (18 people) • Second Step Mental Health and Wellbeing charity (45 people)

	<p>We presented at the following conferences:</p> <ul style="list-style-type: none"> • Serious Youth Violence & Child Exploitation Conference 2024 - Somerset Safeguarding Children Partnership • St Mary's SARC Conference • BASHH Conference • BRITSPAG Conference
	<p>We took part in NHS England's 'Turn to us, We are here' national SARC awareness campaign, which included our staff appearing on posters and resources.</p>

Table 3: Theory of Change Progress Review	
Strategic aim	To promote excellent care for people we support by working collaboratively with other agencies
Long-term outcomes	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
Short-term outcomes	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
Activities in 2024 - 2025	One of our crisis workers regularly visited One25 to share knowledge and engage in outreach
	We delivered training in the Comprehend, Cope, Connect formulation model to 24 participants from SARSAS, Womankind, The Southmead Project, Mind and The Bridge in partnership with BNSSG Psychological Therapies Review Project Lead
	We started delivering a therapeutic service in South Somerset
	We collaborated with UWE and SARSAS, and adults with lived experience, to review and develop the adult sexual health follow-up pathway
	We shared bespoke ICB data regarding the paediatric service with BaNES, Swindon and Wiltshire ICB and the ICBs for Gloucestershire and Somerset
	<p>As part of the 'ItsNotOK' campaign, we:</p> <ul style="list-style-type: none"> • Took part in a 'TikTok' film with Avon & Somerset Police and UWE • Filmed with the University of Bristol for their student comms • Engaged with at least 100 people through stalls at UWE, Bath University and UHBW

Table 4: Theory of Change Progress Review

Strategic aim	To build on our strengths, grow as a high-quality organisation, and become an exemplar to others
Long-term outcomes	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
Short-term outcomes	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
	Engage with UHBW sustainability group
Activities in 2024 – 2025	The FFLM guidance is that a minimum of 25% of clinicians on the paediatric rota have either MFFLM (SOM) or MRCPCH with LFFLM (SOM). 67% of all doctors who see children and young people are compliant with this, with the remainder working towards this
	We trialled compostable towels for use by people that access our service
	We completed three clinical audits: <ul style="list-style-type: none"> • Clinical notes review activity and peer review of SARC FME cases • Notes audit of SARC clinical records for paediatric SARC • Adult SARC clinical records audit
	We continued working towards UKAS accreditation by: <ul style="list-style-type: none"> • Completing internal improvement works • Developing a range of policies and procedures • Employing a quality manager
	We delivered two more full courses of our Introduction to Sexual Offences Medicine course for clinicians. This course was also accredited by the Faculty of Forensic and Legal Medicine

Table 5: Theory of Change Progress Review

Strategic aim	To increase visibility and amplify the voice for everyone we support
Long-term outcomes	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
Short-term outcomes	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
Activities in 2024 - 2025	We assisted the BBC to help with an accurate depiction of SARC processes in drama
	We met with key link people working with Gypsy, Roma and Traveller communities in the local area
	We ran several workshops with adult survivors hosted by SARSAS and supported by UWE to review and develop our adult sexual health follow-up pathway
	We delivered training and opened conversations about referral into the paediatric service (acute and non-acute) across the commissioned area
	We had a visible presence and supported Bristol Pride, Trans Pride South West, Hand in Hand LGBT+ song festival, Bath Spa University Freshers Event, Night Time Safety event at Pryzm, Common Ambition Bristol Film night, Candle Lit Vigil for 16 days of Activism at College Green
	We were part of the Avon and Somerset LGBTQ+ Stakeholder meetings; Swindon Safeguarding Partnership meetings; Gloucestershire CSA working group; Bristol CSA pathway implementation working group
	We attended a coffee morning ran by Women Refugees of Bristol
	We attended Buckingham Palace where The Queen hosted a reception to thank organisations and individuals for their work supporting survivors of rape and sexual abuse, and to relaunch the Wash Bag Project
	We welcomed independent training from The Flying Child and Myira Khan: Working within Diversity for The Bridge staff



“Listened with no complaints or judgement”

“They made me feel so, so safe. They were gentle and made me feel like I was in control”

“Absolutely amazing group of people that make you and the children feel comfortable through such a hard time”

“Amazing people and lovely cuppas”

“Invaluable to us at a difficult time [...] treated with utmost kindness”





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



the Bridge

here, no matter what
help after rape and sexual assault

The Bridge SARC
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