



**Gloucestershire Domestic Abuse and Sexual
Violence Concordat**

**Guidance on Identifying and Responding
to disclosures of Sexual Violence**

2019

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1. Introduction

This document has been produced to:

- Provide guidance on best practice procedures for responding to an adult who first discloses rape, sexual assault, sexual harassment and/or childhood sexual abuse
- To provide guidance on what support services are available and who to refer and signpost to
- Establish accountability and responsibility amongst practitioners.
- Answer key questions about identifying and responding to cases of rape, sexual assault and childhood sexual abuse.

This guidance is designed to support practitioners in responding to someone who first discloses and/or shares with you that they have been raped, sexually assaulted and/or sexually abused in childhood. This document should be read in conjunction with local and national policies on safeguarding adults and children.

Responses to children, who have made a disclosure of sexual violence or child sexual exploitation, should be responded to according to local safeguarding policy and protocol. Whilst this guidance will touch on elements of responding to children, it is designed to primarily support professionals in responding to adult victims.

This guidance is not designed to provide an exhaustive list of possibilities for responding to sexual violence, and practitioners should be aware of any procedures within their own agencies on responding to sexual violence.

1.1 Definition of sexual violence

The World Health Organisation (WHO, 2002) defines sexual violence as “any sexual act, attempt to obtain a sexual act, unwanted sexual comments or advances, or acts to traffic, or otherwise directed, against a person’s sexuality using coercion, by any person regardless of their relationship to the victim, in any setting, including but not limited to home and work.”

Types of sexual violence include (not an exhaustive list):

- Rape/attempted rape
- Sexual assault
- Sexual harassment
- Childhood sexual abuse
- Child Sexual exploitation
- Female genital mutilation
- Trafficking for the purposes of sexual exploitation
- Forced prostitution
- Sexting
- ‘revenge porn’

1.2 Sexual Offences

The below information has been taken from the Crown Prosecution Service website: <https://www.cps.gov.uk/sexual-offences>

There are a range of crimes that can be considered as sexual offences, including non-consensual crimes such as rape or sexual assault, crimes against children including child sexual abuse or grooming, and crimes that exploit others for a sexual purpose, whether in person or online.

Crimes can occur between strangers, friends, acquaintances, current or ex-partners, or family members. The passage of time does not prevent the effective prosecution of sexual offences, and an increasing number of cases referred to the CPS by police feature allegations of a non-recent nature.

Rape and Sexual Assault:

A rape is when a person uses their penis without consent to penetrate the vagina, mouth, or anus of another person. Legally, a person without a penis cannot commit rape, but a female may be guilty of rape if they assist a male perpetrator in an attack.

Sexual assault is when a person is coerced or physically forced to engage against their will, or when a person, male or female, touches another person sexually without their consent. Touching can be done with any part of the body or with an object. Sexual penetration is when a person (male or female) penetrates the vagina or anus of another person with any part of their body or an object without that person's consent.

Child Sexual Abuse:

A child is defined as any person under the age of 18. Child sexual abuse involves forcing or inciting a child to take part in sexual activity, whether or not the child is aware of what is happening and not necessarily involving a high level of violence.

This may involve physical contact including rape or oral sex, or non-penetrative acts such as masturbation, kissing, rubbing and touching outside of clothing. They may also include non-contact activities, such as involving children in looking at, or in the production of, sexual images, watching sexual activities, encouraging children to behave in sexually inappropriate ways, or exploiting or grooming a child in preparation for abuse (including via the internet) or prostitution. Child sexual abuse can be committed by both men and women, or other children.

Prostitution:

There are a number of offences related to prostitution. However it is not illegal for people to exchange money or other commodities for sex. CPS prosecutions focus on those who force others into prostitution, who exploit abuse and harm them. Our joint approach with the police, with the support of other agencies, is to help those involved in prostitution to develop routes out. We focus on charging offences of

causing, inciting or controlling prostitution for gain, or trafficking for sexual exploitation.

It is however an offence for a person, male or female, to persistently loiter or solicit in a street or public place in order to offer their services as a prostitute, pay for sexual services, operate or own a brothel, advertise prostitution or to engage in kerb crawling, where a person solicits another in a street or public place for the purposes of prostitution.

Pornography:

Extreme pornography describes pornographic images that are grossly offensive, disgusting or obscene, and portray a range of extreme acts in an explicit and realistic way. This may include images of extreme violence, mutilation, or sexual activity with an animal that are intended to sexually arouse.

Disclosing private sexual images without consent (so-called 'revenge pornography'). This relates to private sexual photographs and films of a person that have been disclosed without the consent of an individual who appears in them, with intent to cause that individual distress. Such images may be uploaded onto the internet, often by a person's ex-partner, to cause them distress, humiliation or embarrassment.

Indecent images of children is an offence to take, to permit to be taken, to make, to possess, show, or to distribute or publish an image of a child posed or pictured indecently, for example in a sexual way. This can also include images of adults involved in indecent act where a child is present but not themselves portrayed indecently. Images can include actual photographs or video footage, drawings or tracings, or images created digitally. 'Making' an indecent image does not just refer to a person taking a photo or video - it can also refer to a person downloading or printing an indecent image, or opening an email attachment containing an indecent image.

2. Identifying Sexual Violence

There are two probable starting points to identifying that someone has experienced sexual violence:

1. They tell you (disclosure)
2. You might become concerned that someone has experienced sexual violence and ask appropriate questions to confirm the situation

These starting points may be identified at the point of referral/contact with a client, in the course of working with an individual or family, or as a result of further assessments.

Please remember that the person disclosing this to you is under no obligation to tell the Police if they do not want to. However, in some cases, the Police will need to be called when:

- The adult concerned is deemed vulnerable and there is high risk of the incident happening again or their life is in danger
- There are children at imminent risk

2.1 The impact of sexual violence on victims/survivors¹

Identifying the signs that someone may have experienced sexual violence can be difficult, as everyone will react and feel differently after experiencing a traumatic event. It is important to remember and reassure them that however they are feeling is a 'normal' response and they are not to blame for what happened to them.

Many victims/survivors may display feelings of:

- Anger
- Numbness
- Fear
- Self-blame
- Guilt
- Sorrow
- Anxiety
- Isolation
- Powerlessness
- Denial
- Disassociation

They may also experience:

- Panic attacks
- Depression
- Recurring nightmares
- Flashbacks
- Relationship problems
- Post-traumatic stress disorder
- Suicidal thoughts
- The need to self-medicate with alcohol/drugs
- The feeling of needing to control their eating
- The feeling of needing to self-harm

The impacts of sexual violence can be long-term, and may change over time; victims/survivors will cope with their experience in their own way, so the above does not provide an exhaustive list of how you may identify concerns for an individual.

2.2 Asking appropriate questions

If someone discloses an incident of sexual violence, it is very important to remember that it is a crime no matter who the perpetrator is, where it happened or how long ago it occurred. One of the first points to acknowledge is: it is never the fault of the victim. The other important point is that it might be the first time they have told

¹ <https://www.rainn.org/effects-sexual-violence> and RCGP rape and sexual assault information for GPs

anyone; professionals should therefore be mindful of their reaction and ensure they are supportive and reassuring.

Before embarking on asking questions, ensure:

- You and the individual are safe to proceed:
 - Where are you?
 - Who is around? Can anyone overhear you?
 - Is someone due to arrive soon?
 - Do your colleagues know where you are?
- Make sure you have time. Being rushed could create risks and not allow the individual to feel comfortable in disclosing.
- Is the individual comfortable?

- If the potential perpetrator is present:
 - Do not proceed with asking questions; instead, ask them when and where it is safe to talk.
 - Create an opportunity as soon as possible to see them alone; can a colleague distract the potential perpetrator?

2.3 Appropriate questioning

In asking questions, it is important to remain non-judgemental, listen and be aware of reactions; do not look shocked / disinterested. Quite often people will deny/minimise what is happening, but be aware that professionals can provide an opportunity to access support should they need it and may be the first person they have told.

It is important to remember that many victims/survivors will fear that they will not be believed, and it can be extremely difficult for them to tell anyone about their experiences.

When looking to ask someone about their experiences, rather than asking direct questions, the following approaches could be considered:

- T.E.D: Tell me, Explain to me, Describe to me.....
- 'I am concerned by (sign/symptom) and would like to help, would you like to talk about anything?'

When asking questions, it is important not to take charge, or to assume in advance what support they may need. Take the time to listen to them and reassure that they do not need to go through their experience alone and support is available.

The person may not want to answer your questions, and you need to ensure you respect their right to privacy.

If this happens remember to make them aware that you are interested and they can approach you in the future. Ensure you offer some options should they want to

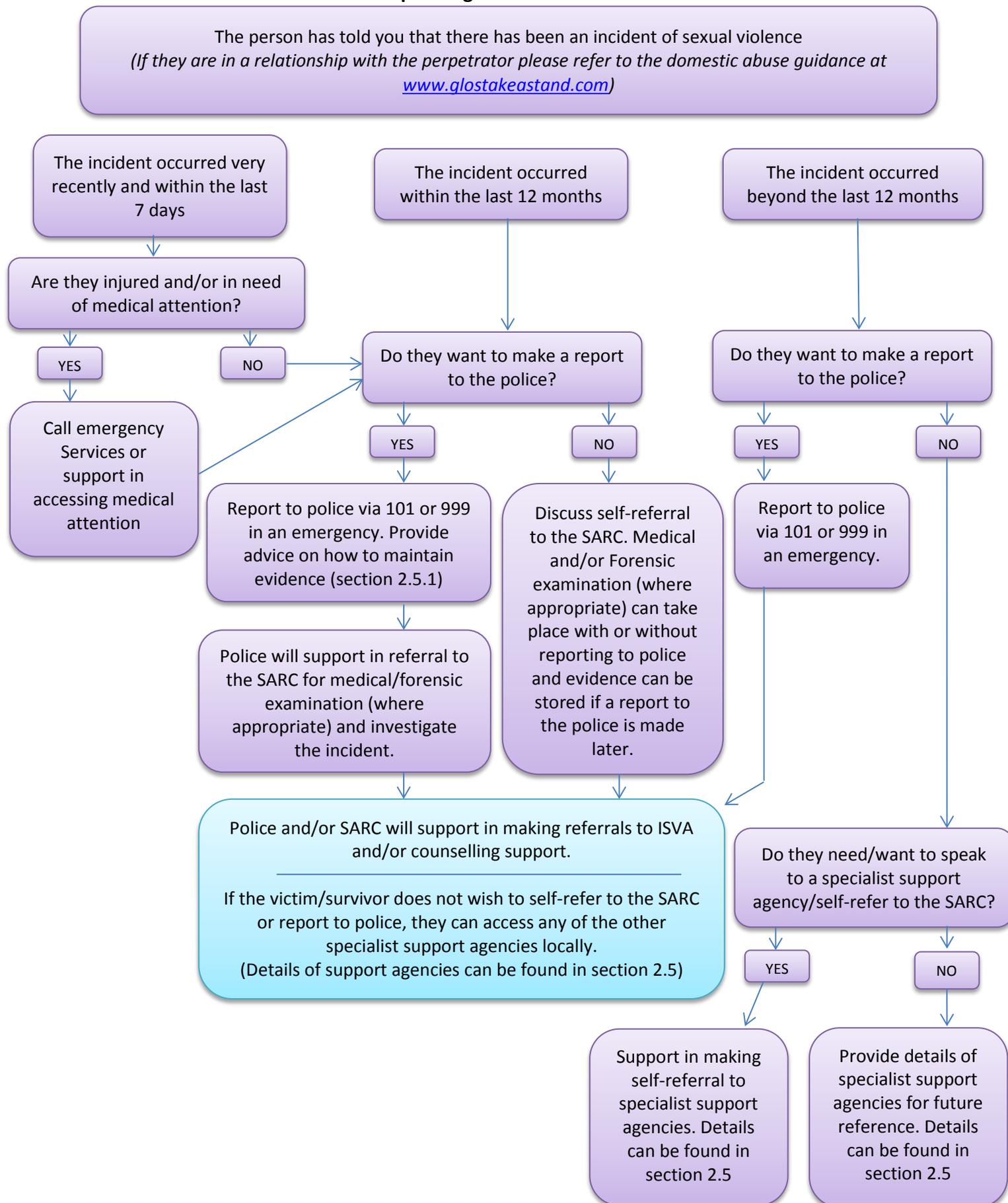
come back in the future, and where safe to do so, provide them with information for support.

It is important to note that some organisations may already have a procedure in place to deal with questioning, and the above are suggestions and not an exhaustive list of options.

3. Responding to a disclosure

Once the person has disclosed details of their abuse to you, you are then able to focus on responding to the situation appropriately and take action to ensure their safety.

3.1 Process Flowchart: Responding to a disclosure of sexual violence



3.2 Responding to Disclosure 'DO's and DON'TS'

When responding to a disclosure of SV;

DO:

- Listen and be present
- Respect their privacy
- Recognise the harm of SV
- Encourage
- Be patient
- Say 'I believe you'
- Say 'I will do everything I can to help you'
- Say 'It's really brave of you to tell me this'
- Support them in accessing specialist services

DON'T:

- Say 'Why are you only saying this now'
- Say 'Why didn't you tell him to stop'
- Make them feel like they are to blame or judge them
- Take charge or tell them what to do
- Make decision on their behalf
- Talk about the specific details of the events if they are planning on reporting to the police, instead, suggest they write down the details.
- Make promises of support that you can't keep

3.3 Immediate Safety Measures

It is important that you avoid 'telling' someone what to do; this may be the first time they have told anyone about what has happened to them. They may be feeling ashamed, to blame, guilty, anxious and fearful. It is important not to show panic or alarm, and only demonstrate compassion, kindness and care.

Making sure that the right support is in place is the next step. Talk through options with them: have they got any support in place? Does anyone else know?

If there is no support in place, and they feel that they would like to talk to someone about what happened there are key specialist agencies in Gloucestershire that can help. Please assure them that these are confidential and can be anonymous if they are afraid someone else might find out.

Should you identify any risk to children or vulnerable adults, you should make a referral to children's social care and adult social care. Details on making these referrals can be found:

Children's Social Care: <http://www.gloucestershire.gov.uk/health-and-social-care/children-young-people-and-families/report-a-child-at-risk/>

Adult Social Care: <http://www.gloucestershire.gov.uk/health-and-social-care/adults-and-older-people/report-suspected-abuse-safeguarding-adults-at-risk/>

The key elements to consider when looking at a person’s immediate safety may include:

- In an emergency always call police on 999.
- Is the person hurt? Do they require medical care? Consider if you need to call an ambulance or contact another health care provider.
- Are there risks to children or vulnerable adults? Consider onward referrals to safeguarding teams.
- Is the perpetrator their partner, ex-partner of family member? If so, refer to the Guidance on Identifying and Responding to Domestic Abuse available at www.glostakeastand.com
- Ensure you provide the victim with any emergency contact numbers, including a way of contacting you or your team should they need to.
- Provide details of specialist support services. Details available at www.glostakeastand.com

If the disclosure made to you is in the context of domestic abuse, please refer to the Guidance on Identifying and Responding to Domestic Abuse available at www.glostakeastand.com. This guidance will take you through the process of completing a risk assessment and further routes for onward referral.

3.4 Considerations of Safety and Support

Once someone has disclosed sexual violence, it is then helpful to consider their safety and support where appropriate. Referrals to specialist support services will mean that a formal safety and support assessment will be completed with the individual, but it may still be helpful for you to be aware of the areas of consideration for this assessment, as this may help you signpost to other services if the individual doesn’t wish to access specialist sexual violence services.

Summary of Safety and Support (SAS) Assessment Domains (Lime Culture 2017)

Personal and Individual requirements	Harm from Other(s)	Health and Medical	Mental Health and psychological wellbeing	Coping mechanisms, social and cultural support
Age Communication (e.g. language) Gender Identity Sexuality Religious/cultural needs Physical disabilities Learning disability Involvement in sex work	When the abuse took place About the perpetrator (unwanted) contact Those connected to the perpetrator Domestic abuse Child sexual exploitation(CSE) Other violence against women and girls (VAWG) Previous abuse Client concern	Urgent medical attention Forensic medical examination Sexual and reproductive health Medical appointments Medicines	History of mental health problems Current mental health conditions Self-harm Suicide	Positive coping skills Negative coping skills Social network Cultural support Other areas of life difficulty

Alcohol and Drug use	Safeguarding	Criminal justice	Employment and education	Finance
Drug/alcohol abuse Coping mechanisms Substance misuse services	Presence of children/vulnerable adults Client concerns Pregnant client Involvement of adult/children's services	Reporting options Support during investigation Preparing for court Support for court After the trial Criminal injuries compensation scheme	Employment status Education status Employer/education provider awareness Special/mitigating circumstances	Sources of income Welfare benefits Debts Financial assistance No recourse to public funds
Accommodation and Housing	Immigration and Residence	Risk to professionals and services	Professional judgement	
Adequate housing Safe and secure housing Homelessness No recourse to public funds	Immigration status Undocumented migrant No recourse to public funds Trafficking Detention/deportation	Physical safety of worker lone working arrangements Other service providers Refusal of service provision	Any other information Client perception of risk Non-verbal communication Gut instinct or suspicion	

3.5 Record keeping

It is very important to keep accurate records of your involvement. Some organisations may have its own record keeping procedures, but the following provides some information on the key pieces of information to record:

- Names-who are you concerned about and other relevant parties (children, perpetrator).
- Date of birth
- Addresses
- Contact details and safe times to contact
- Summary of what happened-ensure you distinguish between fact, allegation and victim opinion.
- Description of what you have seen-injuries, disruption at home, damage to property etc.
- What does the person want?
- Dates and times
- Who else have you spoken to? What was said? What was agreed?
- What actions are you going to take or have you already taken?
- Who are you referring to?

3.6 Advice and onward referral

There are a range of options available in Gloucestershire dependant on the wishes of the victim/survivor and their circumstances.

Details of support services and options available across the South West can be accessed via the Survivor Pathway website:



<https://www.survivorpathway.org.uk/>

3.6.1 Reporting to the Police²

Reporting an incident of sexual violence to police can occur regardless of when the incident took place.

Reports to police should be made via 101 or 999 in an emergency. Reports can also be made via the constabulary's website www.gloucestershire.police.uk, or at a local police station.

Explain to the victim/survivor that when reporting to the police, they will initially be asked a small number of initial questions to look to establish what has happened. An officer will then visit the victim/survivor to talk through their options around making a formal complaint and what this will entail.

If the incident occurred recently, particularly within the last 7 days, victims/survivors should be advised to:

- Not wash any part of their body
- Not to brush their teeth
- Not to brush their hair
- Keep a urine sample
- Keep all clothes they were wearing safe and don't wash them
- Keep any condoms, chewing gum, cigarettes and cups that could contain DNA
- If they were wearing a panty liner, sanitary towel or tampon, to keep this too and if possible, to place into a paper bag.

These steps can help preserve vital forensic evidence. It is important to note, that victims/survivors who do not wish to report to the police can still preserve forensic evidence by self-referring to the SARC (as detailed below), and the evidence can be stored until such a time when they do decide to report to the police.

If the incident took place within forensic timescales, police will escort the victim/survivor to the Sexual Assault Referral Centre (SARC) where forensic evidence can be collected by a specially trained doctor or nurse. The SARC will also offer support.

If it is not possible for forensic evidence to be collected, police should still provide details of where the victim/survivor can access support, either from the SARC or Independent Sexual Violence Advisor Service (ISVA).

² Gloucestershire Constabulary booklet 'what to do: rape and sexual violence'.

Once the forensic evidence has been collected (where applicable), police will then take an official statement from the victim/survivor in a specially designed and comfortable interview suite.

Professionals should remind victims/survivors that they can remain in control of the process and can ask for the investigation to stop at any time.

Victims/survivor's should also expect to be kept fully informed and up to date on the progress of the investigation.

3.6.2 Sexual Assault Referral Centre (SARC)³

The Hope House SARC is based at Gloucestershire Royal Hospital. The SARC is a victim focused free and confidential service that provides access to medical care, emotional support, forensic medical examination and counselling.

As detailed above, victims/survivors can access the SARC when they report to the police, but can also access the service via self-referral where they don't want to involve the police.

Whether the victim/survivor accessed the SARC via police or self-referral, they will first be greeted by a crisis worker. The crisis workers are trained specialists to listen, answer any questions and support them through the process of disclosure, examination and onward referral to longer term support. The crisis worker service is available for 24 hours a day, 365 days a year.

As detailed above, the SARC will arrange, where appropriate, for a medical examination with forensic options to take place. Where the victim/survivor does not wish to report to the police, any forensic evidence will be stored for up to 2 years, so reports to police can be made at a later date.

The SARC is also able to provide emergency contraception where required, as well as medication for Hep B and PEPSE (prevent HIV) and make the appointments and referrals for sexual health and other appropriate services. The SARC also offers pre and post-trial counselling for those cases going through the criminal justice system.

Crisis workers will in most cases work with the victim/survivor to refer them on to other specialist services for longer term support; most likely the ISVA service.

Contact the SARC:

Phone: 0300 421 8400

Email: hopehousesarc@glos-care.nhs.uk

Website: www.hopehousesarc.nhs.uk

Address: Hope House SARC, Gloucestershire Royal Hospital, Great Western Road, Gloucester, GL1 3NN

³ <https://www.hopehousesarc.nhs.uk/who-we-are/what-we-do/>

The Hope House SARC is primarily a service for those aged 18 and over. It will however consider support for victims/survivors aged 16/17 if deemed appropriate. Self-referrals for those aged 16/17 are accepted by the Hope House SARC if they do not wish to report to police.

Children and young people are taken to The Bridge SARC in Bristol which operates a centre of excellence for paediatric care. Referrals to the Bridge SARC are made by police where children and young people will be escorted by an officer to the SARC centre of excellence. Self-referrals are accepted for those aged 16/17 without police involvement.

The Bridge SARC: www.thebridgecanhelp.org.uk

3.6.3 Independent Sexual Violence Advisor (ISVA) Service

The ISVA service for Gloucestershire is provided by GRASAC and offers support and advice to men, women and children who have experienced any form of sexual violence regardless of when it occurred. Support to children is provided by a specialist children's ISVA (CHISVA).

The practical and emotional support provided by an ISVA can be provided to anyone, regardless of whether they have reported to the police, are thinking about doing so, or have no intention of ever reporting to the police.

Where victims/survivors do report to the police, the ISVA service can support them throughout the whole criminal justice process.

The ISVA service will conduct a formal safety and support assessment with victims/survivors and will as a result, discuss and support onward referral to other services that may be available to support them where appropriate.

Victims/survivors can self-refer to the ISVA service, or can be referred with their consent by agencies such as the police or NHS.

Contact the ISVA service:

Phone: 01452 305421 (Mon-Fri, 9am-5pm)

Email: isvareferral@glosrasac.org.uk

Website: <http://www.glosrasac.org>

3.6.4 Gloucestershire Rape and Sexual Abuse Centre (GRASAC)

As well as providing the ISVA service for Gloucestershire, GRASAC also provides a helpline, Email support, emotional support, 1:1 therapeutic support and group work for women and girls affected by sexual violence.

The service is free and confidential, and will support victims/survivors of both recent and non-recent sexual violence.

Contact GRASAC:
Helpline: 01452 526770
Email: support@glosrasac.org.uk
Website: <http://www.glosrasac.org>

3.6.5 The Nelson Trust Sex Women's Centre Adult Sexual Exploitation pathway

The Nelson Trust run the local Sex Worker Outreach Project (SWOP). They work with some of the most vulnerable women in our society who have been drawn to selling sex to fund a Class A drug addiction. Through this service women largely ignored by society have been seen and noticed and are being provided with the resources to make positive changes in their lives and to keep safe.

Website: <https://nelsontrust.com/how-we-help/womens-community-services/sex-worker-outreach-project/>

National Ugly Mugs (NUM): is a pioneering, national organisation which provides greater access to justice and protection for sex workers who are often targeted by dangerous individuals but are frequently reluctant to report these incidents to the police. These offenders are often serial sexual predators who pose a huge risk to the public as a whole. This scheme:

- Takes reports of incidents from sex workers and produce anonymised warnings which are sent directly to sex workers and front-line support projects throughout the UK.
- With consent, shares anonymous intelligence to the police.
- Supports sex workers in making full reports to the police so that the perpetrators can be identified, arrested and convicted.
- Ensures sex workers have access to professional services when they have been a victim of crime.

All professionals are able to sign up to Ugly Mugs, to enable them to support women with first disclosures of sexual violence. <https://uknswp.org/um/about/>

The Nelson Trust also offers a Child Sexual Exploitation Pathway. This team offer individualised one-to-one support with the parent, child or young person, helping them recognise what signs of exploitation are and how they can keep themselves and their families safe.

Contact the Nelson Trust Women's Centre:
Phone: 01453 885633
Email: office@nelsontrust.com
Website: <https://nelsontrust.com/>

3.6.6 Counselling

Gloucestershire Counselling Services

GCS offers confidential, evidence based face to face counselling, staffed by accredited counsellors, systemic family counsellor, and a family therapist. Counselling is available for children, young people, families and men with mild to moderate mental health needs.

Services are offered to:

0-21 year olds, any gender & their parent/carer if family therapy is required.

Men of any age can self-refer.

Contact GCS:

Phone: 01453 766310

Website: www.gloscounselling.org.uk

Address:

52 / 53 High Street, Stroud,
GL5 1AP

Teens in Crisis Plus (TIC+)

TIC+ offers evidence based counselling either face-to-face or online for children, young people and families with mild to moderate mental health needs.

Services are offered to:

Age 9-21 for face-to-face counselling

Age 11-21 for online counselling

Contact TIC+:

Phone: 01594 372777

Text: 07520 634063

Email: admin@ticplus.org.uk

Website: www.ticplus.org.uk

Address:

Office 30, 4th Floor, Vantage Point Business
Village, Mitcheldean, Gloucestershire, GL17 0DD

Gloucestershire Rape and Sexual Abuse Centre (GRASAC)

GRASAC is a specialist sexual violence service offering a confidential and anonymous daily helpline, anonymous email support service, and one to one support sessions for young people & adults (female only), their friends and family members (any gender).

Services are offered to:

All ages, females only

Contact GRASAC:

General enquiries: 01452 305421

Helpline: 01452 526770
Email: support@glosrasac.org.uk
Website: <http://www.glosrasac.org>

Hope House (SARC)

SARC provides face-to-face counselling within one year of the assault, for clients who do not present with PTSD or co-existing chronic mental health issues. Short-term counselling for six sessions and the aim is to offer counselling within one month of referral.

Services are offered to:
18 years and over, men and women

Contact Hope House SARC:
Phone: 0300 421 8500
Email: sexualviolencecounsellingservice@glos-care.nhs.uk
Website: www.hopehousesarc.nhs.uk
Address:
Hospital, Great Western Road, Gloucester, GL1 3NN

Further details on support available in Gloucestershire, and guidance documents to support agency response can be found at www.glostakeastand.com

In some circumstances, the victim/survivor may decline a referral to support and not wish to speak to anyone. In these circumstances, their decision must be respected, but you can provide them with details of support should they change their mind in the future.

3.7 Responding to Children (under 18s)

Where you become aware of a child who has experienced sexual violence, you must report to the police and make a referral to children's social care. The pathway of support for children will then be held by police and social care.

Police: call 999 in an emergency or call 101

Children's Social Care: <http://www.gloucestershire.gov.uk/health-and-social-care/children-young-people-and-families/report-a-child-at-risk/>

Children and families helpdesk: 01452 426565 /
childrenshelpdesk@gloucestershire.gov.uk

Both the Hope House SARC and Bristol Centre of Excellence (The Bridge) will accept self-referrals from those aged 16-17 so will not need to be escorted by police. All children aged 0-15 will be seen at the Bristol Centre of Excellence (The Bridge). Those aged 16-17 will in most cases be seen at the Hope House SARC, but where their needs are more complex, they will be taken to The Bridge. Decisions as to the approach taken with those aged 16-17 are made on a case by case basis.

Appendix 1: Dispelling myths about sexual violence

Myth	Reality
Only loud or flirtatious girls in tight clothes, or wearing short skirts get raped	Rape is never the victim's fault. People who are assaulted can be of any age, sex, religion, come from any culture or background and be gay, straight or bisexual
A rapist is likely to be a stranger who rapes someone in a dark alley	The majority of rapes are committed by people who know and trust each other. They could be friends, partners, family members or know each other from school, college or work
Alcohol and drugs turn people into rapists	Drugs and alcohol are never the cause of rape or sexual assault. It is the attacker who is committing the crime not the drugs and/or alcohol
When it comes to sex some people say 'no' but they really mean 'yes'	It's simple - if two people want to have sex with each other it should be something that they both agree and consent to
Rape is only rape if someone gets physically injured	In some cases people who have been raped have injuries outside or inside their bodies, but not always. Just because someone hasn't got any injuries doesn't mean they weren't raped
It is not rape if the victim does not clearly say 'no'	Someone doesn't have to say the word NO to withhold permission. There are lots of ways they might say they don't want to have sex. Many people find it hard to say anything, and will show through their body language that they don't want to
Rape is only rape if someone gets physically forced into sex	This is not true. Rapists may threaten violence, or may take advantage of their victim being unable to consent (for example because they're drunk or asleep)
If two people have had sex before, it's always ok to have sex again	This is not true. Just because two people have had sex before it does not mean that consent is not needed the next time they have sex
People often lie about being raped as they regret having sex with someone	Most people who have been raped or sexually assaulted tell the truth. Estimates suggest very few cases of all rape complaints are false. Many people also do not report rapes – sometimes

	because they are scared and sometimes because they are unsure how
Boys don't get raped	While many more girls are raped and abused than boys, you'd be surprised how many boys it happens to as well. 1 in 6 boys will experience sexual abuse. And nobody thinks they're any less manly because of it. For many boys you may have had a physical reaction to the experience (erection or ejaculation). This doesn't mean you enjoyed it or wanted it, just that your body responded