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Violence in England & Wales in 2019

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An Accident and Emergency Perspective

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Vaseekaran Sivarajasingam, Bo Guan, Nicholas Page,
Elizabeth Peel, Simon Moore, Jonathan Shepherd

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V Sivarajasingam, ¹B Guan, ²N Page, E Peel, S Moore, JP Shepherd

Violence Research Group, Crime and Security Research Institute, Cardiff University, Heath Park, Cardiff, CF14 4XY

¹Dr Bo Guan, PhD student, Aberconwy Building, Cardiff Business School, Colum Drive, Cardiff University, Cardiff, CF10 3EU

²Dr Nicholas Page, Research Associate, DECIPHER, School of Social Science, 1-3 Museum Place, Cardiff University, Cardiff, CF10 3BD

Executive Summary

- A sample of 111 Emergency Departments (EDs), Minor Injury Units (MIUs) and Walk-in Centres in England and Wales which are certified members of the National Violence Surveillance Network (NVSN) were included in this study of trends in serious violence.
- Prospective, depersonalised data relating to age, gender and attendance date of those treated for violence-related injuries were collected from these EDs, MIUs and Walk-in Centres.
- Overall, an estimated 175,764 people attended EDs, MIUs and Walk-in Centres in England and Wales for treatment following violence in 2019, 11,820 fewer than in 2018.
- Overall, violence which resulted in emergency hospital treatment decreased by 6.3% in 2019 in England and Wales compared to the previous year. The number of people injured in violence has fallen by 143,113 (45%) since 2010.
- Violent injury of males and females declined by 6.6% and 5.6% respectively in 2019 compared to 2018. Decreases in violence among those aged 18-30 years (down 11.7%) and 31-50 years (down 9.3%) were also recorded. Violence affecting those aged 51 years and over continued to increase (up 7.9% in 2019).
- As in previous years, those most at risk of violence-related injury were males and those aged 18-30. Violence-related ED attendance was most frequent in March and August and on Saturdays and Sundays.

The methods used here and in previous years have all been subject to peer review and published¹.

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Introduction

Covid-19 is dominating NHS and disease trend agendas in the first half of 2020. But it's important not to lose sight of other pressing public health and social challenges. Chief among these challenges is serious violence; the UK has experienced increases in knife crime and homicide since the mid-2010s.

Over the last two decades, local, regional and national violence levels and trends have been derived from records of violence-related Emergency Department (ED) attendances collected from the National Violence Surveillance Network (NVSN) of EDs, minor injury units (MIUs) and Walk-in Centres in England and Wales^{1,2}. This harm-based violence measure reflects injury which results in emergency hospital treatment. According to these NVSN data, an estimated 187,584 people received emergency treatment in 2018 for violence-related injuries, a 1.7% reduction compared to 2017³. Overall, after significant year on year falls between 2008 and 2012 according to this measure of serious violence, annual falls have been smaller; since 2012, the graph has flattened. These trends are consistent with trends according to the Crime Survey for England and Wales (CSEW) where, for example, rates of violence affecting adults aged 16 years and over has been stable since 2015⁴. The longer-term reductions in NVSN violence in the last decade, down by 131,293 (41%) in 2018 compared to 2010, are also reflected in CSEW violence estimates; overall CSEW incidents of violence declined by 30% (from 1,841 to 1,285 per 1,000 residents) between 2010 and 2019. CSEW violence estimates with and without injury also declined, by 36% and 24% respectively⁴.

However, in the year ending September 2019, police records of offences involving knives or sharp instruments in England and Wales reached a ten-year high (to 44,771 offences), 46% higher than comparable records in the year ending March 2011⁴. Police-recorded 'possession of an article with a blade or point' also increased by 17% in the year ending September 2019 compared to the previous year and the criminal justice system dealt with its highest number of knife and sharp weapon offences since 2009. Furthermore, for 71% of offenders this was their first knife or sharp instrument-related offence. Admission to NHS hospitals in England following assault by a sharp object also increased, by 2% for the year ending March 2019 compared to the previous year; this continued the upward trend from the year ending March 2015 (up 23% to 5069 hospital admissions)⁴.

The aim of this report is to describe overall gender and age specific violence-related injury rates and violence trends according to NVSN data in England and Wales over the 12-month period ending 31st December 2019.

Methods

Emergency Departments

As in previous annual NVSN reports, data relating to date of attendance, age and gender of patients reporting injury in violence and total (all-cause) attendances were retrieved from EDs, MIUs and Walk-in Centres in England and Wales over the twelve-month period ending 31st December 2019. In addition, since the new Emergency Care Data Set (ECDS), which includes data items on precise violence location, weapon use, number of assailants and incident time and day, was implemented in EDs in England from October 2017, a pilot survey of Type 1 EDs in England (n = 19) on ECDS compliance in respect of these data was conducted.

ED inclusion criteria were the availability of electronic data on violence-related attendances for 2019 and agreement from the data controller to take part in this study. The sample frame consisted of all EDs in all nine regions of England (East of England, East Midlands, London, North East, North West, South East, South West, West Midlands, Yorkshire and Humberside) and Wales (Type 1 = consultant led 24 h service with resuscitation capabilities; Type 2 = consultant led single speciality ED service; Type 3 = other EDs/MIUs; Type 4 = National Health Service Walk-in Centres). Data were collected mostly under the provisions of the Freedom of Information Act and all records were depersonalised by NHS Trusts/Health Boards prior to sharing. Altogether, 111 NVSN EDs, MIUs and Walk-in Centres provided these data. All EDs, MIUs and Walk-in Centres were certified members of NVSN and complied with the provisions of the 2018 Data Protection Act and Caldecott guidance.

Data analyses

ED attendances were categorised by gender and five age groups: 0-10, 11-17, 18-30, 31-50 and 51+ years. Attendances were weighted using a national Coverage Ratio (CR) to control for possible sample bias and to enable comparison with previous years. CR is equal to the total annual all-cause attendance in sampled EDs divided by the total annual all-cause attendance for all EDs (including those sampled) in England and Wales. The former was collected alongside violence-related attendances from participating EDs, while the latter was retrieved from publicly available sources. In effect, a CR equalling 1 indicates full national coverage of EDs, MIUs, and Walk-in centres. Consistent with previous NVSN reports, the CR was applied to both genders and all age groups. Annual rates of violent injury (numbers of injured per 1,000 resident population) were calculated by gender and

age group using national population estimates computed by the authors, drawing on open data from ONS. Injury rates for 2019 were compared to injury rates in previous years.

Results

Violence-related ED attendances

Altogether, there were 55,285 violence-related attendances recorded in the 111 sample EDs MIUs and Walk-in Centres in England and Wales over the 12-month period ending 31st December 2019. Age and gender distributions are shown in Table 1 – these were similar to those in the previous years. Aggregate (non-daily) data were provided from an additional 85 NVSN hospitals but omitted from the substantive analysis. Males accounted for almost seven in ten violence-related ED attendances ($n = 38,416$; 69%); 41% ($n = 22,801$) of attendances were by those aged 18-30 years. The 31-50 age group included the next highest numbers, followed in descending order by those aged 51 years and over, 11-17, and children aged 10 years and under.

Violence injury rates

The estimated violence-related injury rate in England and Wales in 2019 was 2.96 per 1,000 resident population; this equates to 175,764 people (122,134 males; 53,630 females) who attended EDs seeking treatment following violence (Table 1). Males (4.15 per 1,000 residents) were almost two and a half times as likely as females (1.79 per 1,000 residents) to have received emergency hospital treatment following violent injury. Age group analyses showed that, for both genders, those aged 18-30 years had the highest injury rates per 1,000 population (males 10.59; females 4.28), followed by those aged 11-17 years (males 6.04; females 2.52), those aged 31-50 years (males 4.94; females 2.31), those aged 51 years and over (males 1.39; females 0.66) and those aged 10 years and younger (males 0.47; females 0.33).

Trends in serious violence

Serious violence affecting male and females in England and Wales according to this measure decreased by 6.3% in 2019 compared to 2018; this equates to 11,820 fewer violence-related attendances in 2019 (Tables 2 and 3, Figure 2). Decreases for males (6.6%) were similar to those for females (5.61%). Analyses by age group showed that falls in violence levels were entirely due to decreases in violence affecting those aged 18-30 years (down 11.74%) and those aged 31-50 years (down 9.28%). Violence in which those aged

51 years and over (up 7.89%) and the younger age groups, 0-10 years (up 78.9%) and 11-17 years (up 4.49%) were injured increased over the same period, compared to 2018. Violence was seasonal with peaks in March and August and was most frequent on Saturdays and Sundays (Figures 3a and 3b).

Violence locations and weapons

The new ECDS includes data items on precise violence location, weapon use, number of assailants and incident time and day⁵. A survey of Type 1 EDs in England (n = 19) on ECDS compliance in respect of these data was conducted. 95% of sampled EDs recorded violence date and time, 84% recorded weapon type, and 90% recorded violence location. A small convenience sample means that these findings may not be representative of Type 1 ED ECDS compliance in England. However, in the current NVSN survey it was not possible to retrieve detailed information on violence-related hospital attendances in a consistent manner from NVSN hospitals - only five (5.6%) NVSN hospitals were able to provide any information on violence locations and whether weapons were used.

Discussion

NVSN covers more than half of EDs in England and Wales and provides a reliable and valid measure of violence across the two countries¹. Based on this sample of 111 NHS EDs, MIUs and Walk-in Centres in England and Wales, there were an estimated 175,764 people who reported injury in violence in 2019, down by 11,820 (6.3%) from 2018 levels. This is the steepest fall since 2015 and follows smaller annual falls in the previous three years⁶.

Likelihood of sustaining injury in violence varied by gender and age group; violence injury rates were consistently higher for males (more than twice than for females) and young adults (18-30 years). These are consistent with previous NVSN findings^{1, 2}. Violence affecting both genders showed decreases from levels in 2018; greatest annual decreases were among those most at risk of sustaining injury in violence, young adults (down 11.7%) and those aged 31-50 years (down 9.3%). However, increases in violence-related ED attendances were found among those aged 11-17 years (up 4.4%) and those aged 50 years and over (up 7.9%)³. Year on year violence trends for the youngest age group (0-10 years) are unreliable due to the small number of children sampled (n = 1002); the apparent 79% increase in numbers of children injured compared to 2018 needs to be treated with great caution. However, it is possible that there has been a real increase. The first ONS

report on child abuse in England and Wales bringing together different data sources on physical abuse, including CSEW, NHS digital, police records, NSPCC and Childline was published earlier in 2020⁷. According to this report, between 2017/18 and 2018/19, referrals made by Childline, for all children, to external agencies for physical abuse-related concerns increased by 40%, contact to the NSPCC helpline for abuse-related concerns increased by 11.9%, and NHS finished admission episodes for assault for children (0-9 years) increased by 1.8%⁷.

The steeper decline in violence resulting in emergency hospital treatment in 2019 compared to previous years may reflect increases in police resource and targeting of violence locations, including expansion in stop and search tactics. In April 2019 the Home Office allocated £51 million to police forces to strengthen their response to serious violence, especially knife violence (see below)⁸. This “surge funding”, for forces worst affected, enabled them to increase patrols, weapon sweeps, equipment for officers and overtime. This additional investment came from the £100 million serious violence fund announced the previous month⁹. Importantly for a public health approach to understanding and preventing violence exemplified by successive NVSN reports and the use of ED data in the Cardiff Model for Violence Prevention^{10,11}, the new fund recognises that health, education and social services can contribute to violence prevention as well as the police. Consequently, the fund is also supporting 18 new, multiagency violence reduction units (VRUs; Violence Prevention Unit (VPU) in Wales) mirroring Cardiff’s longstanding violence prevention board¹⁰.

Although violence in England and Wales which results in hospital treatment, which mostly involves punching and kicking, has decreased steadily over the past two decades, low volume, high harm offences involving knives or other sharp instruments have increased substantially since the mid-2010s. 44,771 knife or sharp instrument offences were recorded by police in England and Wales in the 12 months ending September 2019 (the highest annual number since records began); 46% higher than in the year ending March 2011 when comparable records were first available⁴. Disaggregation of knife and sharp instrument offences show regional variations with London and the North West having the highest rates. Hospital admissions in England following assault with a knife or a sharp instrument also increased, for example over the four years 2015/16 to 2018/19 when injuries became progressively more severe, the injured steadily younger and when progressively more girls were injured. However, police forces recorded 617 homicides in

England and Wales (excluding Greater Manchester Police) in the twelve months ending September 2019, down 6% compared to the previous year⁴.

The further annual rise in numbers of people over 50 receiving emergency hospital treatment as a result of violence is difficult to explain but may reflect that alcohol consumption is growing among people aged over 50 in England and that the proportion of adults aged over 65 not drinking at all has fallen significantly^{12,13,14}. This may be a generational trait: current cohorts of older people exhibited higher alcohol consumption levels in the past and may be continuing their relatively higher levels into older age compared to older people in the past¹⁵. Since heavy binge drinking and violence associated with it were much more frequent three and four decades ago, it seems possible that this generational trait is also reflected in slowly increasing the risk of injury in violence. It has already been proposed that screening and advice on alcohol should be included in “successful ageing” policy frameworks¹⁶.

The results of the pilot study of compliance with the new data on violence included in the new ECDs are encouraging; compliance was 90% or better for two out of the three violence items and above 80% for the third. However, in the current NVSN survey it was not possible to retrieve detailed information on violence-related hospital attendances in a consistent manner from NVSN hospitals; only five hospitals were able to provide (incomplete) information on assault location and whether weapons were used, for example. Access to this detailed dataset, now under NHS Digital ownership, is important so that trends in weapon use and changes in violence locations can be established.

The next NVSN report, on the 12 months to December 31st, 2020 will include the period of the Covid-19 outbreak and will provide evidence of its effects on violence resulting in emergency hospital treatment.

References

1. Sivarajasingam V, Page N, Wells J, Morgan P, Matthews K, Moore SC, Shepherd JP (2015). Trends in Violence in England and Wales 2010-2014. *Journal of Epidemiology and Community Health*. doi:10.1136/jech-2015-206598.
2. Sivarajasingam V, Page N, Morgan P, Matthews K, Moore SC, Shepherd JP. Trends in community violence in England and Wales 2005-2009. *Injury* 2014;45:592-598. (10.1016/j.injury.2013.06.020).
3. Sivarajasingam V, Page N, Green G, Moore S, Shepherd JP. Violence in England and Wales in 2018: An Accident and Emergency Perspective. Crime and Security Research Institute, Cardiff University, 2019.

4. Crime in England and Wales: year ending September 2019. Available at: <https://www.ons.gov.uk/peoplepopulationandcommunity/crimeandjustice/bulletins/crimeinenglandandwales/yearendingseptember2019>.
5. NHS. Emergency Care Data Set (ECDS). Available at: <https://www.england.nhs.uk/wp-content/uploads/2015/12/ecds-v2-1.pdf>.
6. Sivarajasingam V, Moore S, Page N, Shepherd JP. Violence in England and Wales in 2015: An Accident and Emergency Perspective. Crime and Security Research Institute, Cardiff University, 2016.
7. Child abuse in England and Wales: March 2020. Available at: <https://www.ons.gov.uk/peoplepopulationandcommunity/crimeandjustice/bulletins/childabuseinenglandandwales/march2020>.
8. Home Office. Home Office allocates £51 million to police forces for increased action on knife crime ahead of Easter weekend. Available at: <https://www.gov.uk/government/news/home-office-allocates-51-million-to-police-forces-for-increased-action-on-knife-crime-ahead-of-easter-weekend>.
9. Additional £35 million for Violence Reduction Units. Available at: <https://www.gov.uk/government/news/additional-35-million-for-violence-reduction-units>.
10. The Cardiff Model for Violence Prevention. Available at: <https://www.cardiff.ac.uk/crime-security-research-institute/publications/research-briefings/the-cardiff-model>.
11. The Cardiff Model Toolkit. Available at: <https://www.cdc.gov/violenceprevention/publichealthissue/fundedprograms/cardiffmodel/toolkit.html>.
12. Adult drinking habits in Great Britain: 2017. ONS (2017). Available at: <https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/drugusealcoholandsmoking/bulletins/opinionsandlifestylesurveyadultdrinkinghabitsin greatbritain/2017>.
13. Knott C, Coombs N, Stamakis E, Biddulph J. All-cause mortality and the case for age specific alcohol consumption guidelines: pooled analyses of up to 10 population-based cohorts. *BMJ* 2015;350:h384.37.
14. Smith L, Foxcroft D. Drinking in the UK. An exploration of trends. York, UK: Joseph Rowntree Foundation, 2009.
15. Crome I, Dar K, Janikiewicz S, Rao T, Tarbuck A. Our invisible addicts. First report of the Older Persons' Substance Misuse Working Group of the Royal College of Psychiatrists. College Report CR165. London, UK: Royal College of Psychiatrists, 2011.
16. Iparraguirre J. Socioeconomic determinants of risk of harmful alcohol drinking among people aged 50 or over in England. *BMJ Open* 2015;5: e007684. doi:10.1136/bmjopen-2015-007684.

Figure 1 – National Violence Surveillance Network (NVSN) hospitals (n = 111)

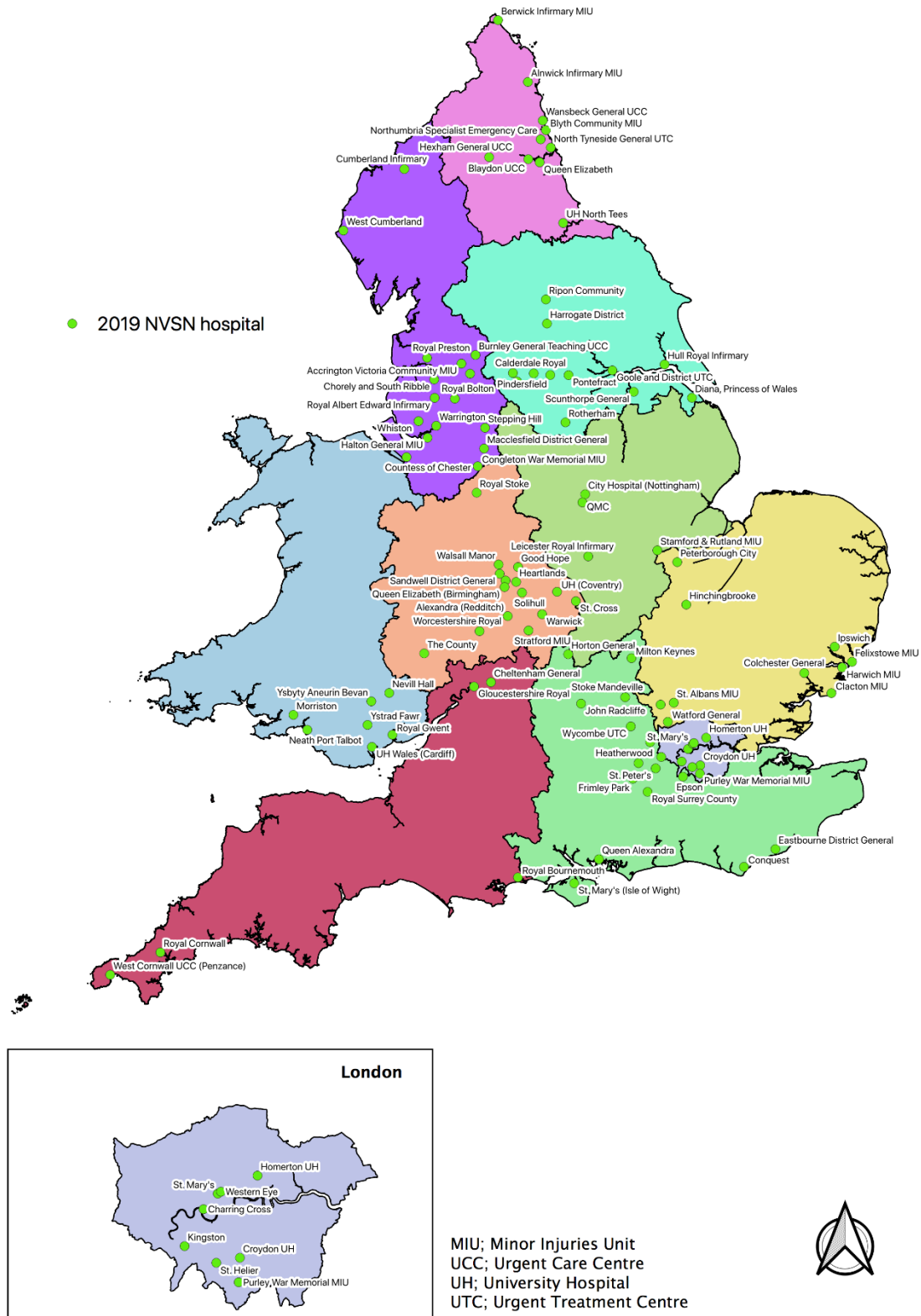


Table 1: Violence-related attendances and injury rates by age and gender 2019: patients who attended NVSN EDs, MIUs and Walk-in Centres (n = 111) in England and Wales for treatment following violence-related injury

Gender	N	%
Male	38,416	69.49
Female	16,869	30.51
Total	55,285	100

Age group (years)	N	%
0 to 10	1,002	1.81
11 to 17	6,474	11.71
18 to 30	22,801	41.24
31 to 50	18,426	33.33
51+	6,582	11.91
Total	55,285	100

	Annual violence injury rate (per 1,000 residents)
Males	4.15
Females	1.79
Total	2.96
0 to 10	0.4
11 to 17	4.31
18 to 30	7.46
31 to 50	3.62
51+	1.01

**Table 2: Percentage change in serious violence in England and Wales
EDs, MIUs and Walk-in Centres data (n = 111)**

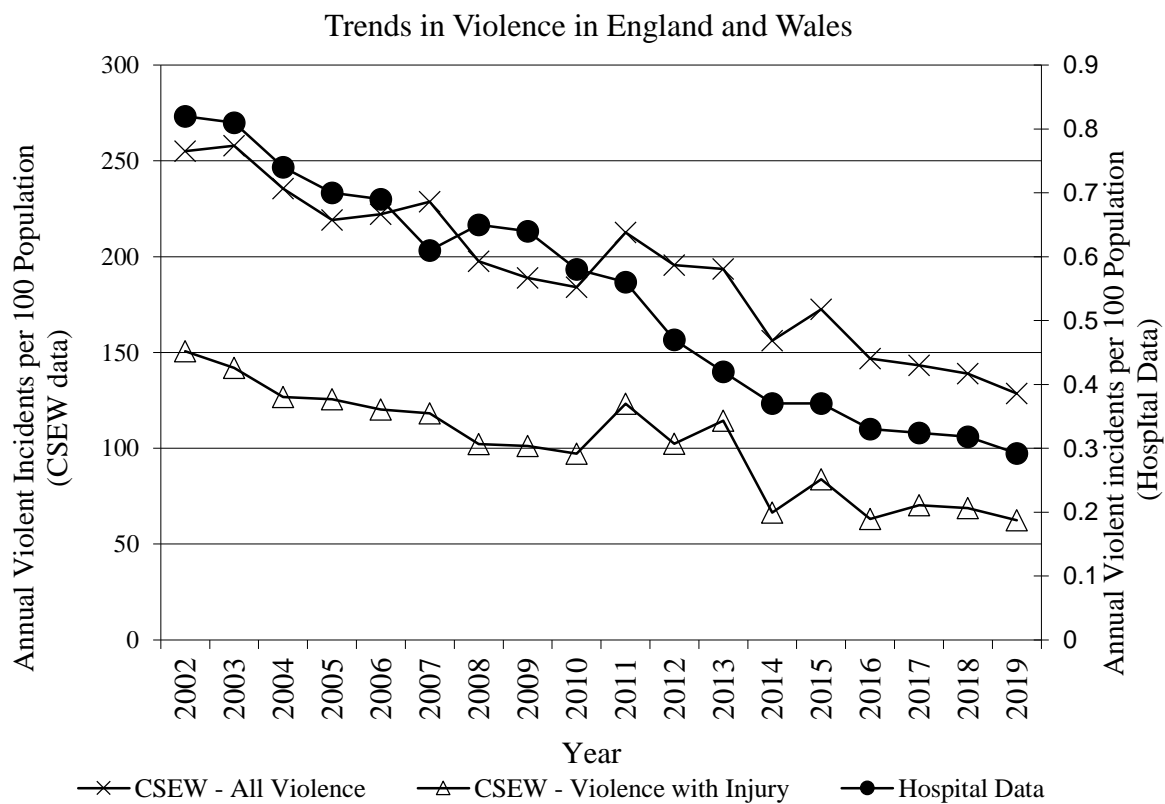
	Males	Females	Total
2008 – 2009	-0.3	-1.8	-1.3
2009 – 2010	-9.5	-5.7	-9
2010 – 2011	-5.3	-1	-4
2011 – 2012	-14	-14	-14
2012 – 2013	-12	-12	-12
2013 – 2014	-9.9	-9.5	-9.9
2014 – 2015	-2	1.5	0
2015 – 2016	-11	-9	-10
2016-2017	0.5	2.4	1
2017-2018	-2.5	0.2	-1.7
2018-2019	-6.6	-5.6	-6.3

Table 3: ¹Estimated violence-related ED, MIU and Walk-in Centre attendances by age and gender in England and Wales

Age Groups	2018		2019	
	Males	Females	Males	Females
0 to 10	1,212	569	1,927	1,259
11 to 17	13,723	5,985	14,672	5,910
18 to 30	58,468	23,661	51,888	20,601
31 to 50	44,116	20,454	39,849	18,732
51+	13,248	6,148	13,798	7,128
Total	130,767	56,817	122,134	53,630

¹ Violence-related ED attendances by age and gender were provided by 111 and 81 EDs, MIUs and Walk-in Centres in 2019 and 2018 respectively.

Figure 2

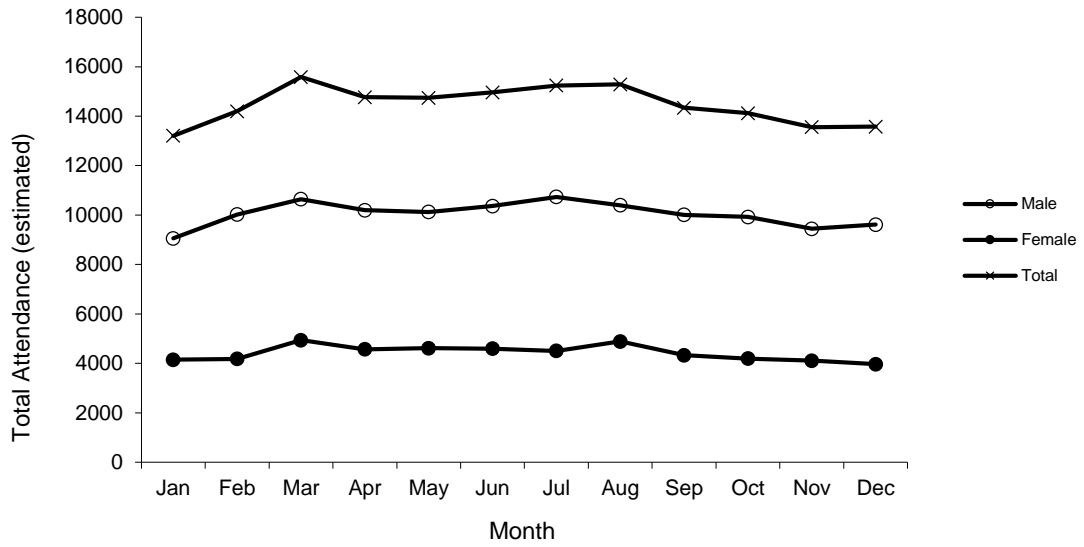


Note: Methodological change to the handling of repeat victimisation in the CSEW in 2018 led to revision of all historic CSEW violence.

Figures 3a and 3b

3a

Estimated Trends in Violence-related Injury in England and Wales by Month



3b

Estimated Trends in Violence-related Injury in England and Wales by Day

