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Cutting Deep: Why Knife Crime is a Public Health Emergency in the UK

EDUCATION

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ABSTRACT

Summary: Knife crime is the leading cause of teenage homicides, reaching the UK's highest figures in history. Stemming from deeply ingrained social determinants—including poverty, school exclusion, adverse childhood events, and geographical disparities—this crisis highlights the limitations of a law enforcement-first approach. This article explores the UK's knife crime epidemic, its impact on our healthcare system, and the transformative potential of addressing the issue through a public health lens, focusing on its social dimensions and preventative strategies.

Relevance: Young adults at risk of or already involved in knife crime often come into contact with the healthcare system; be it through external agencies (e.g., schools, youth justice services, or the social care sector) flagging up adverse behaviours, their need for support, or presenting with physical injuries. As medical students and practising physicians, it is crucial to understand the risk factors contributing to an individual's involvement in knife crime, and to be familiar with the aid systems (e.g., charities or youth crime prevention programmes) available in your community. By doing so, you not only enhance your professional ability to support your patients but foster a more compassionate approach through a deeper understanding of their social context.

Take home message: Current evidence indicates that both family and school based strategies are most effective at deterring individuals from engaging in knife crime, despite the limited data on the true efficacy of combining these interventions. Predictive studies are also scarce regarding the social benefits of broader family and support systems for victims, as well as the cost-effectiveness when considering early prevention initiatives—both of which would provide valuable insights for shaping future policies and programs. What remains clear is clinicians can have a crucial role in flagging early at-risk behaviours, and deterring crime to protect our future generations.

INTRODUCTION

Be it in the form of physical scars or deeply ingrained emotional wounds, falling victim to knife crime presents a profound and arduous challenge to both our physical and mental well-being. Showing a vast impact on our developmental stages, the earlier these adverse events occur, the more complex still their effect on our later life. (1) Continuing its astounding ascent in the UK, and changing the lives of thousands of innocent victims every year, it's time to fight the grasp of the relentless crisis gripping our nation.

Ensuring medical students are aware of the social determinants of health that increase risk of knife crime will allow them to consider a more in-depth analysis of the patient's social context, leading to a more holistic and effective intervention plan. Through educating healthcare professionals on this subject, we can harness their unique position to identify and counsel those involved in knife crime compassionately and impartially, all whilst advocating for better trauma, mental health, and prevention programmes in their local district as they become advocates to end violence in for our next generation.

CURRENT STATUS QUO

Undoubtedly a substantial contributor to crime in the UK, a 4% increase in crime involving a knife or sharp instrument brought the annual total to 50,510 offences in England and Wales alone in 2024. (2) Despite a minor decline in infractions during the pandemic, the overall increase by 78% of police-recorded knife or sharp object offences during the last 10 years stands as demoralising at best for future law enforcement. (3) Especially considering teenagers remain the most vulnerable age group, with more than four-fifths of all teenage homicides being caused by a knife or sharp object crime, (4) a different yet focused approach has never been more crucial.

This approach must consider the geographical disparity in knife crime rates. Leading the UK in knife crime, counties like Cleveland and the West Midlands (rates of 178 and 159 of crime per 100,000) underscore the broader trend of urban counties experiencing significantly higher crime rates than their rural counterparts. (5) Several contributing factors that are more prevalent in the respective areas have been linked to these figures, including elevated poverty levels, increased school exclusion, adverse childhood experiences, and exposure to the illicit drug trade, all of which contribute to a heightened risk of violent encounters from a young age. (6) The Greater London area stands as the only notable exception, ranking third for knife crime, (5) with the underlying motives for this anomaly to be explored later in this paper.

EFFECT ON THE HEALTHCARE SYSTEM AND PATIENT

Contrary to popular belief, whilst hospital admissions for assaults involving sharp objects rose by 3% in the year ending March 2024 (with 3,888 admissions compared to the previous year's 3,789), this figure remains 18% lower than the pre-pandemic levels of March 2020, which saw 4,769 admissions. (7) The Youth Endowment Fund maintains that hospitalisations are a more reliable indicator of knife crime than police figures, as data reflects actual injuries, regardless of inconsistencies in reporting and recording of the crime by law enforcement. (8) Equally, it can be argued that given the increased pressure on the National Health Service (NHS), only more severe injuries are hospitalised compared to previous years, bringing in its own factor of inaccuracy. Moreover, hospitalisations still do not capture all grave injuries, as several factors—including social, cultural, and systemic barriers—often prevent individuals from seeking medical care.

Such barriers can include patient fear of legal repercussions should their doctor consider it appropriate to report the incident to authorities. (9) Victims may also fear stigma or shame associated with being a victim of violence, contributing to why less than a quarter of domestic violence incidents are reported to the police. (10) In addition, during periods of increased sensitivity to peer pressure such as adolescence, young adults are more at risk of committing crime due to the "dilution of responsibility", a psychological phenomenon where individuals feel less accountable for their actions in a group setting. (11) Equally, a perceived manageability of self-treatment due to a lack of awareness on the severity of knife wounds could prevent the individual from seeking out the necessary treatment post-injury, leading to serious medical complications.

As highlighted above, collecting realistic data of offences is challenging. However, one fact remains clear; regardless of the crime rates, every victim goes through an unquestionably traumatic experience. The combination of a limited window for healthcare intervention and rising patient numbers is placing an immense pressure on NHS trauma departments, challenging their ability to provide the individualised care each patient needs. (12) Martin Griffiths, consultant trauma surgeon and lead for trauma surgery at The Royal London Hospital, revealed "We see on average two stabbings every day," and though he praised his team for their exceptional work, he remained alarmed at the growing strain on their resources. (12)

However, recovery extends beyond managing the physical injury. Anxiety, stress, and post-traumatic stress disorder (PTSD) are common mental health consequences following a knife-related incident. (13)

PTSD is a mental health condition caused by frightening, stressful, or distressing events, which often includes the individual reliving the traumatic event through flashbacks or nightmares. Commonly feeling isolated, guilty, or irritable, symptoms are often persistent and have a strong effect on the individual's daily life. (14) PTSD is notably prevalent, affecting 11% of assaulted victims, 19% of those threatened, and 36% of witnesses to an assault. (15) And, whilst specialised NHS Talking Therapies are available, with 92.1% of referrals waiting less than 6 weeks for access, (16) full recovery may take several months or even years, depending on individual circumstances. (17)

The road to recovery may be further complicated by disabilities or impairments caused by the incident. This would not only demand severe life adjustments from the patient, but also for their support system. Family, friends, and their wider social circle would have to adapt to the individual's new needs, which often prolongs the grieving process as loved one's struggle with the loss of the life they once associated with the individual. This sudden shift in roles can be very emotionally taxing, and difficult for all those involved.

Given the considerations outlined above, clinicians must adopt a patient-centred yet adaptable approach to decision-making. Dedicating time to understand a patient's social context, as well as their emotional health, will build a stronger doctor-patient relationship, encouraging patients to discuss health barriers most relevant to them. This not only ensures better documentation, but also improves clinicians' ability to identify common patterns in patients.

Hence, insights from new data can guide more informed referrals for patients to relevant support services, as well as guide trusts to form refined guidelines on knife crime patient management. For example, given the high prevalence of mental health conditions following knife incidents, trusts could implement precautionary mental health screenings. Additionally, as common areas of unawareness or misconceptions appear in the trust's district, curated educational material that clinicians use to brief all patients in the specific local community could be created.

WHY PUBLIC HEALTH?

The most pressing question remains: why should public health hold more responsibility in addressing knife crime than law enforcement? Whilst enforcing the law is undeniably the role of authorities, our ongoing inability to reduce crime rates calls for a shift in focus. The question hence follows: who is better suited to prevent criminal behaviour across all age groups? Do we still place further expectations on the police, who react after the crime, or build on intervention and prevention strategies to tackle the root cause of the problem? Allow me to circle back to London.

The anomalous rural area with the third biggest knife crime rate in the UK, one only needs to look at the cuts in the Metropolitan Police to explain the surge in London's criminality. Since 2010, central government funding for policing has seen a 20% real term cut, closing 600 out of 900 police stations in England indefinitely. (18) This reduction in budget has led to the closure of 75% of London's police stations in less than ten years, more than doubling the nearest average police station distance from 1.4km to a staggering 3.1km. Crucially, station closures did not decrease the number of front-line officers on active duty in the respective areas. (18) The rise in high-severity crime near closed stations can therefore be attributed primarily to the increased distance from, or absence of, the former station, rather than a reduction in police presence. Hence, given that police proximity influences deterrence, due to the funding cuts and station closures, it's becoming an unrealistic expectation on the authorities to manage the rising rates.

And yet, the most compelling argument that knife crime is more of a public health issue than a law enforcement one can be seen in the following point: even in a utopic society where law enforcement has all the funding, facilities, and personnel to capture the convict, knife crime would remain. Whilst such an agency might deter crime to some extent, it is evident knife crime does not start when a perpetrator harms their victim. Tackling the underlying factors in our communities that lead individuals into a circle of crime, and ensuring they have the right access to support, education, and care from the "cradle to the grave" are significantly more pivotal, and impactful in steering them away from violence. Only public health is capable of this long-term, systemic effort to protect our future generations.

TACKLING KNIFE CRIME

In 2019, leading clinicians from the Centre for Trauma Sciences introduced a model outlining the interventions needed for each population group to deter knife crime. Forming a sector of London's Major Trauma System, this unique network of 39 hospitals comprising of four major trauma centres and 35 trauma units, helped cultivate the model showcasing the multilevel, public health framework needed to prevent knife crime. (19)

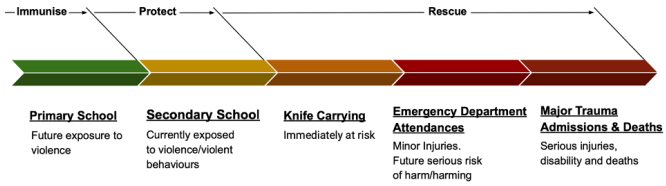

Figure 1: *A public health model of knife violence prevention (modified).* (19)

As observed above, whilst those requiring urgent rescue are emergency or major trauma patients, the path for

preventing criminal behaviour can start as early as primary school, preventing the escalation of the younger generation into the upper categories displayed via targeted initiatives.

Access

It's very positive to see the government promoting several youth crime prevention programmes via youth inclusion and support panels. (20) Nevertheless, it can be worrisome to see that unless the child has encountered the criminal justice system, the identification of at-risk behaviours from children relies solely on an "agency". These usually include schools, youth justice services (YJS), or the healthcare system. (21) Yet, despite crime prevention programmes being available from the age of eight, should the child have poor school attendance, little support from parents, and/or no exposure to social services or the healthcare system, it can be very difficult for these agencies to identify a vulnerable child.

Though there is no screening tool per se, there are signs that may help recognise a child needing support. Early childhood aggression, (22) conditions like ADHD or autism, suffering from emotional or physical abuse, having divorced or imprisoned parents, as well as children experiencing substance abuse, are all signs of potential vulnerabilities that may contribute to the child's increased likelihood of engaging in criminal behaviour in later life. (23)

Unfortunately, as areas like the West Midlands continue to suffer from the main underlying drivers of knife crime —socioeconomic deprivation, an inequality in public services, high poverty, and adverse child event rates— (24) it's evident why the mentioned methods of youth crime prevention just aren't as successful for those who need it most; without the said agencies coming into contact with the child, the child won't be able to access the support they deserve.

Schools

Progressing along the model, an intriguing paradox emerges. Despite typically lower school attendance rates, the Youth Endowment Fund (YEF) reported that 76% of youth carrying knives felt safer in school compared to only 55% at home. (25) With studies identifying the primary motive for knife carrying as a response to feeling unsafe, (26) fostering a comforting and supportive environment in school could play a pivotal role in reducing youths' perceived need for self-defence.

Peer pressure, the desire to earn respect, a perceived need for self-defence "just in case", or even a lack of awareness about the legal implications of carrying a knife all feed into why young people carry knives. (27) But schools can serve as a turning point in the trend, using the student's increased sense of security to provide impactful knife awareness projects, decreasing the stigma around knife crime. (28) Several charity trusts, including The Ben Kinsella Trust, and the Youth Endowment Fund, provide educational resources which schools can utilise for their students. (29)

Though schools cannot control adverse events occurring outside the classroom, nor pressure from external parties (e.g., crime groups), by extrapolating the YED's estimate of 4% of 13-17 year olds carrying knives across England and Wales, there is a potential 140,000 children that could be saved from entering a vicious circle of crime, violence, and risk. There are significant benefits to be reaped by replacing it instead with a secure, trustworthy, and educational environment.

Social Media

Policymakers must prioritize addressing the proliferation of knife-related content on social media platforms. Whilst true that current policies from social media companies prohibit the posting of weapon-related material, enforcement is largely dependent on content being flagged and reported by users. Unfortunately, due to the intricate and expansive nature of algorithms, certain groups of young people are disproportionately more exposed to banned, provocative, or violent media, often perceiving it as the new "norm". (30) Hence, mainstreaming diminishes its likelihood of being reported, with thousands of young children being exposed to inappropriate content. Current consequences for media promoting violence is the content's removal, possible account restrictions (needing only minutes to create a new one), and very rarely working with law enforcement. Given the potential repercussions if left unaddressed, greater efforts must be made to protect the younger generation's feeds.

Equally, social media can be a powerful tool for positive change. Across the UK, numerous campaigns have emerged, sharing impactful stories to equip individuals— children, adults, or teachers—with the skills necessary to understand and confront knife crime. For example, the #LifeorKnife movement features several empowering stories from young people breaking free from crime's vicious circle, whilst the Ben Kinsella Trust equips youth with the necessary skills to stay safe through extensive online resources and workshop campaigns. (31, 32)

ACTION PLAN FOR MEDICAL STUDENTS

Despite the great complexity of the issue, there are steps we can take as medical students to help address knife crime within our districts.

Knowing Your Community

Given the significant geographical variation in knife crime, understanding your local district's socioeconomic context (e.g., the West Midlands as a poverty-prone area, where youth are more likely to engage in knife

crime) is crucial. (33) This insight enhances risk anticipation and earlier intervention (e.g., referrals to social services) by clinicians, helping deter individuals from crime involvement.

Research may equally expose other public health concerns within your area beyond knife crime, such as substance abuse and unemployment rates. These issues should be given equal priority, as they can similarly influence your understanding of the patient's healthcare needs within their entire social context, enhancing your ability to provide the utmost personalised care upon your graduation.

Be an Advocate

If you identify unaddressed issues, such as knife crime of other public health concerns, consider opportunities to make a difference. Running awareness programmes at university, volunteering for a local charity, or leveraging social media to raise awareness about knife crime beyond your immediate circle can be very impactful ways to educate and deter individuals from crime.

Engage with Healthcare Professionals

Whilst your training equips you to treat knife crime wounds effectively, research can take you further. Reaching out to clinicians to propose audits, surveys, or interventional studies can be instrumental in gathering new data on how to tackle knife crime. Such research may result in updated guidelines, new educational resources, or more personalised advice for patients—enhancing their well-being, whilst deepening your understanding of how research translates to real-world impact.

PROPOSALS FOR FURTHER STUDY

As mentioned by the HM Inspectorate of Probation, more definitive evidence is needed to evaluate the effectiveness of UK knife crime interventions. Whilst family and school-based approaches have shown the greatest promise, the impact of combining multiple interventions is unclear. Similarly, limited data exists on clinician's roles in addressing patient misconceptions around knife crime's physical and mental health consequences. Educational campaigns from the Youth Endowment Fund have shown great promise, hence why their translation to a clinical setting warrants exploration.

Moreover, the broader social impact of knife crime on victim's friends and families should also be considered for further research. Supporting the patient's network in their recovery and adjustment can be invaluable, enabling them to maintain their well-being whilst better assisting the victim.

Finally, evaluating the strain on clinicians working in high-pressure environments, such as Dr Griffith's trauma department, could help analyse burnout and stress in healthcare professionals, and inform us on how to best support their practise. Conducting financial assessments of treating knife crime victims, especially those with long-term conditions, could equally underscore the cost-effectiveness of early prevention initiatives, paving the way for better allocation of public health resources.

OUR ROLE

Ultimately, it is our shared responsibility—as future or current healthcare professionals, family members, and friends—to be attuned to the needs of our loved ones around us. There is a significant variation in the support system available to each individual, hence the ever-important need for us to be caring, empathetic and supportive of one another. Regardless of whether it's a healthcare professional spotting the early signs, a parent courageously opening a difficult conversation with their child, or a friend offering a listening ear, each of us plays a vital role in preventing knife crime. Whilst only scratching the surface of this complex issue, I hope this article has equipped the reader with a meaningful overview of the UK's current knife crime epidemic, and instils optimism that, together, we will overcome it.

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