# Violence in England and Wales in 2014

# An Accident and Emergency Perspective

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## Executive Summary

- A structured sample of 117 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 national study of trends in serious violence.
- Anonymous data relating to age, gender and attendance date of those treated for violence-related injuries were collected.
- Overall, an estimated 211,514 people attended EDs in England and Wales for treatment following violence in 2014.
- There were an estimated 101,519 fewer ED violence-related attendances in England and Wales in 2014 compared to 2010 – 22,995 fewer than in 2013.
- According to these data, serious violence in England and Wales decreased by 10% in 2014 compared to 2013. Apart from a 7% increase in 2008 there have been decreases in every year since 2001 according to this measure.
- Violent injury of males and females declined by 9.9% and 9.5% respectively in 2014, similar to the falls in 2013.
- Serious violence affecting all age groups decreased in 2014 compared to the previous year; falls among children (0-10 year olds, down 18%), adolescents (11 to 17 year olds, down 18%), young adults (18 to 30 year olds, down 9%), those aged 31 to 50 years (down 9%) and those aged 51 years and over (down 4%).
- As in previous years, those at highest risk of violence-related injury were males and those aged 18 to 30. Violence-related ED attendance was most frequent on Saturday and Sunday and during the months of May and July.

* The methods used here and findings in previous years have all been subject to peer review and have been published in the Journal of Public Health and in the journal Injury.[1]

## Introduction

Led by the Violence Research Group at Cardiff University over the last 15 years, the National Violence Surveillance Network (NVSN) of over 100 Emergency Departments (EDs), Minor Injury Units (MIUs) and Walk-in Centres in England and Wales has become a valued source of national violence trends.[1] The importance of this injury based measure of violence was recognised in "The Coalition: Our programme for government" which included a commitment to reduce violence through the use of anonymised information collected in EDs.[2]

On presentation to the ED, patients are asked to state their reasons for attendance, at which point an electronic record is made by reception staff. Violence-related injury is an established category of injury in most ED software packages and a new record is created for each individual attendance. Information relating to the time, date and location of the incident, as well as information on weapon use and assailants, is also recorded. This will shortly be a mandatory requirement in England following the publication of the new Information Standard to Tackle Violence (ISTV).[3] Information derived from EDs represents a rich source of data on the extent and characteristics of violent incidents and has been used to measure national trends in violence, incidence and prevalence of domestic violence, pattern and severity of violence-related injury and associations between weapon use and injury severity.[4, 5, 6, 7]

The aim of this report is to present overall gender and age-specific violence-related injury rates and violence trends using data derived from EDs, MIUs and Walk-in Centres in England and Wales for the twelve month period ending 31st December 2014.

## Methods

All certified members of the NVSN were contacted by email and telephone in January 2015. Non-NVSN EDs, MIUs and Walk-in Centres in England and Wales were also contacted in order to recruit more emergency units into the network. Violence data relating to date of ED attendance, age and gender of patients reporting injury in violence and total attendance to the ED in the year ending 31st December 2014 were requested. Due to reported increased staff and financial pressures within NSVN hospitals in 2014, data retrieval for the purposes of this report was more challenging than in previous years. Hundreds of telephone and email communications followed and for the majority of EDs data requests were made under the auspices of the Freedom of Information Act.[8]

Violence-related injury data were collected from a sample of 117 EDs, MIUs and Walk-in-Centres in England and Wales which included most of the certified members of the NVSN and a few other emergency units who were also willing to share violence data (Table 1). All emergency treatment units were included if they were willing to share electronic data and had implemented and continue to comply with the provisions of the 1998 Data Protection Act and Caldicott guidance. For every new incident a new record is created when the patient first registers and at all times during data retrieval patient confidentiality was maintained. ED attendances were categorised by gender and five age groups: 0-10, 11-17, 18-30, 31-50 and 50+ years; an identical categorisation to that reported in previous years. Violence related attendances by age and gender were provided by 63 emergency units and the remaining 54 provided only aggregate level data citing a variety of reasons including data protection. Therefore, estimates for injury rates by age and gender were based on the data from 63 emergency units.

The potential bias in selecting this sample of emergency units reflecting the non-randomised study design was limited by assigning appropriate weights to the sample ED population so that comparisons could be made with national violence-related injury rates from previous years. A detailed method for calculating appropriate weights has been published.[1] Annual assault injury rates (number of injured per 1,000 resident population) were computed separately for both genders and for the five age groups. Annual injury rates for 2014 were compared to injury rates from previous years. In computing national injury rates it was assumed that the coverage ratio (total annual attendance at EDs in the sample compared to total annual attendance at all EDs in England and Wales) was the same for both genders and all age groups.

## Results

### Violence-related ED attendances

Altogether, 46,885 people injured in violence were treated in the 63 EDs, MIUs and Walk-in Centres in 2014 (Table 2). Almost, three-quarters of these were males (33,775), half were aged 18-30 and a third were aged 31 to 50 years (15,003). Age and gender distribution of those seeking treatment following violence during 2014 was similar to previous years.

**Violence injury rates**

Overall, 5.4 per 1,000 males and 2.1 per 1,000 females were treated at EDs, MIUs and Walk-in Centres in England and Wales during 2014 for injuries sustained in violence (Table 2). Overall, the estimated annual injury rate was 3.7 per 1,000 residents. Those at highest risk were aged 18 to 30 years (10.6 per 1,000 residents) followed by those aged 31 to 50 (4.3 per 1,000 residents), those aged 11 to 17 (4.2 per 1,000 residents), those aged 51 and over (0.9 per 1,000 residents) and those aged 0 to 10 (0.2 per 1,000 resident population).

**Trends in serious violence**

Overall, serious violence decreased by 10% in 2014 compared to 2013; this equates to 23,024 fewer violence-related attendances in 2014 (Tables 3 and 4, Figure 1). Proportionately, decreases for males and females were similar (9.9% and 9.5% respectively). Violence among all age groups showed decreases; the largest decreases were among children aged 0 to 10 years (18%), followed by those aged 11 to 17 years (18.1%), 18 to 30 years (9.4%), 31 to 50 years (8.7%) and those aged 51 years and over (4.1%). Overall, violence-related ED attendance was greatest on Saturdays and Sundays and peaked in May and July (figures 3a and 3b respectively).

## Discussion

This England and Wales study demonstrates substantial decreases in violence-related attendances for both males and females in 2014 compared to 2013. An estimated 211,514 people reported injury in 2014, down 10% from 234,509 the previous year. This finding is very consistent with the latest data from the Crime Survey for England and Wales (CSEW) which shows a fall in violent crime in England and Wales of 11% in the year ending September 2014.[9]

According to NVSN data, violence has fallen by an estimated 101,519 ED attendances since 2010, a decline of over 30%, and has declined every year since 2001 apart from in 2008. To put this in context, around 4 in every 1,000 residents in England and Wales attended emergency units for treatment of injuries sustained in violence in the year ending 31st December 2014, compared with around 6 in every 1,000 residents in 2010. The longer term reduction in violence according to the NVSN is consistent with

evidence from the CSEW; numbers of CSEW incidents of violence with injury declined 36% in the year ending September 2014 compared to the year ending March 2009.[9]

In contrast, the overall level of violence against the person according to police records in the year ending September 2014 had risen by 16% compared with the previous year, with 40 of the 43 forces in England and Wales reporting rises (Figure 1b). Police crime records are, however, an unreliable measure of violence levels and trends – including because many incidents are not reported. Furthermore, in past years and in some areas perhaps even now, many incidents which were reported were not recorded as such. The introduction and implementation of new and revised National Crime Recording Standards, and renewed focus on the accuracy of crime recording by the police are likely to have resulted in the increase in the number of offences recorded in contrast with the comparator year October 2012 to September 2013.[10]

Importantly, the triangulation of measurement now possible with ED data provides reassurance that increases according to police records do not represent real increases in violence. Instead, they simply represent changes in police recording practice.

All age groups studied showed reductions in harm with the highest reductions found among children aged 0 to 10 (down 18% since 2013) and adolescents aged 11 to 17 years (down 18%). NVSN provides the only national measure of violence in which children aged 0 to 10 years are injured. Due to the limited number of children aged 0-10 years sampled in this study (n=387), this substantial reduction needs to be treated with caution. Reassuringly however, long term trends indicate that violent injury sustained by children requiring hospital treatment in England and Wales halved for those aged 0 to 10 years and reduced by almost two-thirds for adolescents aged 11 to 17 years between 2008 and 2014 (Figure 2).

In a study of children injured in violence who were treated in the emergency department, only 4% were injured at home; a large majority were injured in the street or at school with fists or feet by other children or adults.[11]

The precise reasons for the decline in numbers of children injured in violence are beyond the scope of this report. Several factors could be involved, including reducing violence in the street and at school, changes in children's activities, better detection and reporting practices, changes in public policy in relation to children including the implementation of the provisions of the 2004 Children Act and wider public awareness. It seems likely that work at all levels to improve child safeguarding, especially following such tragic incidents as 'Baby P', is at the root of this welcome trend.

CSEW commenced data collection on violence directed against children aged 10 to 15 years in 2009. Although it is not possible to compare CSEW and NVSN violence rate estimates, comparison is possible in relation to trends based on CSEW interviews. According to this measure, violence directed against those aged 10 to 15 years has declined steadily, from 461,000 incidents in 2010/11 to 260,000 in 2013/14.

Reasons for the overall national decline in violence-related injury are likely to be multi-factorial and complex. Contributory factors may include increases in sharing information on community violence between the NHS, police and local government, the installation and maintenance of public space closed circuit television in urban centres, more scientific data-driven policing and the ongoing effects of specific crime reduction initiatives such as the "The Tackling Violence Action Plan" and "The Tackling Knives Action Plan".[12, 13, 14]

Alcohol intoxication is a powerful driver both of violence-related injury and violent offending. Here, changes in the labour market and consumer trends, such as reductions in alcohol consumption (litres per capita) and in high episodic drinking (more than 8 units per session for males and 6 units per session for females) among 16-24 year olds, together with declines in the affordability of alcohol since 2008 may also have contributed to the overall decline in violence, much of which takes place in urban centre streets at night.[15]

As in previous years, the likelihood of sustaining violence-related injury varied by gender and age group. Males and those aged 18-30 years experienced the highest injury rates; males were two and a half times more likely than females to sustain injury in violence. Across a range of studies, males are consistently over-represented as both victims and perpetrators of violence; for example, males were responsible for 88% of indictable offences (including violence against persons) and accounted for 83% of emergency hospital admissions relating to violence in England in 2013.[16]

These continuing and substantial decreases in serious violence are welcome for citizens, communities and in the context of fear and the substantial costs of crime to health services and the criminal justice system.

## References


1. Sivarajasingam V, Page N, Morgan P, Matthews K, Moore S, Shepherd J. Trends in community violence in England and Wales 2005 – 2009. *Injury* 2014;45:592-598.
2. https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/78977/coalition_programme_for_government.pdf
3. http://webarchive.nationalarchives.gov.uk/+/http://www.isb.nhs.uk/documents/isb-1594/amd-31-2012/1594312012spec.pdf
4. Sivarajasingam V, Shepherd J, Matthews K, Jones S. Trends in violence in England and Wales 1995–2000: An accident and emergency perspective. *Journal of Public Health* 2002;24**:**219-226.
5. Boyle A, Todd C. Incidence and prevalence of domestic violence in a UK emergency department. *Emergency Medicine Journal* 2003;20**:**438-442.
6. Shepherd J. Violent Crime in Bristol: An Accident and Emergency Department Perspective. *British Journal of Criminology* 1990;30**:**289-305.
7. Brennan I, Moore S, Shepherd J. Non-firearm weapon use and injury severity: priorities for prevention. *Injury Prevention* 2006;12:395-399.
8. http://www.legislation.gov.uk/ukpga/2000/36/contents
9. http://www.ons.gov.uk/ons/rel/crime-stats/crime-statistics/year-ending-september-2014/stb-crime-in-england-and-wales--year-ending-september-2014.html
10. http://www.ons.gov.uk/ons/rel/crime-stats/crime-statistics/period-ending-september-2013/stb-crime-in-england-and-wales--year-ending-sept-2013.html
11. Shepherd J, Tuthill D, Parry B, Dowd H. An audit of emergency medicine responses to children injured in violence. *Emergency Medicine Journal* 2010;27:125-127.
12. Florence C, Shepherd J, Brennan I, Simon T. Effectiveness of anonymised information sharing and use in health service, police, and local government partnership for preventing violence related injury: experimental study and time series analysis. *British Medical Journal* 2011;342:d3313.
13. HM Government 2008. Tackling Knives Action Programme. London: Home Office.
14. http://webarchive.nationalarchives.gov.uk/20100413151441/http://www.homeoffice.gov.uk/documents/violent-crime-action-plan-08/
15. Health and Social Care Information Centre 2014. Statistics on Alcohol: England, 2014.
16. Health and Social Care Information Centre 2013b. Statistics on Alcohol: England, 2013.

**Table 1 – National Violence Surveillance Network (NVSN) hospitals (n=117)**

| | |
|---|---|
| Barnet | John Radcliffe (Oxford) |
| Basildon University | Kettering General |
| Bedford | Kingston |
| Birmingham Children | Leicester Royal |
| Birmingham City | Leighton |
| Bristol Royal | Lincoln County |
| Bronglais General (Aberystwyth) | Llandovery |
| Broomfield (Chelmsford) | Luton and Dunstable University |
| Calderdale Royal (Halifax) | Maidstone |
| Chesterfield Royal | Milton Keynes |
| Chorley & South Ribble (Chorley) | Morriston (Swansea) |
| Colchester General | Norfolk and Norwich University |
| Conquest (St. Leonards- on-Sea) | North Manchester General |
| Countess of Chester Hospital | North Tyneside General |
| Croydon University | Northampton General |
| Cumberland Infirmary (Carlisle) | Ormskirk District General |
| Dewsbury & District | Peterborough City |
| Dorset County (Dorchester) | Pilgrim (Boston) |
| Ealing | Pinderfields (Wakefield) |
| East Surrey | Pontefract |
| Eastbourne District General | Poole |
| Fairfield General (Bury) | Prince Charles (Wales) |
| Frimley Park | Prince Philip (Llanelli) |
| Glangwili General (Carmarthen) | Princess Royal (Haywards Heath) |
| Good Hope (Sutton Coldfield) | Queen Alexandra (Portsmouth) |
| Goole & District | Queen's Hospital (Burton) |
| Grantham & District | Rotherham |
| Grimsby | Royal Albert Edward (Wigan) |
| Halton MIU (Runcorn) | Royal Blackburn |
| Harrogate | Royal Bolton |
| Hartlepool MIU | Royal Cornwall |
| Heartlands (Birmingham) | Royal Derby |
| Heatherwood (Ascot) | Royal Devon & Exeter |
| Hexham General | Royal Free (London) |
| Hillingdon | Royal Glamorgan (Llantrisant) |
| Hinchingbrooke | Royal Liverpool University |
| Homerton University | Royal Preston |
| Hospital of St Cross ( Rugby) | Royal Shrewsbury |
| Huddersfield Royal | Royal Surrey County & MIU |
| Hull Royal | Royal Sussex County (Brighton) |
| Royal Victoria Infirmary (Newcastle) | Royal United (Bath) |
| Salford Royal | Tunbridge Wells |

| | |
|---|---|
| Sandwell General | University Hospital (Cardiff) |
| Scunthorpe | University Hospital of North Tees |
| Solihull | University hospital (Manchester) |
| South Pembrokeshire | Walsall Manor |
| Southampton General | Warrington |
| Southport & Formby District General | Watford General |
| St Richard's (Chichester) | West Cumberland |
| St Thomas' (London) | West Suffolk |
| St. Peter's (Chertsey) | Weston Park (Sheffield) |
| Stepping Hill (Stockport) | Wexham Park (Slough) |
| Sunderland Royal | Whiston (Prescot) |
| Tenby Cottage | Withybush General |
| The County (Hereford) | Worthing |
| The Friarage (Northallerton) | Yeovil |
| The James Cook University (Middlesbrough) | Ysbyty Cwm Cynon (Mountain Ash) |
| The Princess Alexandra (Harlow) | Ysbyty Cwm Rhondda (Llwynypia) |
| The Royal Oldham | |

**Table 2: [1]Violence injury rates by age and gender 2014: patients who attended EDs in England and Wales for treatment following violence-related injury.**

| Gender | N | % |
|---|---|---|
| **Male** | 33,775 | 72 |
| **Female** | 13,110 | 28 |
| **Total** | 46,885 | 100 |

| Age group (years) | N | % |
|---|---|---|
| **0 to 10** | 387 | 0.8 |
| **11 to 17** | 4,555 | 9.7 |
| **18 to 30** | 23,117 | 49.3 |
| **31 to 50** | 15,003 | 32 |
| **50+** | 3,823 | 8.2 |
| **Total** | 46,885 | 100 |

| | Annual violence injury rate (per 1,000 residents) |
|---|---|
| **Males** | 5.44 |
| **Females** | 2.07 |
| **Total** | 3.74 |
| **0 to 10** | 0.23 |
| **11 to 17** | 4.23 |
| **18 to 30** | 10.56 |
| **31 to 50** | 4.29 |
| **50+** | 0.93 |

[1] Violence-related emergency attendances by age and gender were provided by 63 emergency units. Fifty-five emergency units provided aggregate level data.

**Table 3: Percentage change in serious violence in England and Wales. Emergency Department (ED) and Minor Injury Unit (MIU) data).**

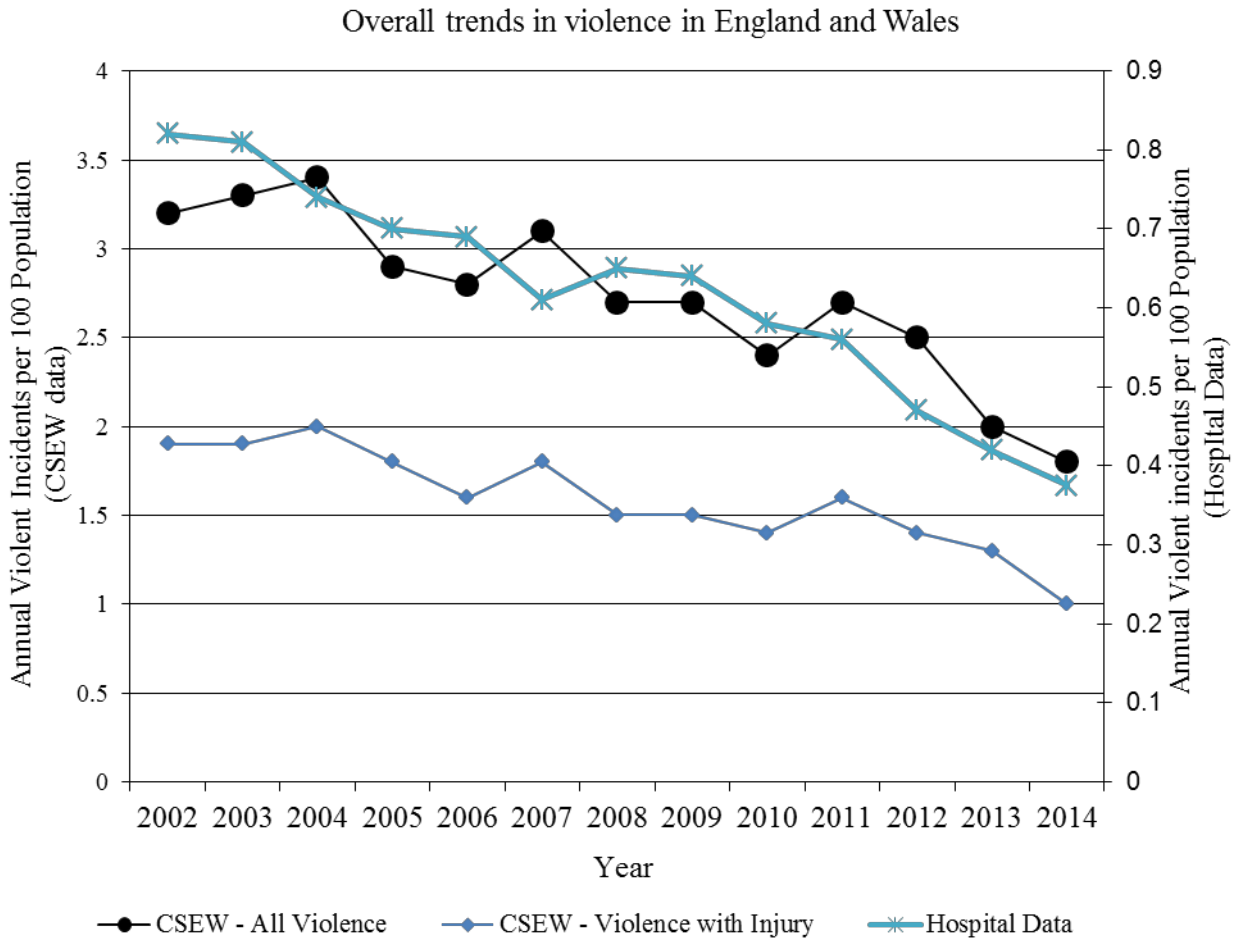
| | Males | Females | Total |
|---|---|---|---|
| **2008 – 2009** | -0.3 | -1.8 | -1.3 |
| **2009 – 2010** | -9.5 | -5.7 | -9 |
| **2010 – 2011** | -5.3 | -1 | -4 |
| **2011 – 2012** | -14 | -14 | -14 |
| **2012 – 2013** | -12 | -12 | -12 |
| **2013 – 2014** | -9.9 | -9.5 | -9.9 |

**Table 4: [2]Estimated violence related ED attendances by age and gender in England and Wales.**

| Age Groups | 2014 | | 2013 | |
|---|---|---|---|---|
| | **Males** | **Females** | **Males** | **Females** |
| **0 to 10** | 1,236 | 510 | 1,520 | 610 |
| **11 to 17** | 14,401 | 6,152 | 17,717 | 7,391 |
| **18 to 30** | 77,509 | 26,797 | 85,532 | 29,650 |
| **31 to 50** | 47,108 | 20,575 | 52,011 | 22,133 |
| **50+** | 12,055 | 5,156 | 12,367 | 5,578 |

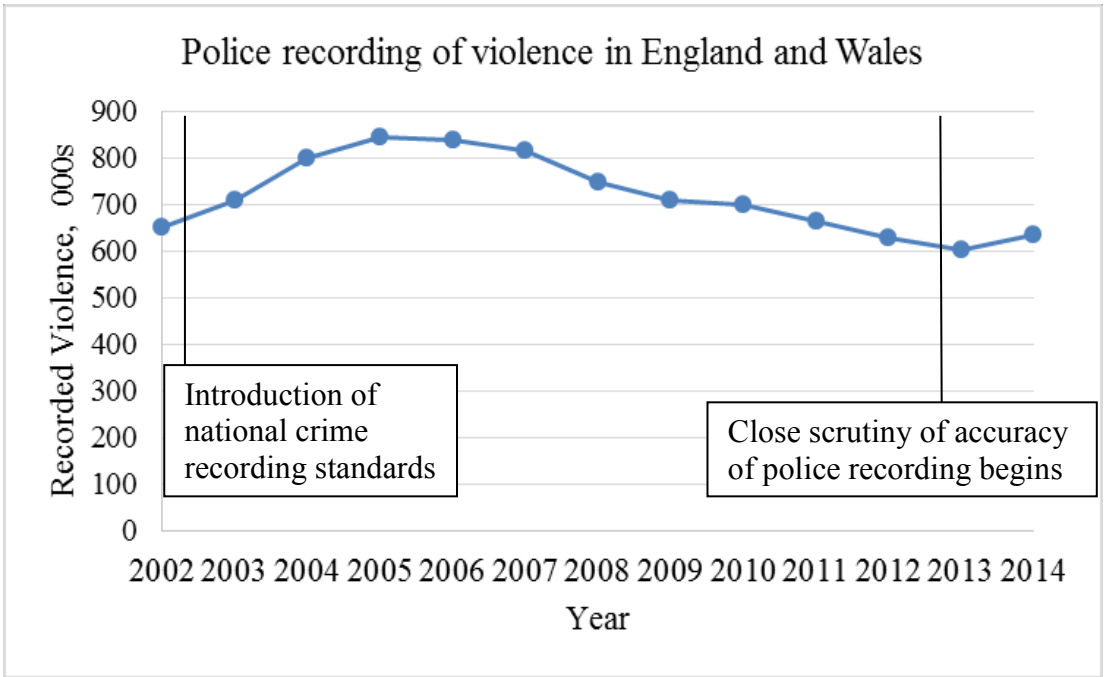
[2] Violence-related emergency attendances by age and gender were provided by 63 emergency units. Fifty-four emergency units provided aggregate level data.

**Figure 1a**



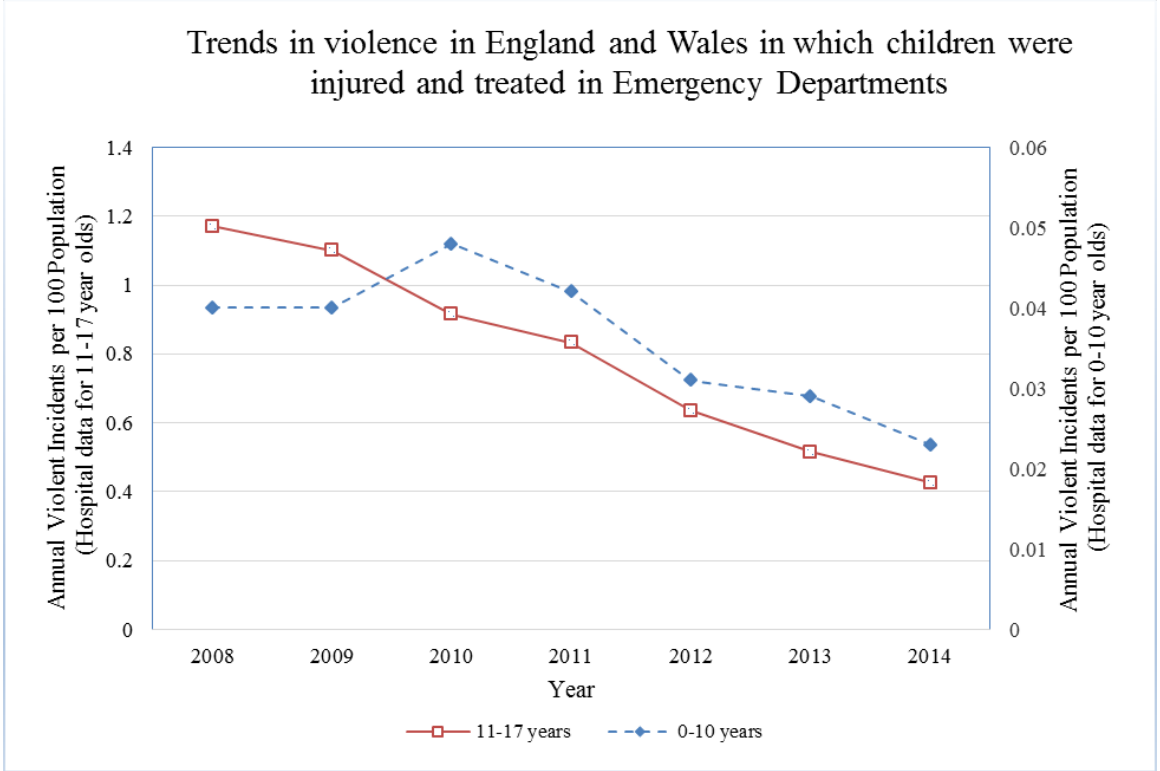

Note: CSEW violence data for 2013 and 2014 are for twelve month periods ending 30th September. Before 2013, CSEW violence data are for twelve month periods ending 31st March.

**Figure 1b**




Note: In January 2014 the UK Statistics Authority withdrew "national statistics status" from police recorded crime figures, reflecting "accumulating evidence" of their unreliability. The introduction of National Crime Recording Standards (NCRS) in 2002 and scrutiny of recording after the 2014 decision both led to increased recording of violence by the police.

**Figure 2**[3]

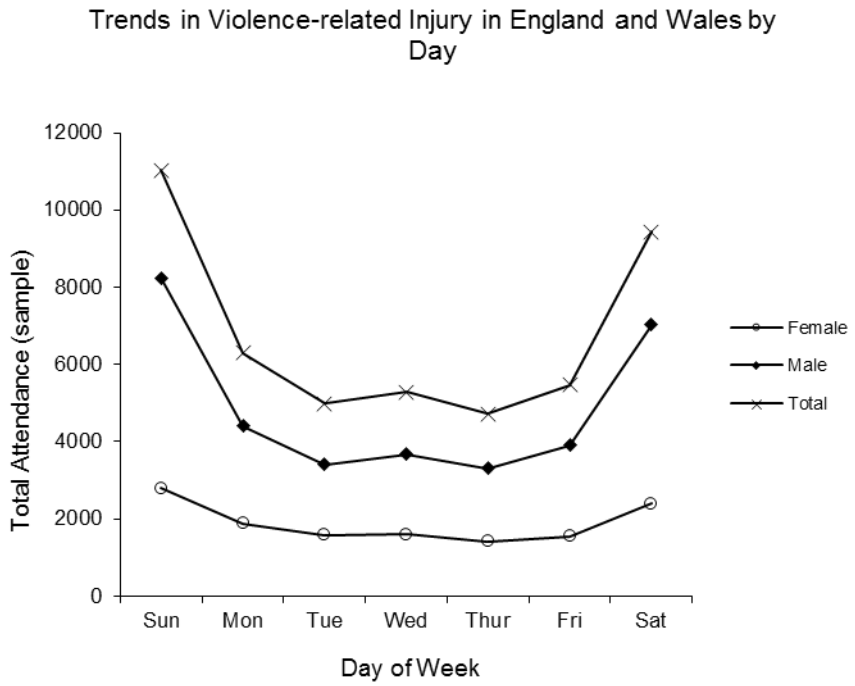



[3] Violence-related emergency attendances by age and gender were provided by 63 emergency units. Fifty-four emergency units provided aggregate level data.

**Figure 3a and 3b**

**(Year ending 31st December 2014)**

**3a**




**3b**