

Violence in England and Wales 2007

An Accident and Emergency Perspective

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Executive Summary

- A structured sample of 29 Type 1 Accident and Emergency (A&E) departments in England and Wales, who are certified members of the National Violence Surveillance Network (NVSN), were included in this national study of trends in serious violence.
- Anonymous prospective data relating to age, gender and attendance date of those treated for violence-related injuries were collected from these A&E departments.
- According to these data there was an overall decrease in serious violence of 12% in England and Wales in 2007 compared to 2006. It is estimated that 43,000 fewer people attended A&Es following violence-related injury in 2007. This decrease continues the downward violence trend observed between 2000 and 2006.
- Overall in England and Wales an estimated 322,000 people attended A&E departments for treatment following violence in 2007.
- There were national decreases in violence affecting males, females and all age groups but an increase affecting children aged 0 to 10. Greatest decreases were for those aged 18 years and over. For those aged over 50 the decrease was 17%.
- Those at highest risk of violence-related injury were males and those aged 18 to 30. Violence-related A&E attendance was most frequent on Saturday and Sunday.
- These findings confirm that the implementation of the Licensing Act in November 2005 has not led to an increase in violence in England and Wales

Introduction

Measuring trends in violence is an important objective and has long been of interest to policy makers, a broad range of criminal justice, community safety and victim organisations, the media, and the public. Police records and the British Crime Survey (BCS) are the traditional national sources of information on violent crime in England and Wales but neither is a measure of harm.^{1,2} National injury surveillance based in hospital A&E departments in England and Wales provides an objective measure of violence using injury data and have been developed to bring clarity to confusing messages from other sources.³ Information about violence is recorded in A&E shortly after injury when the event is fresh in the minds of the injured and those who accompany them. In the UK nearly all current A&E computer software packages categorise cause of injury as accident or violence on registration. The advantages of A&E-derived violence data are reliable electronic recording, an existing infrastructure for data collection, and the potential for using local, regional and national data for violence measurement and community violence prevention.

In 2002, the WHO published its “World Report on Violence and Health” with nine recommendations aimed to mobilise action against community violence, including enhancing the capacity for data collection.⁴ Increasingly, A&E injury records are being utilised to inform the public and policy makers about community violence and violence trends. Most recently, the UK government have moved to a harm based approach to reducing violent crime - for example, the new public service agreement violence reduction targets focus on serious violence. A study of trends in violence in England and Wales found no significant national trends in the period 1995 to 2000 and decreases in overall violence from 2000 to 2006.^{5,6,7} In 2006, compared to 2005, there were national decreases in violence affecting females, those aged 0 to 10 and 31 to 50 years but violence affecting males, those aged 11 to 30 and 50 years and over did not change. These trends were interpreted as evidence that violence had come under control during this period. However, an A&E-based study in England showed that the number of people admitted to hospital reportedly following an assault involving a sharp object rose by 30%, from 3770 in 1997/8 to 4891 in 2004/5.⁸

The aim of the study reported here is to identify overall gender and age-specific violence-related injury rates and violence trends in England and Wales for the period ending 31st December 2007.

Methods

Data were collected from a structured (by Government Office Region) sample of 29 A&E departments which are all certified members of the NVSN (Table 1).⁹ Inclusion criteria for A&E departments in the study were the availability of electronic data on violence-related attendance and agreement from the A&E clinical directors to share data. Prospective electronic A&E data relating to attendance date, age and gender of patients who reported injury in assaults in the year ending 31st December 2007 were studied. A&E attendances were categorised by gender and five age groups: 0-10, 11-17, 18-30, 31-50 and 50+ years. The potential bias in selecting this sample of A&E departments – due to the non-randomised study design – was limited by assigning appropriate weights to the sample A&E population so that comparisons could be made with national violence-related injury rates from previous years. The method for calculating appropriate weights is detailed in a previous publication.⁵

Annual assault injury rates (number of injured per 1000 resident population) were computed separately for both genders and for the five age groups. Annual injury rates for 2007 were compared to injury rates from previous years. In computing national injury rates assumptions were made including:

- Coverage ratio (total annual attendance at A&E departments in the sample compared to total annual attendance at all A&E departments in England and Wales) was the same for both genders and all age groups.
- Resident populations of England and Wales in 2007 and 2006 were similar.

Results

Violence-related A&E attendance

Altogether, 34,743 people injured in violence were treated in the 29 A&E departments in the year ending 31st December 2007 (Table 2). Almost three-quarters of these were males (25,791), approximately half were aged 18-30 and almost a third were aged 31 to 50 years. Age and gender distribution of those seeking treatment following assault during 2007 was similar to previous years.^{5,6,7}

Assault injury rates

Overall, 9 per 1000 males and 3 per 1000 females were treated at A&E departments in England and Wales during 2007 for injuries sustained in violence (Table 2). Overall, the estimated annual injury rate was 6 per 1000 resident population. Those at highest

risk were those aged 18 to 30 years followed by those aged 11 to 17, those aged 31 to 50, those aged 0 to 10 and those aged 51 years and over respectively. For the first time since this surveillance commenced in 1995, numbers aged 0 to 10 were greater than those aged 51 or over.

Trends in violence

Overall, there was a decrease in violence-related A&E attendance in England and Wales in 2007 of 12% compared to 2006. Proportionately, decreases for males (13%) were higher than for females (11%), compared to attendances in 2006 (Figure 1, Table 3). All age groups except those aged 0 to 10 years showed decreases in violence-related A&E attendance in 2007 compared to 2006; the groups where numbers decreased most were those aged 18 years and over. For those aged over 50, the decrease was 17%. Overall, violence-related A&E attendance was greatest on Saturdays and Sundays and there were fewest violence-related attendances in February and November (Figures 2a and 2b).

Discussion

This national study, based on a sample of 29 Type 1 A&E departments in England and Wales, showed substantial decreases in violence-related attendances for both males and females in 2007 compared to 2006. This continues the downward trend in A&E violence-related attendance reported previously between 2000 and 2006. An estimated 322,000 people in England and Wales attended A&E departments seeking medical treatment following assaults in 2007 – down from 364,000 in 2006. Greatest decreases in harm were for those aged 18 years and over: there was a 17% decrease for those over 50. Therefore, according to A&E data, overall violence is coming under control. This A&E-based study does not shed light on the causes of these decreases. Potential reasons include more effective policing, stemming from reliance on more targeted approaches – which are known to be effective, or perhaps, effective contributions of Crime and Disorder Reduction Partnerships (CDRPs) and Community Safety Partnerships (CSPs) in violence prevention. The 1998 Crime and Disorder Act prompted the formation of over 350 CDRPs throughout England and CSPs in Wales in which crime data from multiple sources including the NHS can be brought together to inform and audit prevention.¹⁰ The Act placed a statutory duty on local authorities, the police, health authorities and probation committees to work

together to tackle crime and disorder in their areas. This partnership approach to tackle crime was endorsed by the WHO in its World Report.⁴ There were substantial increases in police numbers: in England and Wales to 143,000 in 2006, from 127,000 in 1997.¹¹ Police targeting of alcohol-related violence increased after 2000.

All age groups showed decreases in violence-related A&E attendances except those aged 0 to 10 who showed a substantial increase. This increase in violence directed against children in England and Wales is cause for concern. A recent report showed that, on average, 58 youngsters a day are being admitted to hospitals in England after being injured in violence (excluding those who are taken to A&E departments but then sent home and those who die as a result of violence).¹² It is not clear whether violence at the hands of parents or carers is responsible for this increase - recent evidence suggests that violence between children at school and in public places may be just as, or more frequent.¹³ In any event, the roles of local child safeguarding agencies (including the NHS, police and local authorities) remain essential and should be enhanced.

The Licensing Act 2003 was implemented in England and Wales on the 24th November 2005.¹⁴ The Act allows more flexible opening hours for premises licensed to sell alcohol and gives the police greater powers to close premises. National violence surveillance in the year after implementation of the Act showed a small reduction in violence-related attendances. The data presented here show a much greater decrease in the second year after Act implementation. It is not clear from these violence data however whether or how all alcohol-related attendance rates have changed.

As in all previous years of this study, males and those aged 18-30 years had the highest injury rates and males were three times more likely than females to sustain injury in violence.^{5,6,7} According to A&E data violence-related injuries were lowest during the months of February and November in 2007 – the seasonality of violence observed in previous years is evident here, though the peak in the summer is less obvious.

Notwithstanding the findings of this study which relate to overall incidence of violence serious enough to result in A&E treatment, hospital admissions (A&E attendances out number hospital admissions by about 16 to 1) may follow a different trend, particularly since overall trends in violence-related admissions in the years to

2005 were upwards. Overall, according to NHS data, the years 2000 to 2005 have seen violence decrease markedly in frequency but increase in severity.

References

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Table 1

Hospitals included in the study (n=29)

Basildon
Bassetlaw (Worksop)
Calderdale Royal
Cheltenham General
Chesterfield Royal
Conquest (St Leonards-on-Sea)
Countess of Chester
Doncaster Royal
Eastbourne District General
Frenchay (Bristol)
Frimley Park
Glan Clwyd (Rhyl)
Gloucester General
Huddersfield Royal Infirmary
Ipswich
Kingston (Kingston-upon-Thames)
Lister (Chelsea)
Montagu (Mexborough)
North Devon District (Barnstaple)
North Manchester General
Queen Mary's (Sidcup)
Royal Blackburn
Royal Bournemouth
Royal Devon and Exeter (Wonford)
Salisbury District
Southmead (Bristol)
Stepping Hill (Stockport)
University College (London)
University Hospital of Wales (Cardiff)

Table 2: Violence injury rates by age and gender 2007: patients who attended 29 A&E departments in England and Wales for treatment following violence-related injury.

Gender	N	%
Male	25,791	74.2
Female	8,952	25.8
Total	34,743	100

Age group (years)	N	%
0 to 10	873	2.5
11 to 17	6,329	18.2
18 to 30	16,057	46.3
31 to 50	9,534	27.4
50+	1,950	5.6
Total	34,743	100

Annual assault injury rate (per 1000 residents)	
Male	9.2
Female	3.1
Total	6.1
0 to 10	1.5
11 to 17	12.1
18 to 30	17.2
31 to 50	5.5
50+	1

Figure 1: Trends in violence in England and Wales (1999 to 2007).

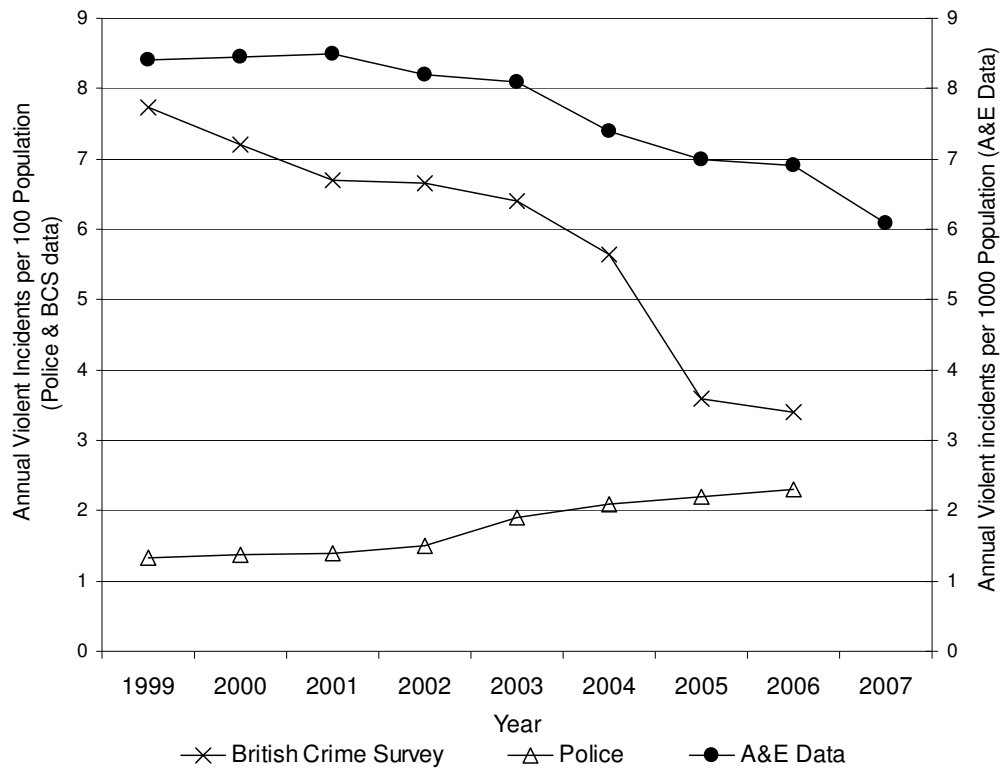
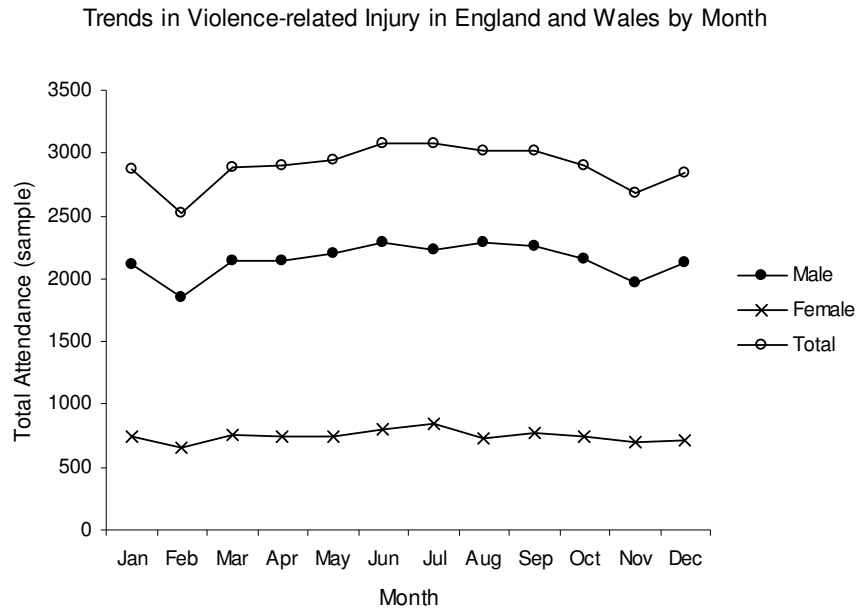


Table 3: Percentage change in serious violence in England and Wales (A&E data).

	Males	Females	Total
2000 – 2001	0	3.5	1
2001 – 2002	0	-7.7	-4.5
2002 – 2003	0.5	-2.3	-0.8
2003 – 2004	-9.6	-4.6	-8.8
2004 – 2005	-6.8	-11	-6.9
2005 – 2006	2	-8	-2
2006 - 2007	-13	-11	-12

Figure 2a and 2b: Trends in violence-related injury in England and Wales 2007.

2a



2b

