

Violence in England and Wales in 2010 An Accident and Emergency Perspective

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Executive Summary

- A structured sample of 59 Emergency Departments (EDs) and Minor Injury Units (MIUs) 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 prospective data relating to age, gender and attendance date of those treated for violence-related injuries were collected from these EDs and MIUs.
- Overall, an estimated 313,033 people attended EDs and MIUs in England and Wales for treatment following violence in 2010 – 37,000 fewer than in 2009.
- Overall in England and Wales, serious violence decreased by 10.6% in 2010 compared to the previous year. Apart from a 7% increase in 2008, levels of serious violence have fallen every year since 2001 according to this measure.
- 11% fewer males and 8% fewer females were injured in violence and received hospital treatment in 2010 compared to 2009.
- Serious violence affecting those aged 11 to 50 years decreased (by 16.5% for youth violence: injury of those aged 11 to 17) while violence following which children aged 0 to 10 years needed emergency hospital treatment increased by 20%.
- 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 peaked between May and October.

* 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.^{1,5}

Introduction

This report concerns levels and trends in violence in England and Wales which resulted in hospital treatment in Emergency Departments (EDs) and Minor Injury Units (MIUs) in the year ending 31st December 2010. This is the 10th annual report of the National Violence Surveillance Network (NVSN) which uses an objective health measure of violence in contrast to traditional crime and justice measures (police records and the British Crime Survey (BCS)).

NVSN was developed to bring clarity to national trends in violence which, from official Home Office measures, had often been contradictory. Attending an ED depends on the presence of injury deemed to require medical treatment and not on the perception that a crime has been committed. Furthermore, this measure is not susceptible to changes in recording practices and does not rely on recall that violence has been committed (as in the BCS – a BCS interview can be as long as twelve months after a violent incident).^{1,2,3} Previously the BCS did not include the experiences of children but since January 2009 the survey has been extended to include a sample of children aged 10 to 15.⁴

Measuring violence from injury records is not without its limitations however. Violence which results in hospital treatment represents the most serious violence and does not include violence which does not result in injury or which results in injury deemed not to require hospital treatment. According to the BCS and police records, around half of violent incidents identified by these methods result in no physical injury.²

Annual NVSN studies of trends in violence in England and Wales found no significant national trends in the period 1995 to 2000, and year on year overall decreases in violence from 2001 to 2009, except in 2008 when a 7% increase was identified.^{1,5,6,7} 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 2010.

Methods

During the first week in January 2011, EDs and MIUs in England and Wales who are certified members of the NVSN were contacted by email and telephone. Inclusion criteria for EDs were the availability of electronic data on violence-related attendances for 2010 and agreement from the ED clinical directors to share data. 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 2010 were requested. Following more than two hundred telephone and email communications, data were received from 59 EDs and MIUs distributed across all nine administrative regions in England, and Wales (Table 1). As in previous NVSN reports, 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 EDs, reflecting the non-randomised study design, was controlled by assigning appropriate weights to the sample ED populations so that comparisons could be made with national violence-related injury rates from previous years. This method for calculating appropriate weights has been peer reviewed and published.⁵

Annual violence 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 2010 were compared with injury rates from previous years. In computing national injury rates it was assumed that 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

In total, 56,132 people injured in violence were treated in the 59 EDs and MIUs included in the sample in the year ending 31st December 2010 (Table 2). Almost three-quarters of these were males (41,035) and more than three-quarters were between the ages of 18 and 50 years. Age and gender distribution of those seeking treatment following violence during 2010 was similar to findings in previous years.^{1,5,6,7}

Violence injury rates

Overall, the annual violence injury rate in England and Wales was 5.72 per 1,000 resident population – this equates to 313,033 people who attended EDs and MIUs following violence in 2010. Of these, an estimated 228,936 (8.45 per 1,000 residents) were males and 84,094 were females (3.04 per 1,000 residents). Males were almost three times as likely as females to have been treated in hospital for injury sustained in violence (Table 2). 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 51 years and over and those aged 0 to 10 respectively - similar to findings in previous years.

Trends in serious violence

Serious violence in England and Wales declined by 10.6% in 2010 compared to 2009; there were an estimated 37,000 fewer violence-related ED attendances in 2010. Proportionately, decreases for males (11%) were higher than for females (8%) (Table 3). Those aged 11 to 50 years showed substantial decreases in serious violence in 2010 compared to the previous year. The largest decreases were for those aged 11 to 17 (16.5%) followed by those aged 18 to 30 (11.3%) and 31 to 50 (9.25%). Against this background of decreases in serious violence in 2010 among these age groups, those aged 0 to 10 years showed an increase of 20% in violence-related ED attendances over the same period. Serious violence directed against those aged over 50 years did not change in 2010 compared to the previous year. Overall, violence-related ED attendance was greatest on Saturdays and Sundays and violence-related attendances peaked between May and October in 2010 (Figures 2a and 2b).

Discussion

According to this national study, now in its tenth year and based on injury data from a sample of 59 EDs and MIUs in England and Wales, an estimated 313,033 people reported injury in violence in 2010 – down by 37,000 (10.6%) compared to 2009. Apart from a 7% increase in 2008, serious violence has declined continuously in England and Wales since 2001. This overall decrease equates to an estimated 101,000 (24%) fewer violence-related ED attendances in 2010 compared to 2001 (Figure 1).

Long term trends in violence-related injury are consistent with findings from the BCS. Since 2001, the number of BCS violent incidents resulting in injury has fallen by 29% (compared to BCS estimates in 2009/10). There was a 5% decrease in BCS violence in the year to September 2010.³

The introduction of the National Crime Recording Standard (NCRS) in April 2002 led directly to substantial increases in police recorded violence for three consecutive years (2003, 2004 and 2005) as police forces in England and Wales adjusted to the new recording standard.² However, since 2005/06 violence against the person and violence with injury recorded by the police have fallen by 18% and 27% respectively, trends that reflect more closely the trends shown in the BCS and NVSN (Figure 1). For example, violence against the person causing injury recorded by the police decreased by 8% in the year to September 2010.³ At the same time, Hospital Episode Statistics (which relate to hospital admissions) show that in the 12 months

ending 31st March 2010 there was a fall in violence in England and Wales in which a sharp object was used to cause injury.⁸

Overall therefore, the contradictory trends from police and BCS data prior to 2006 can be explained by non recording by the police of violence which, following implementation of the NCRS, was recorded. Since 2006, the trend lines for all three measures have followed each other in a downward trajectory. The triangulation of measurement brought about by use of ED records as a measure shows that serious violence has undoubtedly been falling since 2001.

The greatest annual decrease in violence-related harm was observed among children aged 11 to 17 years (16.5%), those aged 18 to 30 years (11.3%) and those aged 31 to 50 years (9.25%). The falls in serious youth violence and in violence affecting young adults are particularly important. It is not possible to identify reasons for these falls from the data analysed here but these may include national influences (though these seem unlikely to include macro-economic factors associated with the economic downturn since violence has been falling consistently over the past 10 years), partnership approaches to crime prevention following the 1998 Crime and Disorder Act, and improvements in targeted policing.

However, an increase in numbers of individuals injured in violence of 20% among children aged 0 to 10 years was also identified. The reasons for this increase are not clear. As BCS violence estimates do not include children in this age group it is not possible to make comparisons with data from this source. Some caution is needed in interpreting the reasons for the increase in violent injury in the very young; the relatively small number of cases in the sample (616 children aged between 0 and 10 years) means that injury rate calculations are susceptible to exaggerated fluctuations between years. However, since a rising trend in violence against the 0 to 10 age group was also found in the 2009 NVSN survey (an 8% increase in 2009 compared to 2008) this finding is likely to represent a real upward trend.⁷ Child safeguarding continues to be a high priority nationally and is fully justified on the basis of this finding. As part of a national drive to improve the quality of child protection services, The Munro Review of Child Protection was commissioned in June 2010 by the Secretary of State for Education and is due to be published in April 2011.⁹

References

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Table 1 – NVSN hospitals (n=59)

Andover War Memorial	North Manchester General
Bideford MIU	North Tyneside General (Tyne and Wear)
Broomfield, Chelmsford	Northern General (Sheffield)
Burnley Urgent Care Centre	Pilgrim (Boston)
Calderdale Royal, Halifax	Preston
Cheltenham General	Princess Royal (West Sussex)
Chesterfield Royal	Princess Royal (Farnborough)
Chorley and South Ribble	Princess of Wales (Grimsby)
Darlington Memorial Hospital	Queen Elizabeth (Woolwich)
Eastbourne District General	Queen Mary's (Sidcup)
Fairfield General	Queens Hospital (Romford)
Friarage (Northallerton)	Rochdale Infirmary
Frimley Park	Royal Blackburn
General Hospital (Hereford)	Royal Blackburn UCC
Glan Clwyd (Rhyl)	Royal Derby
Gloucestershire Royal	Royal Devon and Exeter
Grantham	Royal Hampshire County (Winchester)
Heatherwood MIU	Royal Oldham
Hexham	Royal Sussex County
Hinchingbrooke (Huntingdon)	Russells Hall (Dudley)
Huddersfield Royal	Salisbury District
Ilfracombe MIU	Shotley Bridge (Consett)
James Cook University (Middlesborough)	Skegness and District General
King George (Essex)	Stepping Hill (Stockport)
Kingston (Kingston-Upon-Thames)	University Hospital of North Durham
Leicester Royal	University Hospital of Wales (Cardiff)
Lincoln County	Wansbeck General
Morrison (Swansea)	Wexham Park
Norfolk and Norwich University	Whiston (Prescot)
North Devon District (Barnstaple)	

Table 2: Violence injury rates by age and gender 2010: patients who attended 59 EDs and MIUs in England and Wales for treatment following violence-related injury.

Gender	N	%
Male	41,035	72%
Female	15,097	27%
Total	56,132	100

Age group (years)	N	%
0 to 10	615	1.1
11 to 17	7,738	13.8
18 to 30	27,870	49.6
31 to 50	16,359	29.1
50+	3,550	6.4
Total	56,132	100

	Annual violence injury rate (per 1000 residents)
Male	8.45
Female	3.04
Total	5.72
0 to 10	0.48
11 to 17	9.16
18 to 30	16.24
31 to 50	5.99
50+	1.09

Table 3: Percentage change in serious violence in England and Wales (ED/MIU 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
2007 – 2008	4.3	9.6	6.6
2008 – 2009	-0.3	-1.8	-1.3
2009 – 2010	-9.5	-5.7	-10.6

Figure 1

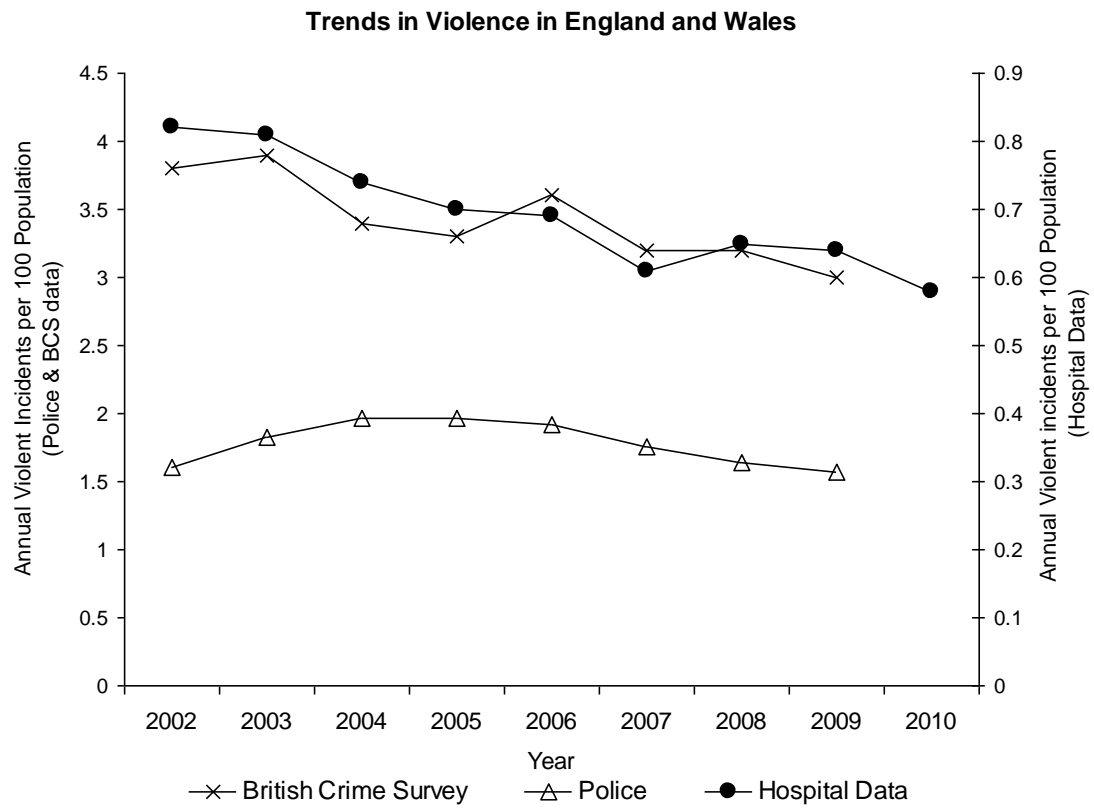
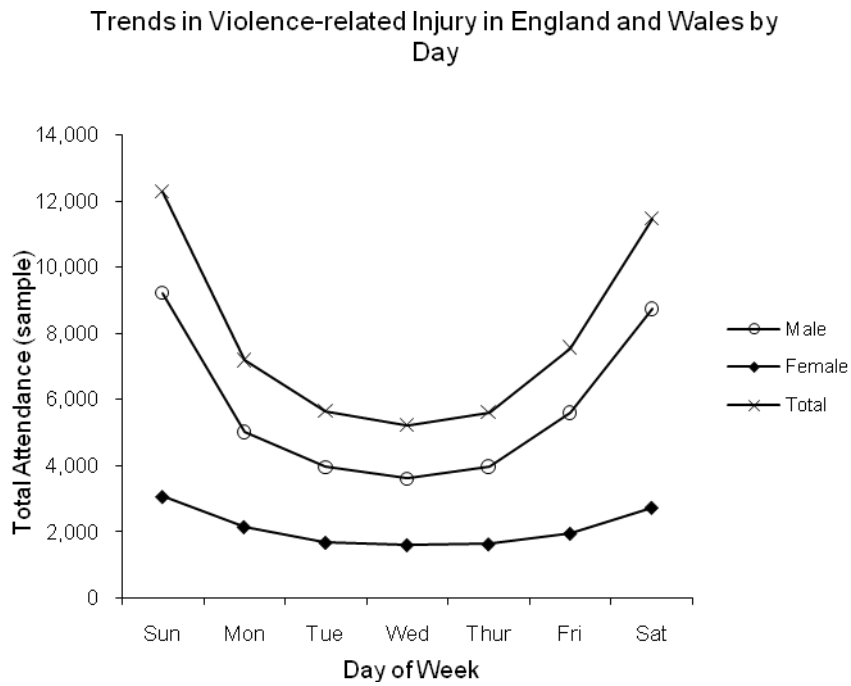


Figure 2a and 2b

2a



2b

