Violence Prevention in the UK

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History

World Health Organization
World Report on Violence and Health

Regional Director of Public Health, GONW
National lead on Violence through Chief Medical Officer

Centre for Public Health, LJMU
Council of Europe Violence Club Health
Alcohol and Violence Home Office Violence
North West Public Health Observatory
Joint lead on violence prevention intelligence

International Violence Prevention Alliance

Health Protection Agency
Violence as health Protection issue

National Institute for Clinical Excellence
Evidence-based prevention
Learning from experience

- Study tour to Centers for Disease Control and Prevention, Atlanta, USA
- Model for Public Health approach to Violence Prevention
- Importance of:
  - Shared Intelligence
  - Health Economics
Information, Intelligence & Policy for Violence Prevention

- Interpersonal Violence
  - Youth Violence
  - Intimate Partner Violence
  - Child Maltreatment
  - Elder Abuse
  - Sexual Violence

- Context
  - Extent
  - Impacts
  - Costs

- Risk factors
  - Victims
  - Perpetrators

- Prevention measures
  - Effective
  - Reducing risk factors

- Relevant policy areas
Prevalence of Violence

- **Youth Violence**
  - 15.5% men aged 16-24 victims of violent crime in last year

- **Intimate Partner Violence**
  - 26% women and 16% men victims since age 16

- **Child Maltreatment**
  - 7% 18-24 year olds experienced serious physical abuse by parents/carers in childhood

- **Elder Abuse**
  - ½ million victims in non-institutional settings

- **Sexual Violence**
  - 2.1% women & 0.2% men victim of sexual assault in previous year

- **Costs of violent crime > £24 billion per year**
Preventing Violence Conference

- Two day event, March 2005
- International and national experts
- To raise awareness of different forms of violence and links between these
- To promote an integrated approach to violence prevention
- Participants: health, criminal justice, voluntary services, local authorities, academics, media
Emerging National Programmes

- **Tackling Violent Crime Programme**
  - Home Office and PM Delivery Unit led, Alcohol and Intimate Partner Focus
  - Crime and Disorder Reduction Partnership Mechanism
  - Best Practice Role Out

- **Every Child Matters**
  - Health, Education, Family Support and Child Care
  - Joined up Children’s Services – locally and nationally
  - Support Pre and Post natal focus in deprived areas
  - Includes extended schooling

- **Tackling the Health and Mental Health Effects of Domestic and Sexual Violence and Abuse**
  - Health, Home Office, National Institute for Mental Health
  - Key focus Victim Identification, Service access and Preparation
  - Less well understood prevention goals
Recorded and Surveyed Crime

All Violent Crimes recorded by Police and reported to the British Crime Survey, 1997-2003/4

<table>
<thead>
<tr>
<th>Year</th>
<th>Police Recorded Crime</th>
<th>British Crime Survey</th>
</tr>
</thead>
<tbody>
<tr>
<td>1997</td>
<td></td>
<td></td>
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<tr>
<td>1999</td>
<td></td>
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<tr>
<td>2001/2</td>
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<td></td>
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<tr>
<td>2002/3</td>
<td></td>
<td></td>
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<tr>
<td>2003/4</td>
<td></td>
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</tr>
</tbody>
</table>

Number of offences

- Police Recorded Crime
- British Crime Survey

Hospitalised incidence - Violence
Age standardised rate

- 340 to 2,590
- 230 to 340
- 160 to 230
- 100 to 160
- 9 to 100

Persons admitted with condition (age standardised rate / 100,000)

Deprivation quintile of locality of residence

- Mature Oak
  - Older, Married, Detached Housing, Rural
- Blossoming Families
  - Parents, 25-34, married
- Country Orchards
  - Agricultural workers, managerial
- Rooted Households
  - Semi-Detached, 2plus cars
- Senior Neighbourhoods
  - Owner occupied, Pensioners
- Metropolitan Growth
  - Highly qualified, single
- Settled Suburbia
  - Semi detached, terrace, skilled manual
- New Starters
  - Students and Youth
- Urban Producers
  - Terraced without central heating
- Weathered Communities
  - Pensioners, single, council
- Multicultural Centres
  - Many bed sits, high ethnic
- Disadvantaged Households
  - Council, Lone Parents with children
- Urban Challenge
  - Old people, unemployed, single

Persons admitted with condition (age standardised rate / 100,000)

P² People & Places

Number of admissions

- over 59
- 40 - 59
- 25 - 39
- 15 - 24
- under 15

# Top Ten causes of hospital admissions in England, Males 2003/4

<table>
<thead>
<tr>
<th>Rank</th>
<th>10-14 year olds number of admissions</th>
<th>15-24 year olds number of admissions</th>
<th>25-34 year olds number of admissions</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Unintentional Injuries 8,135</td>
<td>Unintentional Injuries 19,734</td>
<td>Unintentional Injuries 15,352</td>
</tr>
<tr>
<td>2</td>
<td>Malignant Neoplasms 5,132</td>
<td>Assault 13,743</td>
<td>Malignant Neoplasms 10,361</td>
</tr>
<tr>
<td>3</td>
<td>Congenital Anomalies 4,890</td>
<td>Malignant Neoplasms 10,395</td>
<td>Assault 9,164</td>
</tr>
<tr>
<td>4</td>
<td>Diseases of Appendix 3,378</td>
<td>Intentional Self Harm 6,753</td>
<td>Intentional Self Harm 8,151</td>
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<tr>
<td>5</td>
<td>Bronchitis, Emphysema, Asthma 2,495</td>
<td>Diseases of Appendix 5,300</td>
<td>Benign Neoplasms 7,418</td>
</tr>
<tr>
<td>6</td>
<td>Benign Neoplasms 2,075</td>
<td>Benign Neoplasms 4,379</td>
<td>Hernia 7,330</td>
</tr>
<tr>
<td>7</td>
<td>Assault 1,907</td>
<td>Hernia 3,735</td>
<td>Heart Disease 3,817</td>
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<tr>
<td>8</td>
<td>Diabetes Mellitus 1,485</td>
<td>Anaemia 3,609</td>
<td>Anaemia 3,701</td>
</tr>
<tr>
<td>9</td>
<td>Anaemia 1,141</td>
<td>Congenital Anomalies 3,368</td>
<td>Diseases of Appendix 3,454</td>
</tr>
<tr>
<td>10</td>
<td>Hernia 787</td>
<td>Diabetes Mellitus 2,230</td>
<td>Nephritis 2,916</td>
</tr>
</tbody>
</table>
Tackling Violent Crime Programme (TVCP) North West Region

- **Delivery group**
  - TVCP, Home Office, Public Health, Police, Trading Standards, LJMU

- **Increasing enforcement activity**
  - e.g. Test purchasing in licensed premises, fixed penalty notices

- **Promoting successful prevention initiatives**
  - e.g. modifying drinking settings

- **Research**
  - e.g. patrons experience of alcohol-related violence in nightlife settings and barriers to reporting

- **Data sharing between criminal justice and health**
  - e.g. Trauma and Injury Intelligence Group
Local Implementation

Manchester City Centre Safe

• Focus on alcohol-related violence
• Police-led multi-agency partnership
• Range of interventions:
  • Multi-agency visits
  • Best Bar None awards
  • Help points
  • Social marketing
  • Top Ten scheme
  • Alcohol bye-law
  • Late-night transport
  • Education in schools
• Over 2 years violent assaults ↓ 30%
• Replicated in other areas and may influence UK policy
Summary

- Systems characterised by multi-agency approach often spear-headed by Crime and Disorder Reduction Partnerships
  - Engagement of non criminal justice agencies patchy
  - Public Health involvement recognised as essential
  - Slow erosion of years of guarding data
- Investment in prevention especially relating to night life and alcohol related violence
- Link to WHO violence prevention programme through Regional System important catalyst