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Serious Youth Violence in South Wales

**Strategic Needs Assessment
Highlight report**

March 2020

Wales Violence Prevention Unit



The Wales Violence Prevention Unit operates through a collective passion from an alliance of organisations to prevent violence. We believe the only acceptable level of violence in our communities is zero, and we are working with partners in the public and voluntary sectors to make this figure a reality.

We are committed to taking a public health approach to violence prevention. This approach challenges the notion that violence is inevitable and instead shows violence can be predicted and prevented like any other health problem. We seek evidence to understand the causes of violence and what works to prevent it. We use this evidence to develop interventions focused on these root causes. We then evaluate these interventions before scaling up effective projects and programmes to help more people and communities across Wales through a whole systems approach to violence prevention.

Our Strategic Needs Assessment focused on Serious Youth Violence in South Wales and is a fundamental part of our approach to develop violence prevention interventions that work for Wales. The analysis and insights provided by the Needs Assessment will help us to set the direction of the Wales Violence Prevention Unit and our work with our partners.

This highlight report offers a summary of key points identified through the Needs Assessment. Through research and analysis, together with partners in the police, health and voluntary sectors, we have understood the level of serious violence in Wales, identified risk and protective factors of serious violence and recognised the cost of violence to the healthcare system in Wales.

Now we have a better understanding of serious youth violence in South Wales, we are focused on developing interventions based on evidence of what works. We embrace innovation whilst listening to the evidence to inform what will likely be effective, or ineffective. As part of our Needs Assessment, we have developed recommendations both for the Violence Prevention Unit and our partners to ensure we are doing all we can to prevent serious youth violence in Wales.

The work requires a whole systems approach and changes will not be seen overnight. However, the Wales Violence Prevention Unit is fortunate to be able to build on a strong foundation of collaboration, to deliver real change for individuals and communities in Wales.

Jon Drake
Wales Violence Prevention Unit Director



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Introduction

A growing body of global research has identified the heavy burden that interpersonal violence places on the health of individuals, communities and societies across the life course. In addition to these individual impacts, violence affects families, communities and wider society; which places a significant burden on public services including health, criminal justice, social services and other sectors such as education.¹ As such, interpersonal violence is a serious threat to the attainment of the United Nation's Sustainable Development Goals (SDGs), particularly those targeting health and well-being, gender equality, and peace and justice. Action is necessary across all sectors and settings to prevent and respond to interpersonal violence, and alleviate the impacts on current and future generations.

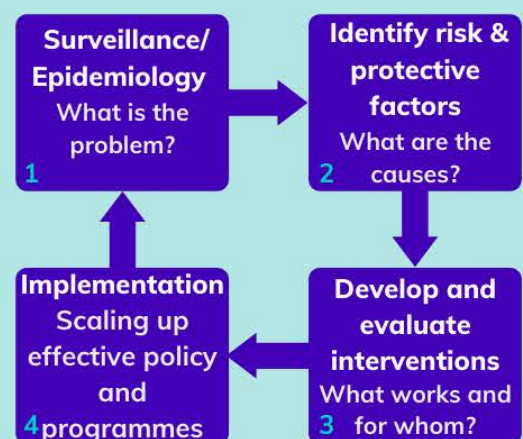
Across England and Wales, there has been significant investment, legislative change and policy attention to tackling serious violence and knife crime.² In 2019, the Home Secretary allocated £35 million to Police and Crime Commissioners (PCC) in 18 areas across England and Wales to set up multi-agency violence reduction units. These units were to bring together police, local government, health, community leaders and other key partners with a specific intent to tackle violent crime and its underlying causes.³ This investment added to a series of steps taken to reduce reoffending, promote public safety and stimulate closer working relationships between partners as part of a wider range of activities and measures that encapsulate a public health approach to tackling serious violence and knife crime. South Wales was one of 18 police forces in England and Wales to receive funding to establish a violence reduction unit.

The Wales Violence Prevention Unit

In 2019 the Wales Violence Prevention Unit (VPU) was established, with a mission to prevent all forms of violence across Wales through the implementation of a public health approach (See box 1). The unit aims to identify the root causes of violence and provide a coordinated response to preventing violence through early intervention and diversionary action. Building on a history of collaboration and partnership working in Wales, the Wales VPU brings together key partners, including the Police, Police and Crime Commissioner, Public Health, Health, Her Majesty's Prison and Probation Service (HMPPS), Local Authorities, youth justice and the voluntary sector. The Home Office funding has been provided to South Wales Police to reduce serious violence within the force area, however, the Wales VPU seek to work with Gwent, North Wales and Dyfed Powys police forces to prevent all forms of violence Wales-wide.

Box 1: A public health approach to violence prevention

The World Health Organisation has adopted a public health approach to violence prevention that aims to promote population level health and well-being by addressing underlying risk factors that increase the likelihood of violence, and promoting protective factors.⁴ The public health approach is one where the scale and nature of the problem is understood, and interventions are tried and tested before they are delivered across a range of settings.





The scope of the serious youth violence strategic needs assessment

This report provides an assessment of the epidemiology of serious youth violence in the South Wales Police Force area. This includes the established and emerging trends in violence, the cohorts most vulnerable to involvement in violence, the risk and protective factors for violence, and the impact of violence on health care services. This will provide a baseline assessment of serious youth violence and allow services to identify where to target intervention and preventative action. The Strategic Needs Assessment has been used to inform the Wales VPU 'Serious Youth Violence Prevention Strategy'.

In Wales, the following definition of serious youth violence has been developed:

“Serious youth violence involves children and young people and is characterised by knife and gun-related crime and homicide, with links to exploitative crimes such as modern slavery, sexual exploitation, and crimes relating to drug markets.”

This includes violence with injury, knife crime, gun crime and homicide. However, other forms of violence and related crimes have been included to provide a comprehensive picture of serious youth violence in South Wales, including domestic violence and crimes related to the drug market.

Strategic Needs Assessment: Methodology

Information has been collated and analysed from a range of different sources to provide a comprehensive picture of serious youth violence in the South Wales Police force area. A literature review of risk and protective factors of violence was carried out, and the most recent data was included from a range of publically available sources including Office for National Statistics (ONS); the Crime Survey for England and Wales; StatsWales (dates vary by data set)¹; and the Welsh Index of Multiple Deprivation (WIMD; Nov 19). Furthermore, data analysis and intelligence was provided by South Wales Police force (Aug 18 - July 19), and data was used from the South Wales violence surveillance system² (Jan 17- Dec 19).

Further information was gathered from focus groups with police and children and young people with lived experience of serious youth violence.

¹ Each data source provides data for different time periods. The data presented can vary by time scale, however, all data was reviewed up until April 2020

² The South Wales violence surveillance system collates data from South Wales Police on violent crimes reported, Welsh Ambulance Service Trust on violence related call-outs, and the local health boards on A&E attendances for violence related injuries [Western Bay UHB, Cardiff and Vale UHB and Cwm Taf].



Cost of Violence to the health care system in Wales

It is estimated that the cost of addressing the short term consequences of violence to the health service in Wales is £46.6 million a year.

Cost of illness methods were used to estimate the cost of violence to the NHS in Wales, using data captured for the year ending [YE] March 2019⁵. The following estimates were used:



The cost of **interpersonal violence**- including physical injuries from assault. Data was captured for:



Incidents of police-recorded violent crime with injury across the four police forces (recalculated to include the rate of incidents unreported to police⁵). This included 35,998 incidents of violent crime with injury.



The estimated number of assaults resulting in an A&E visit Wales wide. This included 10,817 A&E attendances for assault at a cost of £200 per attendance.⁶



The number of ambulance call outs across Wales, which was estimated to be 1,324 ambulance call outs at a cost of £267 per call out.⁶



The costs of medical procedures to treat physical harm,⁶ which was estimated to be £1,254 per patient who required medical treatment.



Cost of non-elective patient stays. There were 958 emergency admissions which cost £1,603 per individual.



Of the total short-term costs, 84% were associated with addressing the consequences of interpersonal violence.

7



The **emotional effects** of violence, including both violence with injury and violence without injury.

Based on previous research and the estimate cost of counselling per hour (£44), the approximate spend on counselling was £22.2 million.



Use of **primary care service**

The cost of GP consultations following an incident of violence with injury were estimated to be £84 per victim. The approximate spend in Wales is £3 million.

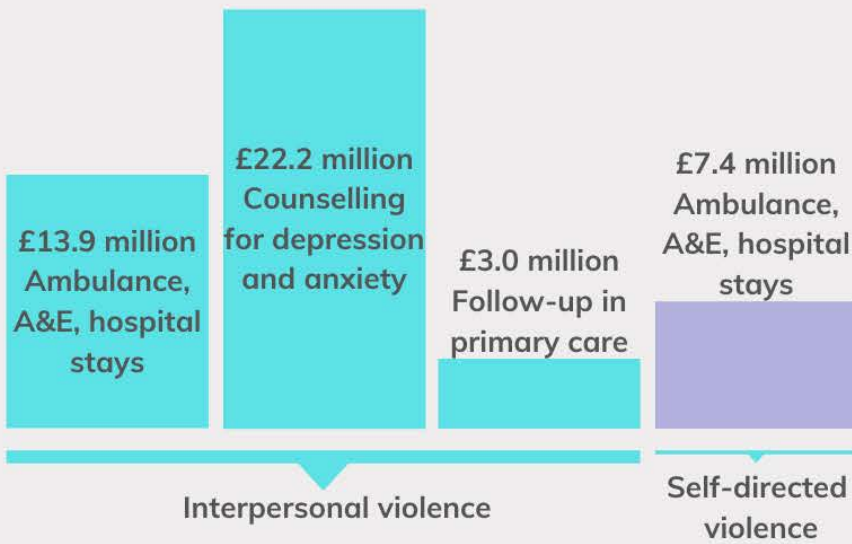


Self-directed injury costs

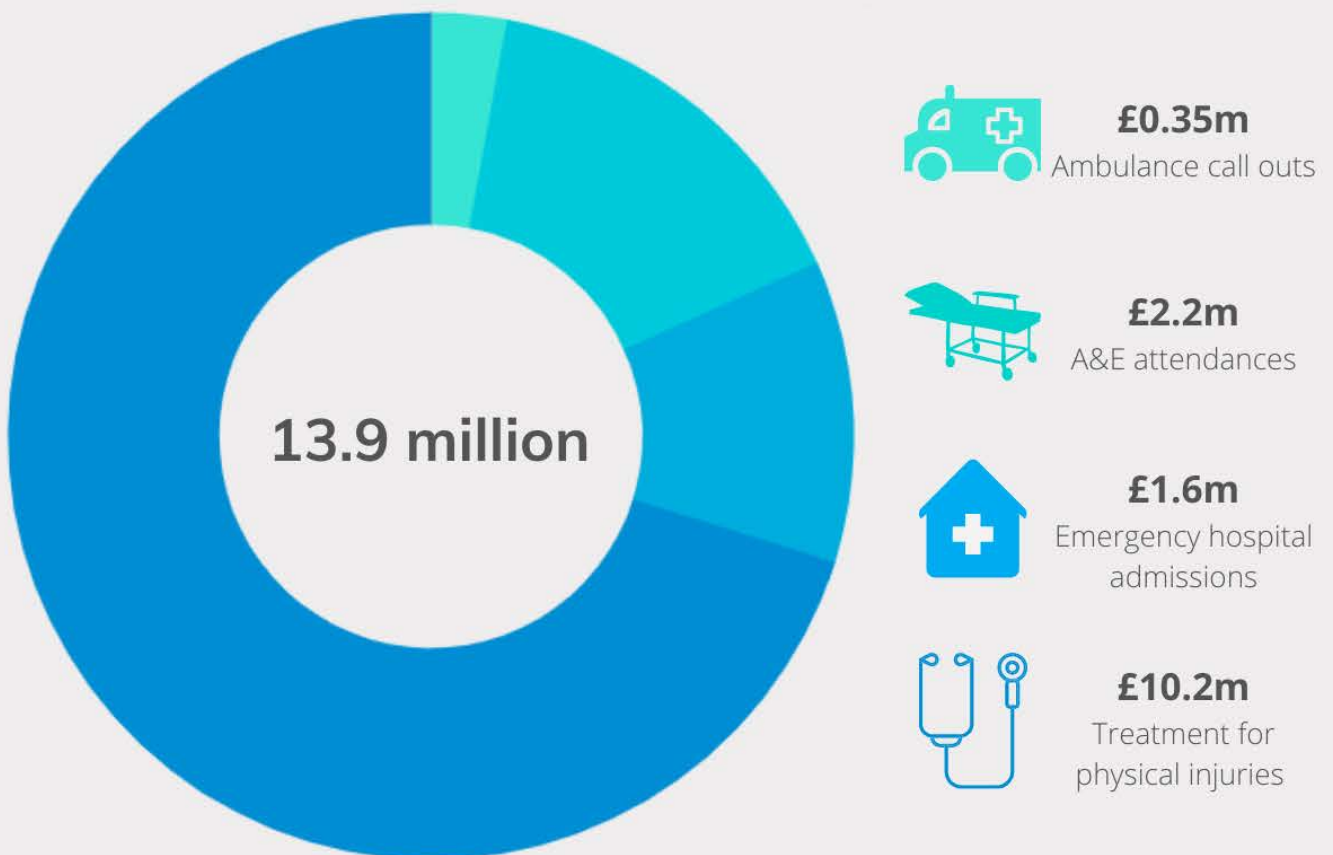
There were 4,552 emergency admissions across Wales, of which, 8,430 self-harm episodes were estimated to result in a hospital admission.



Graph 1: A breakdown of the cost of violence to the Health service



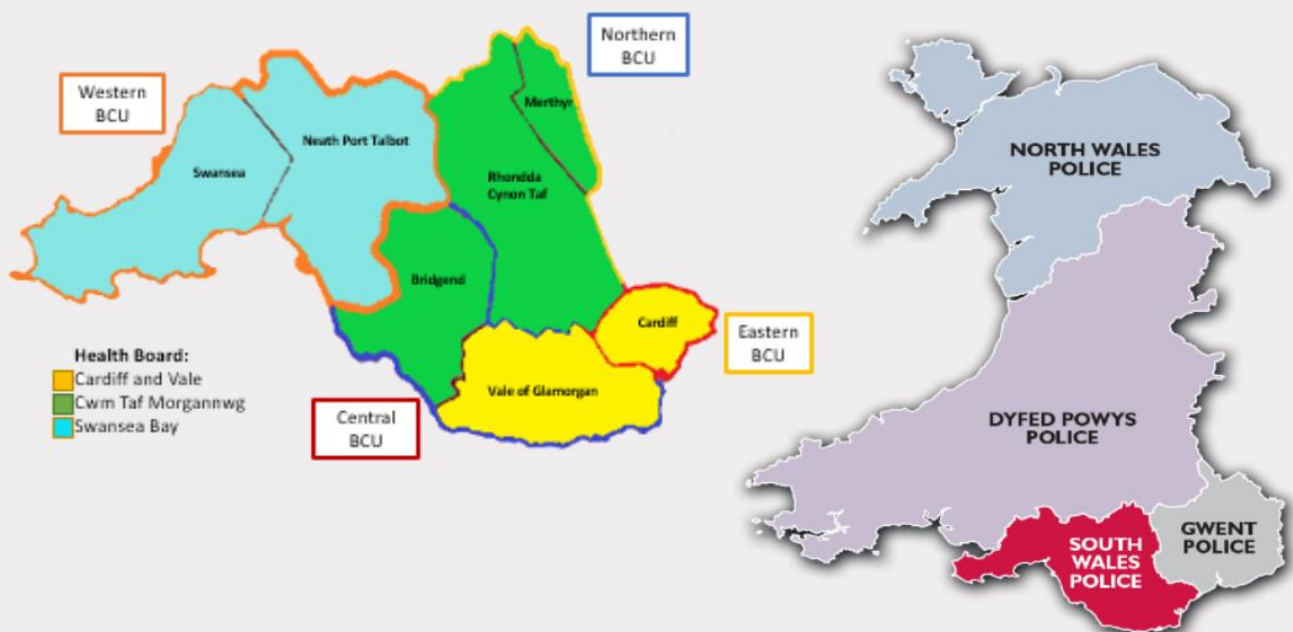
Graph 2: Breakdown of assault physical injury costs





An overview of South Wales Police Force

South Wales Police is the largest of the four police forces in Wales. Geographically, the force spans only 10% of Wales, however, the force serves 42% of the population of Wales (1.32 million people). South Wales is a diverse region, boasting urban, rural and coastal areas and featuring the two largest cities in Wales – Swansea and the capital city, Cardiff.⁸ Cumulatively, these cities hold almost half of the population of South Wales (19% of Wales).⁹ Within the four force divisions (Northern, Central, Eastern and Western Basic Command Unit), there are three health boards and seven local authorities:



Across a range of operational and non-operational police roles, there are 5,460 police officers and staff working for South Wales Police. Although there has been a 5% reduction in the numbers of police officers since 2010, in recent years the number of officers have been increasing, with a 2.4% increase over the last year (YE March 2019).¹⁰ Of the 43 police forces in England and Wales, South Wales Police is rated the 5th strongest police service, with 224 police officers per 1,000 population.¹⁰

Population of South Wales

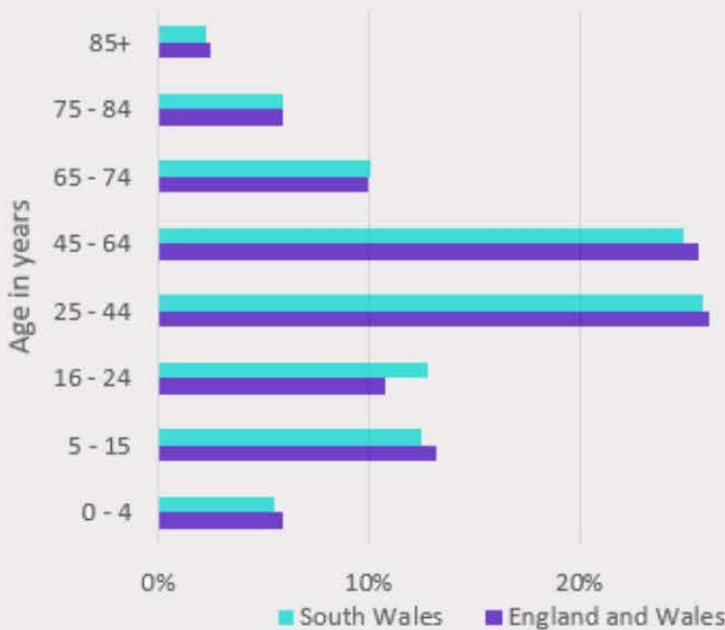
The population size of South Wales is estimated to be 1,330,975 (YE June 2018), which is a 4% increase since the 2011 census (47,324 people). South Wales covers 2,079 square kilometres, with an overall population density of 640 people per km².⁹ This is significantly denser than the overall population of England and Wales (see table 1). In South Wales, 27% of the population reside in Cardiff, which is the most densely populated area in Wales (density of 2,585/km²); this is three times more densely populated than the city of Newport, the second most densely populated local authority in Wales (804 people/km²).



Table 1: Population density and gender density

Variable	South Wales		England and Wales	
	Count	Percentage	Count	Percentage
All visual residents	1,330,975	100	59,115,809	100
Males	673,796	49	29,215,251	49
Females	657,179	51	29,900,558	51
Density (persons per km ²)	640	-	391	-

Graph 3: Age structure of South Wales compared to England and Wales

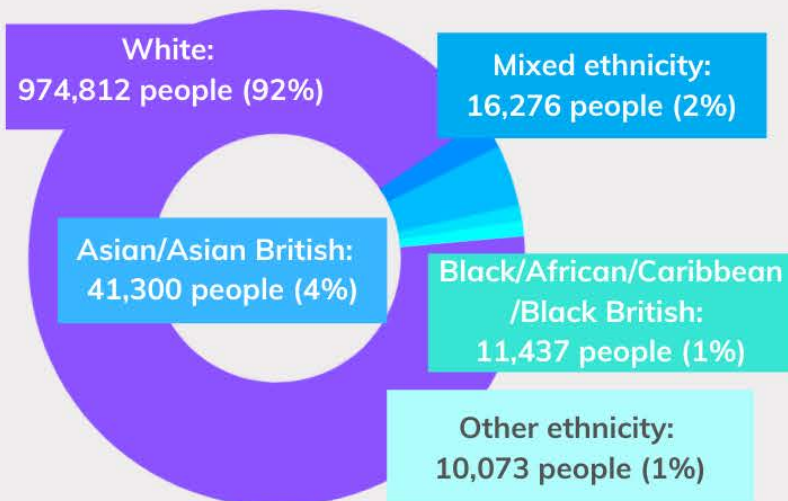


Age:

In comparison to the rest of England and Wales, South Wales has a slightly younger population, with a higher proportion of 16-24 year olds.¹¹ South Wales is host to five universities, including Cardiff University, Cardiff Metropolitan University, University of South Wales, Swansea University and University of Wales Trinity Saint David. While two of these universities hold smaller campuses in other parts of Wales, the collective

student population is estimated to be ~98,000 people.¹² As such, the median age is lower in the two local authorities hosting the majority of the student population (Cardiff 33.6 and Swansea 39.6 years) than England and Wales (39.9 years).¹³

Graph 4: Population ethnicity in South Wales Police Force area



Ethnicity:

In South Wales, 92% of the population identified as white (National consensus, 2011);¹⁴ Cardiff has a more diverse population, with 85% identified as white, and a larger Asian community (8%) than other areas in South Wales. However, the remaining local authorities are less ethnically diverse, including Merthyr Tydfil, Bridgend, Rhondda Cynon Taf, Neath Port Talbot and the Vale of Glamorgan which have a white population of >95%.



Risk and protective factors for serious youth violence

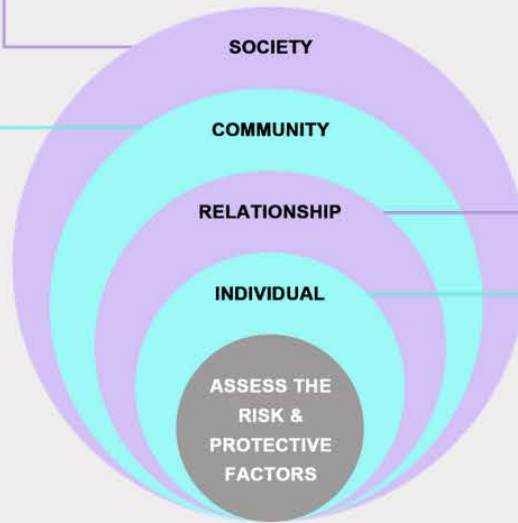
There are a wide range of factors that are associated with serious youth violence either in terms of increasing or decreasing the risk of violence or harm from violence (See appendix 1 for an overview of the literature in the context). A comprehensive understanding of these factors is important for the design and development of violence prevention programmes.

Programmes should be developed based on a theory of change that seeks to modify multiple risk factors and amplify protective factors with the overall aim of preventing violent behaviour. These risk and protective factors can be mapped across the socio-ecological model. Research has highlighted that individual factors can increase the risk of an individual becoming involved in violence, including their demographic profile (e.g. age, gender, ethnicity), psychological and behavioural characteristics and educational outcomes.¹¹⁻¹² Furthermore, the type of relationships an individual may have with friends and family can increase, or decrease, the risk of involvement in violence, as well as community and societal factors such as social inequality and deprivation.

The diagrams on the next pages illustrates these. For further information and evidence on risk and protective factors of serious youth violence, please see appendix 1.



Risk and Protective Factors for Serious Youth Violence



High income and social inequality

Poor national law and enforcement policies for education and social protection

Urban areas

Poverty

Use of mass media portraying violence

Violence: legitimising norms of masculinity

Social and cultural norms supportive of violence

Economic opportunities

Gangs and local supply of illicit drugs

Weapon availability

Access to and misuse of alcohol and drugs

Exposure to others forms of violence and fear of violence in schools and the community

Community spaces designed to increase visibility, control, access, promote positive interactions and appropriate use

Access to services and social support

Resident's willingness to assist each other and collective views that violence is not acceptable

Schools, parks, business and residential areas that are regularly repaired and maintained

Household financial security

Safe and stable housing

Psychological: ADHD, conduct or other behavioural disorders, low self-esteem, socially isolated, impulsivity, low self-control, depression, feelings of hopelessness about the future

Education and employment: low intelligence and educational achievement, truancy and exclusion, unemployment

Behaviour: involvement in crime and antisocial behaviour, early involvement in drugs and alcohol and tobacco, positive attitude towards offending

Male sex, young age (most common age 17 in SW), ethnicity^s (White British)

Traumatic brain injury ^v

Past victimisation or fear of violence

Healthy problem solving skills

Good school readiness

Emotional regulation skills

Academic achievement

Adverse childhood experiences

Poor monitoring and supervision of children by parents

Harsh, lax or inconsistent parental disciplinary practices

Low levels of attachment between children and parents

Parental substance abuse or criminality

Exposure to violence in the family

Parental depression

Warm parent-youth relationships

Parents who set consistent, developmentally appropriate limits

Interacting with prosocial and non-violent peers

Positive relationships with teachers and other caring adults

Children feeling connected to their school

Parents demonstrate interest in their child's education and social relationships

Risk Factors

Protective Factors



INDIVIDUAL RISK FACTORS

Demographics

Men

Victim and Offenders

80% White British male

Greater risk of

- Carrying weapon
- Victim of knife related violence
- Involvement in assault and bullying
- Sexual violence
- Intimate partner violence

Women

Increase in

- Drug related crime
- Perpetrators of violence

Knife Crime

↑ **UNDER 30** Perpetrators and victims

↓ Schools

Psychological and behavioural characteristics

- Children with personality and behaviour characteristics
- Involvement in violence as young people
- Adverse childhood environments
- Violent behaviour
- Violence
- Risky behaviour

Education

- Low academic achievement, aspirations and poor commitment
- Violence among young people
- 67% achieve level 2 in school
- Eligible for free school meals
- Lower proportion achieve level 2 grades


Trauma

- Violence in childhood
- Involvement in violence later in life
- Heightened sensitivity to perceived threats
- 85% young people carry weapons
- Self-defence




RELATIONSHIP RISK FACTORS



Young people living with



Poor relationship with parents and carers




Abuse in childhood

Fighting and weapon-carrying among young people





Teenage mother




Large families





Single-parent families

Involved in violence during adolescence



Toxic masculinity

Risk of violence

COMMUNITY AND SOCIETAL INFLUENCES

Social Inequality and Deprivation



Deprived area

3 times more likely to be



hospitalised from violence-related assaults

than




Affluent area





20% victim of violence with injury


Women and Gender Inequality





Societies in which women have less economic and social power / Male superiority is accepted and violence tolerated

Violence against women




Young girlfriends and other female associates of violent gang members





Exploitation


Social Media



Development of smartphones



Growing audience



No holds barred online



Adverse Childhood Experiences

Adverse childhood experiences (ACEs), such as maltreatment or witnessing domestic violence, can lead to higher levels of interpersonal violence and self-directed violence in adolescence and adulthood. In Wales, research has been carried out to explore the prevalence of ACEs in the general population, as well as with more vulnerable and at-risk groups (e.g. the prison population, the homeless). This research has demonstrated:



Almost half the general population had experienced at least one ACE (47%), and 14% had suffered 4 or more ACEs.



ACEs are often cumulative in their impact, meaning that the greater the number of ACEs a child is exposed to the greater their risk.



Exposure to ACEs can increase the risk of health harming behaviours, including high-risk drinking, substance misuse and involvement in violence.



Those with 4 or more ACEs are 15 times more likely to have perpetrated violence against another individual in the preceding 12 months than those with no adverse childhood experiences, and are 14 times more likely to have been a victim of violence in the preceding 12 months.¹⁹



The relationship between ACEs and violence is complex. ACEs do not provide a prediction of someone's likelihood of being involved in violence and the impact of ACEs can vary by individual and the wider circumstances. Therefore ACEs, as with the other risk factors, should not be used as a check list for individual-level risk assessments.

Opportunities to intervene

Research has demonstrated that sources of resilience can mitigate the impact of ACEs and other risk factors for violence, and reduce the risk of negative outcomes in adolescence and adulthood. Intervening early and creating sources of resilience for both children and adults (e.g. personal, relationship and community resilience) can mitigate the life-long impact of childhood trauma. An evidence review has identified over 100 interventions available globally for those affected by ACEs, including interventions which support parenting; build relationships and resilience; allow early identification of adversity; and, respond to trauma and specific ACEs. The review highlighted a number of gaps in the interventions currently available, including interventions for adversities related to parental separation and incarceration, and coordinated approaches across the life course.²⁰



There has been significant investment from the Home Office, Welsh Government and Public Health to drive forward the ACE agenda in Wales. The Early Action Together Programme and ACE support hub have worked to develop ACE-informed whole system responses to vulnerability. Drawing on public health approaches, changes have been made to further develop and streamline systems, processes and practice across a range of public sectors to improve access to early intervention and prevention for vulnerable individuals. For example, training has been developed and delivered across a range of sectors, including police, prison and probation, education, housing, social care and health. This training aims to develop a universal understanding of the impact ACEs on behaviour and life outcomes, provide an insight into how professionals can build resilience in individuals, and enable access to intervention to address the needs of vulnerable individuals.

Useful resources:

For further information on ACEs in Wales and trauma-informed practice, please visit the following sites:

Public Health Wales: phw.nhs.wales

The Early Action Together Programme: aces.me.uk

The ACE support hub: aceawarewales.com/about

The voices of young people and professionals

The Wales VPU worked in partnership with young people, Barnardos and Cardiff University to hear about young people's experience of violence. This coproduction research provides an understanding of what violence looks like to young people, what they experience within their community and the solutions they feel would be effective in preventing violence.

Workshops and focus groups have been conducted with young offenders in Parc Prison (men aged 18-24 years) and a cohort of services users supported by third sector organisations in South Wales (aged 13-18 years). Furthermore, the VPU ran a focus group with police officers working on the South Wales Operation Sceptre taskforce team^d. The findings of the focus groups highlight the link between violence and the drug market. More specifically, increases in violence, such as knife crime, appears to often be a consequence of rising gang activity and territorial disputes in South Wales

^d.Operational policing teams working in Cardiff and Swansea focused on eradicating knife crime and associated issues of serious violence and illegal drugs.



Young offenders



There is an increased interest in selling drugs in Wales because there is less competition in the drug market. Individuals from areas such as London and Birmingham will move to Wales to sell drugs, using tactics/criminal styles from their own area. Participants felt this will eventually escalate the competition in Wales, which will cause a rise in other forms of violence (e.g. gun crime).

Young offenders felt that following release, they are likely to reoffend because of the challenges they face being in a prison far from their home; without access to the meaningful support, there is a significant increase in the likelihood they will go straight back to their previous criminal lifestyle as they feel there is no other option.

Young people (YP) in the community



The YP interviewed felt they had nowhere they could feel safe, as their communities are perceived to be unsafe and at home they have experienced abuse, neglect and domestic violence. They had all witnessed significant violence, including knife crime, which they would not report to authority figures due to concerns about trust and the information not being acted upon. The YP recognised peers as unsafe and a negative influence.

Younger children and females are used to run drugs to avoid detection- for example, using females to reduce the likelihood of a stop and search, using children who are not considered criminally responsible or using YP during the day rather than evening so they are considered to be absconding rather than missing.

Child Sexual Exploitation (CSE) and Child Criminal Exploitation (CCE) are prevalent and often co-exist but YP do not receive gifts, rather, their safety and family are threatened. When considering prevention, services need to focus on YPs vulnerabilities because that is what exploiters are doing.

Police perspective



Operation Sceptre are responding to violence caused by gang activity and territorial disputes. Areas with night time economy and student population are hot spots, due to the transient and diverse nature of the community. The police perceived that the student population is “feeding the organised crime groups and making the money”.

Police are aware of tactics used to avoid police detection (e.g. exploiting children and women), which is increasing youth violence:

“Those younger people are vulnerable on the streets so they will carry weapons because they haven't got the physical profile to protect themselves”.



Police data

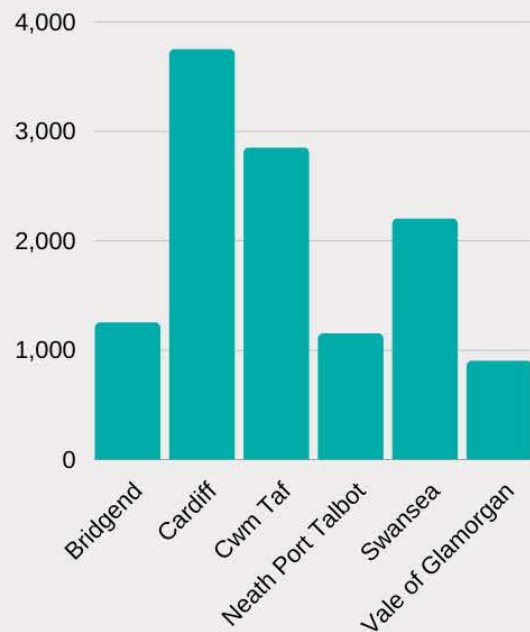
In Wales, there is an overall higher rate of violence than England, with 31.4 crimes per 1,000 population (28.6/1,000 in England; YE Sep 2019).¹⁶ Of the four police forces in Wales, South Wales has the highest volume of 'violence against a person' recorded crimes, accounting for 39% of the offences in Wales.

Violence with injury

In South Wales, 38,735 crimes for violence against a person were recorded in the period of a year (YE Sep 2019). Violence with injury is more prevalent in Cardiff, Cwm Taf (Merthyr Tydfil and Rhondda Cynon Taf) and Swansea.

There has been an increase in the volume of crime reported in the last five years across all local authorities. In Neath Port Talbot and the Vale of Glamorgan, violence with injury has increased by almost a third (31% in each local authority). The two cities, Cardiff and Swansea, have seen the lowest increase in volume of crimes reported across Wales, although the number of crimes reported remain consistently higher in these areas.

Graph 5: Number of incidents of violence against a person reported



Domestic abuse

It is estimated that 1 in 4 woman and 1 in 6 men will be affected by Domestic abuse in their lifetime.



Based on these statistics and the population size, we estimated that 539,056 adults in Wales will be a victim of domestic abuse.



During the period of a year (YE Nov 2019), there were 80,924 domestic related incidents recorded. In Wales the rate of domestic abuse incidents is higher than the average across the 43 forces in England and Wales average (26/1000 population and 22/1000 respectively).²²

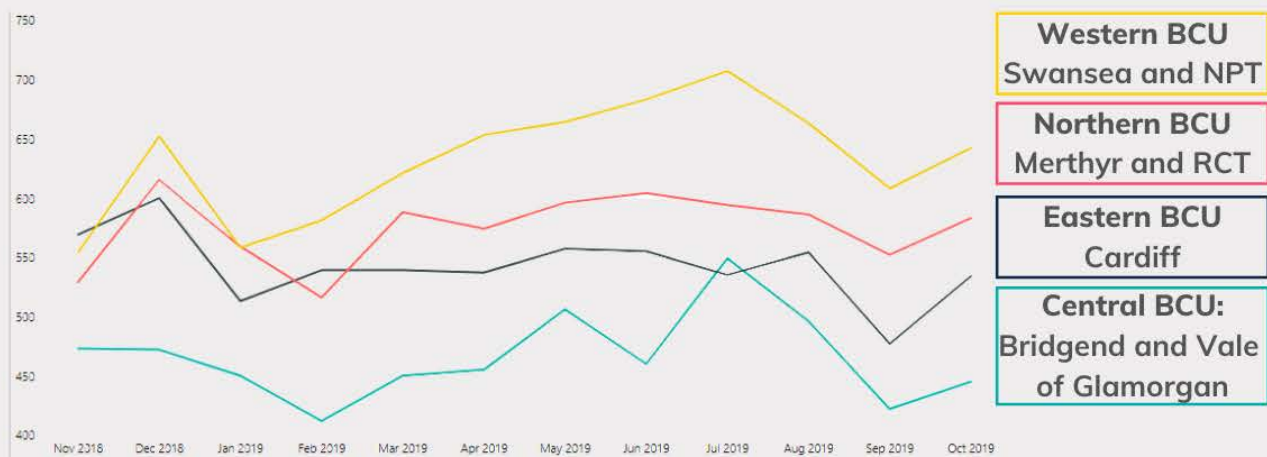


In South Wales, 32,705 domestic abuse-related incidents and crime were recorded, a population rate of 25/1000. This includes 17,389 domestic-related crimes (13/1000). South Wales accounts for 40% of the domestic incidents in Wales.²²



In South Wales, Public Protection Notifications (PPNs) are completed by police officers and staff for vulnerability related concerns, which are assessed by Public Protection Units and shared with partner agencies. Referral data demonstrates that within the period of a year (YE Nov 2019), 58,583 PPNs were completed by officers and staff, of which 26,870 were submitted for domestic abuse related concerns (46%; see graph 6). This highlights that police officers and staff are identifying a high volume of individuals who are vulnerable to domestic abuse, and completing referrals for them to be assessed and offered support from other services.^e

Graph 6: Number of PPNs submitted in South Wales by force area for domestic abuse



Homicide



Across England and Wales, 732 lives were lost to homicide (YE Dec 18; 7% increase from the previous year). In South Wales, 12 homicides were recorded within a period of a year (YE July 2019), including five domestic-related homicides. The ONS report the rise in homicides to be driven by male-on-male violence and the rise in knife crime; this is reflected in South Wales, with the vast majority of victims (75%, n=9) and perpetrators (85%, n=15) reported to be male, and over half the recorded homicides were caused by a fatal stabbing using a knife or bladed article.



Male victims are most likely to be killed by a stranger or acquaintances, whereas women are more likely to be victims of domestic homicide.¹⁶ In South Wales, 100% of the female victims were killed by partners or ex-partners compared to 10% of male victims, and men were more likely than women to be killed by friends or acquaintances (45% of male victims compared with no female victims).



With regards to non-domestic homicides in South Wales, the majority of both perpetrators and victims were male, and fall within the age-group of 16 to 24 year-olds. All perpetrators were previously known to the police for multiple offences, including violence and drugs. Seven of the victims were also known to the police prior to their death for violence and drug related incidents.

e. Data for domestic related incidents and police referrals are from different sources, therefore, there may be some slight variations in the date.



Knife crime



The number of offences involving knives in England and Wales has risen to an all-time high after 45,627 were reported to police last year (Jan-Dec 2019).²³ There was a rise of 3,072 knife crime offences from 2018 (6%), and a 49% rise since 2011.^{23,24}



In South Wales, there have been 1,388 occurrences reported within the force area during the review period, of which, 18% were for use of the knife (i.e. assault or attempted assault with a weapon) and 83% for possession of a weapon.



There are notable peaks in reported knife crime occurrences on weekends (Friday, Saturday and Sunday), a majority of which are for 'possession of a knife or bladed article'. Eastern BCU (e.g. Cardiff) is the force area with the highest concentration of knife crime occurrences overall, which accounts for 46% of the demand.

Victim and perpetrator characteristics



A typical perpetrator of knife crime is a white British male, aged under 30 and already known to police.



They are likely to be linked to drug use and violent behaviour, which is a consistent pattern seen across previous knife crime reviews.



Furthermore, in South Wales 1 in 10 perpetrators were linked to more than one knife crime occurrence during the review period (n=132), 50% of which were aged 16-24.



It is a common theme that it tends to be the younger generation carrying knives. In England and Wales, 10-17-year-olds represent roughly 20% of those cautioned or convicted of knife offences.²⁴



The Home Office has recently reported that knife possession offences involving women in England have increased steeply since 2014 – rising by at least 10% every year.



Within the force area 147 perpetrators were female, 80% of which were linked to the possession of a knife – a majority categorised as being 'threat with a knife or weapon present'. A majority of female perpetrators were aged 25-34 and 80% have a flag, warning or both attached to their Niche record (South Wales Police person record management system).



A typical victim is a white British male aged under 35 who is already known to police. As with the knife crime perpetrators, they are likely to be linked to drug use, violent behaviour and criminality which suggests many are from the same cohort.



Table 3: Victim and perpetrator characteristics for knife crime

Characteristics	Perpetrator	Victim
Number	1,205	931
Gender	88% male (n= 1,058)	78% male (n= 726)
Ethnicity	80% White British	85% White British
Age	12% < under 16 years	13% < under 16 years
	~30% 16-24 years	25% 16-24 years
	25% 25-34 years	
Previously known to the police as a perpetrator	85%	60%
Violence against a person	85%	48%
Drug offences	56%	45%
Theft and handling	56%	47%
Flags and warning markers	90%	60%
Violence	60%	36%
Drugs	54%	32%
Weapons	58%	-
Mental health	54%	33%
Domestic abuse	34%	23%
Be On the Look Out (BOLO)	-	27%

Gun crime



The level of gun crime in the UK is one of the lowest in the world (NCA, 2019). Offences involving firearms are 43% lower than at their peak in 2005/06.⁸⁰



However, recorded offences involving firearms increased by 3% (to 6,684) in England and Wales in the year ending March 2019 compared with the previous year (6,492 offences).



Wales as a whole has seen firearms offences decrease by 5% between 2016-17 and 2017-18 whereas areas such as the South West, North West and West Midlands have seen increases of between 14-16%.^{f16}

f. The ONS does note that there has been improvements in recording practices by police, such as the involving “other firearms”, which include weapons such as stun guns, CS gas and pepper spray which will have an impact on figures.



In South Wales, there were 145 offences involving firearms, including handguns, shotguns and rifles as well as BB guns, imitation firearms and stun guns (YE July 2019). This included 45 offences where the firearm had been used, 33 offences where an individual was threaten with the weapon and 65 offences where an individual was found in possession of the firearm. There were no homicides recording during the year that resulted from a firearm.



In South Wales, perpetrators were predominately white British (84%) and male (89%), almost half of which were aged 16-24 years old. Furthermore, 90% of the perpetrators were known to police, 83% of which were previously known for offences relating to violence against the person, 62% in a drugs occurrence and 53% in a damage occurrence. Half of the perpetrators were also previously known as victims of violence.



The victims of gun crime were of a similar profile to the perpetrators, predominately white British Male, aged 16-24 years old. Many of these individuals were also well known to the police (85%) as a victim (65%), perpetrator (55%) or both (45%).



In South Wales, there was a strong link between substance misuse and gun crime. There was a drug warning marker attached to 59% of all gun crime perpetrators within the review period and 62% of perpetrators previously involved in a drugs related occurrence. Furthermore, 10 individuals were on the forces County Line Tracker.



Health data (Violence Surveillance System)

As part of the Violence Surveillance System (VSS), accident and emergency (A&E) recorded assault attendance data from all South Wales University Health Boards (Cwm Taf, Cardiff and Vale and Swansea Bay) have been analysed across a 3-year period (2017-2019) to build on the understanding of areas in Wales at-risk of violence.

Table 4: A&E assault attendances across South Wales 2017-2019

A&E assault attendances				
	2017	2018	2019	3 year total
Jan	340	321	348	1,009
Feb	350	371	388	1,109
Mar	390	345	415	1,150
Apr	387	350	361	1,098
May	390	407	383	1,180
Jun	435	353	417	1,205
Jul	449	403	380	1,232
Aug	414	401	354	1,169
Sep	384	390	392	1,166
Oct	419	418	383	1,220
Nov	364	401	349	1,114
Dec	393	399	355	1,147
Total	4,715	4,559	4,525	13,799



Between Jan 2017 and Dec 2019 13,799 A&E assault attendances were recorded across South Wales.



Overall there has been a small decline in the numbers of assault attendees, with a 4% reduction in A&E assault attendances from 2017 to 2019.



Peak attendance at A&E due to assault related injuries were June/July, although this did vary per year.

A&E attendance by demographic

Graph 7: A&E assault attendances by age and gender 2017-2019



18+

Those aged 18-34 remained the most prevalent age group of assault attendees, however, there was a reduction in assault attendances for males in the 18-24 and 25-34 age categories.



Female assault attendees are on average older (25-34) than male attendees (18-24)



Between 2017 and 2019 there has been a 10% reduction in those <25 years attending A&E with an assault.



Graph 8: A&E assault attendances by gender and area of deprivation 2017-2019



A&E health data highlights a clear link between deprivation and violence with injury assaults with 4,344 more assault attendances reporting to A&E departments living in quintile 1 (10% most deprived) compared to quintile 2 (20% most deprived) areas between 2017 and 2019.



Almost two-fifths (38%) of those attending A&E reporting a violence related assault, over the last 3-years, reside in areas with the highest levels of deprivation in South Wales. When taking in to account the highest two categories of areas of deprivation this increases to 60%. The figures have remained consistent over time.

Table 5: A&E assault attendances by reported weapon 2017-2019

Assault weapon	Number of A&E assault attendances				
	2017	2018	2019	3 year total	
	n	n	n	n	%
Blunt object	303	305	336	974	7
Body part	1,281	1,356	1,207	3,844	28
Fist	1,664	1,454	1,514	4,632	34
Feet	209	214	229	652	5
Head	109	92	89	209	2
Pushed	98	97	110	305	2
Sharp object	128	138	143	409	3
Bottle	26	29	33	88	1
Glass	53	49	54	156	1
Knife	87	66	61	214	2
Unknown	758	729	749	2,236	16
Total	4,716	4,559	4,525	13,800	



Overall, 2% of all assault attendances over the last 3 years reported knives as weapon of assault with 7% of all assaults reporting a sharp object weapon (including bottle, glass or knife).



Incidents of assault attendances to A&E reporting knives as the assault weapon have decreased by 30% (n=-26) over the last 3-years, however it is not known whether some knife-related incidents were recorded under the 'sharp object' category.

Therefore, the true prevalence of knife crime may be under-estimated within current A&E health data.



Over the 3-year period (2017-2019) those who reported to A&E with a knife related injury were more likely to be aged between 25-34 years.



Since 2017 there has been a 68% increase in A&E knife related assault attendances for 35-44 year olds, in 2019 those within this age group had the greatest prevalence of knife related assaults attending A&E departments across South Wales.



Recent data from A&E departments across South Wales show that 67% of under 25 years olds reporting to A&E with a knife related assault, report the assault site location as 'street or other public place'. In contrast, those aged 45-54 are more likely to report knife assaults occurring within the home.

Table 6: South Wales A&E knife related assault attendances by assault location and age 2017-2019.

Location of assault	Age category															
	<18		18-24		25-34		35-44		45-54		55-64		65+		Total	
	n	%	n	%	n	%	n	%	n	%	n	%	n	%	n	%
Licensed premise	0	0	2	3	4	6	1	3	0	0	1	11	0	0	8	4
Own home	1	5	4	7	10	14	7	19	6	40	2	22	3	75	33	15
Someone else's home	0	0	7	12	6	9	3	8	3	20	1	12	0	0	20	9
Street or public space	13	68	40	67	41	59	23	62	5	33	3	33	1	25	126	59
Unreported location	5	26	7	12	9	13	3	8	1	7	2	22	0	0	27	13
Total	19	100	60	100	70	100	37	100	15	100	9	100	4	100	214	100

Offending population in Wales

In Western Europe, England and Wales have the highest incarceration rate per capita (148/100,000), which is higher in Wales than in England. There are currently 5,091 men incarcerated in Wales,²⁵ although it has been estimated that 33% of the Welsh prisoners are incarcerated in establishments outside of Wales.²⁶ Across Wales, a third of offenders incarcerated are aged 30-39 years old (1,646 men), while 16% are aged 15-24 years old (816 men).²⁵

In Wales, 60% of men are incarcerated for violence and drug related offences:



1,194 men incarcerated for offences relating to violence against a person (23%)



1,198 men are incarcerated for drug offences (24%)



93 men are incarcerated for possession of a weapon (4%)



446 men are incarcerated for sexual offences (9%)

g. Wales does not have any establishments to incarcerate woman offenders, these individuals are incarcerated in England (typically HM Eastwood Parc in Gloucestershire).



Violence in prison establishments

The HM Chief Inspector of Prisons for England and Wales Annual Report for 2017 – 18 identifies high levels of bullying and violence within many male prisons and increases in staff assaults, consequently 50% of prisoners have reported feeling unsafe at some point.²⁷

There were 34,223 incidents of violence reported nationally in 2018, this is a 139% increase from 2010.²⁸ This includes violence towards staff (29% of incidents) and other prisoners. Almost half of the incidents of violence are perpetrated by prisoners who are aged 15-24 years of age, and approximately a third of prisoners in this age bracket are themselves victims of violence (36%). In Wales, 1,656 incidents of violence were recorded, of which 74% were reported in prisons in South Wales.²⁸ Many of the problems with violence recorded in England and Welsh prisons can be linked to drugs, debt or mental health problems.²⁸

Prisons are recognised to be high risk environments for self-harm and self-inflicted death. Within UK prisons, self-harm is reported to be at a record high, with 55,598 incidents recorded, concerning 12,570 prisoners.²⁸ Self-harm is more than twice as prevalent in woman than men, and more common among the younger population with 27% of reported incidents of self-harm in woman concerning those aged 18-24 years and 50% for woman aged 18-29 years old. In the male offender population, self-harm was more prevalent for ages 30-39 years (31% of incidents), while a quarter of the incidents of self-harm were for men aged 15-24 years (26%, n= 14,657 incidents). In Wales, 3,024 incidents of self-harm were recorded, 81% of which were reported in prisons in South Wales.²⁸

Recidivism

Framework to support positive change for those at risk of offending in Wales 2018-2023

The annual cost of reoffending in the UK is estimated to be £7-10 billion

The framework identifies the risk of recidivism to be affected by an individual’s accommodation, education, training and employability, lifestyle and associates, relationships, drugs and alcohol, attitude and behaviour.

In Wales there are 15,570 offenders under supervision with National Probation Service (NPS) and Community Rehabilitation Company (CRC; YE Sep 19).²⁵ Within a year of release, 25% of prisoners reoffend following violence against a person or drug offences, and a third of offenders reoffend following possession of weapon offences. Across the UK, within a year following release prisoners reoffend an average of 4 offences, and typically have 20 previous offences (2017-18). However, this is higher within South Wales, particularly Cardiff and Swansea.

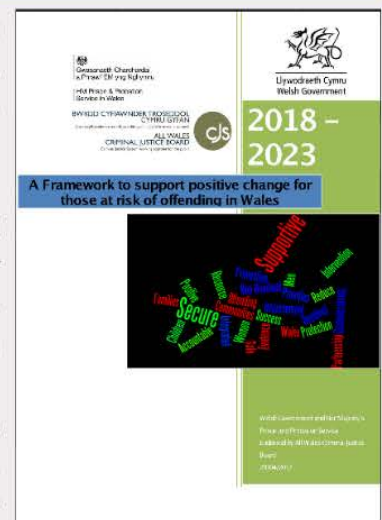




Table 7: Reoffending in South Wales (YE Mar 2018)

Local authority in South Wales	Recidivism within a year of release		Mean previous offences per offender
	% who reoffend	mean offences	
Bridgend	32.2%	3.64	21.33
Cardiff	39.5%	4.39	29.26
Merthyr	37.5%	4.08	20.97
Neath Port Talbot	27.1%	3.48	17.70
Rhondda Cynon Taf	31.4%	3.45	17.67
Swansea	33.7%	4	26.73

Summary

Across Wales, the United Kingdom, and globally, interpersonal violence has a damaging impact on an individual and community level, which places considerable strain on public services. Within the UK, there is an extensive effort to tackle serious youth violence, through investment and legislative change to strengthen preventative, legal and operational responses to serious violence. South Wales Police is one of 18 force areas across England and Wales to receive funding from the Home Office to establish a multi-agency violence prevention unit. However, this newly established unit has the ambition to prevent all forms of violence Wales-wide, by bringing together key partners to deliver a public health whole systems response to violence.

In order to achieve this, it is crucial for services to understand the extent of the problem within their local areas, to identify the causes of violence, develop and test evidence-based evaluations and ensure cost-effective interventions are widely available. In Wales, the Violence Prevention Unit is driven by violence surveillance, coproduction and evaluation. To achieve a public health approach to serious youth violence, it is essential to first understand violence at population level through the collation and analysis of a range of data sources currently available. Considered together, these data sources have provided a more comprehensive and holistic representation of violence across South Wales and have enabled specific contributing factors to be identified to inform the strategic mobilisation of interventions for the South Wales VPU. This report has provided a needs assessment of violence in South Wales, including the cost of violence to health services, the nature and extent of violence relative to the population, the risk and protective factors for violence and what this looks like in South Wales, the demand of violent crime on police and hospitals and the nature of the offending population in Wales. Furthermore, the voices of young people with experience of violence and exploitation, and professionals working in operational roles to respond to violence have provided an insight to contextualise the data provided.



Recommendations

There are a number of recommendations based on the key findings drawn from the data available and presented within the strategic needs assessment, considering also the evidence base of 'what works' for the prevention of serious youth violence.

Recommendations are listed below:

Serious youth violence is strongly associated with inequality, poverty and the accumulation of risk factors. It is clear from police data alone that there are a number of 'hotspot' areas for serious youth violence. Therefore it is recommended that further data analysis be carried out to explore in more detail:

- The demography of specific 'hotspot' areas of serious youth violence across South Wales to inform and enable partners to develop targeted intervention and prevention strategies
- The cross-referencing of multiple datasets to further understand the population profiles at a local level of those that do not report serious violence to the police from within the health data
- Predictive modelling of serious youth violence within Welsh communities

Evidence suggests that inequality between and within communities is a significant driver of violence. There is a complex association between violence, deprivation, poverty and inequality (including minority ethnic groups) that is not fully understood. Further research is needed within the context of South Wales to understand how these factors interplay to ensure that preventative action effectively addresses these factors.

There is a need to further understand how protective factors, community cohesion and resilience can be amplified to decrease the risk of violence. It is recommended that further research is carried out in this area, both in terms of risk and protective factors and effective community-based interventions.

It is clear from the strategic needs assessment that due to the crosscutting nature of serious youth violence and risk, reducing and preventing serious youth violence should be a priority for Welsh Government, all public sector organisations, such as Public Health, Police, Criminal Justice, Health Services, Education and the voluntary sector. At present access to data is limited. It is recommended that as a priority for future partnership working, the VPU lead on developing a whole-systems approach to data sharing to include, in the first instance, engagement with partners to understand what data is collected and how it can be used.



The strategic needs assessment presents information on serious youth violence from a range of different data sources; however, in order to better inform strategic and operational responses to the intervention and prevention of violence, there is a need to understand more accurately the total prevalence of serious youth violence across South Wales. It is therefore recommended that further work is carried out to explore innovative models to establish total prevalence of violence.

Further research is needed to realise the cost benefits/cost avoidance of violence prevention to services (such as health services), to strengthen the narrative to policy makers of the value of violence prevention. Addressing the cost of violence to wider systems (e.g. criminal justice, social care systems) could help to strengthen approaches to violence prevention.

Further consideration needs to be given to gang involvement and county lines in relation to serious youth violence and the current drugs market in Wales. A specific needs assessment and problem profile should be produced to further inform intervention and prevention strategies.

Domestic and sexual violence and abuse are associated with serious youth violence and also acts as a risk factor to experiencing further violence. While the current strategic needs assessment considers domestic and sexual violence and abuse in brief, it is recommended that the VPU should lead on a Wales-wide strategic needs assessment on violence against women and girls, domestic and sexual violence and abuse (VAWDASV).

It is clear that engagement with schools and levels of attainment are both associated with serious youth violence. Further work should be undertaken with education partners and the voluntary sector to secure appropriate levels of data to allow for analysis and a more accurate understanding of serious youth violence and what interventions are effective in preventing serious youth violence in education settings.

It is likely that social media is a significant driver of serious youth violence and there is emerging evidence to suggest this. The ways in which social media enables serious youth violence; how violence and abuse are experienced online; and the effectiveness of social media interventions are all important areas for future research.

Further work is needed to understand recidivism and to consider opportunities to prevent reoffending in Wales. Furthermore, intervention is needed to reduce violence in prison establishments.

In South Wales the vast majority of serious youth violence is experienced by young men. Further work is needed to fully understand how both gender and sex intersect with serious youth violence. This report documents how both male sex and harmful forms of masculinity are risk factors for violence. It further details how girls and young women's lived experience differs from that of boys and young men, and young women's involvement in serious youth violence may be increasing. These are important areas for further research.



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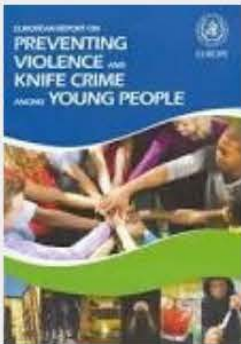
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Appendix 1: Serious Youth Violence: Risk Factors

This documents supports the 'Serious Youth Violence strategic needs assessment: Highlight report'

The following document has collated evidence on the risk factors of serious youth violence from systematic reviews which have been conducted in the area. This includes:



WHO: European Report on Preventing Violence and Knife Crime among Young People



Home Office: An analysis of indicators of serious violence



Risk factor	Evidence
Individual risk factors	
Sex	The evidence demonstrates that young men are at a greater risk of involvement in assault and bullying than young women and are at an increased risk of carrying weapons and being the victims of knife related violence. ^{1,2} However, women are at a greater risk of other forms of violent victimisation, including sexual and intimate partner violence. ³
Age	<p>Different forms of violence can affect young people at different stages of life. For example, research suggests that being a victim of bullying decreases with age, whereas the risk of being a perpetrator increases.² The International Self-report Delinquency Study found the peak age for violent offending to be 18–19 years. In England and Wales, a study of people 10–25 years old found that assault perpetration peaked at age 14–15 years, with elevated levels among males aged 12–19 years and females aged 12–17 years.</p> <p>Being a victim of assault was more common in younger groups, in which assaults were most commonly inflicted at school by known perpetrators. Among older victims, assaults were most commonly inflicted in drinking environments by strangers.¹ Studies from the UK, suggest that knife-carrying is most prevalent among older teenagers.^{5, 8}</p>
Ethnicity	Studies often find that the risk of violence among young people varies between ethnic groups. ⁷ It has been suggested that differences in delinquency between ethnic groups are linked to such factors as socioeconomic integration and culture. ⁸ For instance, ethnic minority groups are often concentrated in areas of social and economic disadvantage. ⁹
Mental and behavioural characteristics	<p>Children with personality and behavioural characteristics such as hyperactivity, attention problems, poor behavioural control, sensation seeking and impulsiveness are at increased risk of becoming involved in violence as young people.¹⁰⁻¹² Such personality and behavioural propensities have been linked to certain nervous system conditions and genetic predispositions that combined with adverse childhood environments (such as experiencing child maltreatment), can increase the risk of violent behaviour.</p> <p>Equally, a greater understanding of epigenetics suggests that the same stressful and adverse childhood experiences can alter gene expression. This is likely not only to increase the preponderance for violence among the affected individuals but also leaves them at increased risk of other mental and physical problems later in life.¹³ Low self-esteem in adolescence has been associated with aggression, as have feelings of hopelessness about the future (such as not expecting to live long or viewing the future negatively), and depression.¹⁴⁻¹⁷ Traumatic brain injury has been linked to violent youth offending as a risk factor in violence, poor engagement in treatment, in-custody infractions, and reconviction.¹⁷</p>
Low academic achievement	Numerous studies have associated low academic achievement and aspirations and poor commitment to school with violence among young people. ¹¹ In the United States of America, the 2003 Youth Risk Behaviour Survey found that students with lower grades were significantly more likely to have been involved in a physical fight in the past 12 months and to have carried a weapon in the past 30 days. ¹⁸



Past victimization and fear of violence	<p>Young people who have experienced violence in childhood are at increased risk of being involved in further violence in adolescence and adulthood. One theory for this association is that children who receive inadequate, abusive or neglectful care have fewer opportunities to learn sophisticated (nonviolent) forms of coping, have heightened sensitivity to perceived threats (such as become more aroused) and have fewer opportunities to develop the competencies needed to deal effectively with life's challenges (such as positive self-concepts, positive peer relationships and problem-solving skills).¹⁹</p> <p>Young people with histories of physical or sexual abuse in childhood can also have increased risks of perceiving a need to carry a weapon, actually carrying a weapon and reporting having threatened someone else with a weapon.²⁰⁻²³ Likewise, experiencing, witnessing and fearing other forms of violence can also increase the risk of carrying a weapon.^{24, 25} In a study of UK young people who carry weapons, 85% say that they do so for self-protection.²⁶</p>
Alcohol use	<p>Alcohol use and violence among young people are strongly associated. Alcohol use can directly affect cognitive and physical functioning, reducing self-control and awareness of risk and increasing emotional lability and impulsivity. This can make drinkers more likely to resort to violence in confrontation and reduce their ability to recognize warning signs in potentially dangerous situations.²⁷</p> <p>The links between alcohol and violence are complex and can be affected by a range of individual, situational and sociocultural factors.²⁸ However, young people who start drinking at an early age, who drink frequently and who drink large quantities are at increased risk of being both perpetrators and victims of violence.²⁹⁻³¹ Data from the European School Survey Project on Alcohol and Other Drugs for 15- to 16-year-old school children found a significantly higher prevalence of alcohol-related aggression in countries in which alcohol intoxication was more common (alcohol-related aggression ranged from 1.2% in Greece to 16.0% in Denmark).³² Drinking alcohol and getting drunk have also been associated with increased risks of weapon-carrying.²⁴</p>
Drug use	<p>Young people who smoke tobacco or use illicit drugs have an increased risk of being involved in violence.³³⁻³⁴ Smoking tobacco is likely to be a proxy for risk-taking behaviour among young people rather than a cause. Although the same can be true for illicit drug use, the pharmaceutical effects of some illicit drugs may make people more vulnerable to violence. Substances such as cocaine and amphetamines have been particularly linked to violence.^{35,36}</p> <p>A study of 14- to 17-year-olds in Belgium, the Russian Federation and the United States of America found that those who smoked or used marijuana or other illicit drugs were more likely to have been a victim of violence (although associations between marijuana and victimization were not significant in the sample in the United States of America).³⁷ Illicit drugs and violence can also be linked through other mechanisms, including using violence to gain resources to purchase drugs and to control drug trades.</p> <p>Smoking, using illicit drugs, trying illicit drugs at an early age and engaging in polydrug use (using more than one type of substance) have also been associated with increased risks of weapon-carrying in adolescents.³⁹ Among schoolboys aged 11–16 years in Scotland, one fifth (20%) of non-drug users reported having carried weapons versus 63% of drug users.²⁰ Among both sexes, the proportion of students who had carried weapons increased with the number of illicit drugs they had used, from 21% of those who had used one drug to 92% of those who had used five or more illicit drugs.</p>



Antisocial and risky behaviour	<p>Young people who get involved in violence and weapon-carrying tend to also be involved in other forms of delinquency and risky behaviour.^{32,33} The Cambridge study in the United Kingdom found that males who had been convicted of violent crimes between the ages of 10 and 21 years tended to be troublesome, difficult to discipline and dishonest at 8–10 years; to be frequent truants, liars and bullies at 12–14 years; to leave school early; to have early sexual initiation; and, by 18 years, to report drug use, heavy alcohol use, gambling, drink-driving and sexual promiscuity.³⁵</p> <p>Associating with delinquent peers is also a risk factor for violence among young people and violence using knives. Aggression and involvement in violence among young people are themselves key risk factors for weapon-carrying. Young people who bully, act violently towards others or report physical fighting show an increased risk of weapon-carrying.^{24,40,41} Studies in the United States of America found that the likelihood of weapon carrying among high-risk students increased with increasing scores on a scale measuring aggression in the past week (behaviour such as getting angry easily, teasing, name-calling and threatening others).⁴²</p>
Relationship risk factors	
Family relationships and parental support	<p>Family structure can affect a young person's risk of violence. Young people living in single-parent families or in large families (with many siblings) or who have teenage mothers have been found to be more likely to become involved in violence during adolescence.⁴³</p> <p>Having a poor relationship with parents and carers and low parental monitoring have been associated with fighting and weapon-carrying among young people.¹⁰ Young people who suffer abuse in childhood or grow up in dysfunctional families (with family conflict) can also experience higher levels of violence and weapon-carrying.²⁰</p>
Peer relationships	<p>Young people who associate with peers who themselves have offended or engage in criminogenic behaviour have increased risks of violence and weapon-carrying.^{44,45} The second International Self-report Delinquency Study found that 18% of adolescents with delinquent friends had committed assault in the past year compared with 2% of those without delinquent friends.²² Two types of young delinquents have been identified: early-onset delinquents, who display aggressive and antisocial behaviour from childhood that can persist into adulthood; and late-onset delinquents, who adopt delinquent behaviour as adolescents but largely grow out of this as young adults. Early-onset delinquents may self-select delinquent peers with similar behaviour, whereas late-onset delinquents associating with delinquent peers in adolescence may facilitate the development of delinquency, for example as young people mimic the behaviour of peers.^{46,47}</p> <p>Strong masculine, gender identify in the social context of a peer group, gang or intimate partner relationship is linked to an increased risk of violence. 'Toughness', physical prowess, emotional detachment, and willingness to engage in violence to resolve interpersonal conflicts or as a display of masculine identity are recorded in the literature as persistent themes in research into youth gang culture, formation of social identity in adolescence and risk of violence.⁴⁸</p>
Gang involvement	<p>Studies have shown that young people who are gang members are more likely to be involved in violence and carry weapons.²⁵ A study of 10- to 19-year-olds in the United Kingdom found that 44% of those who reported belonging to a delinquent youth group had committed violence and 13% had carried a knife in the previous 12 months versus 17% and 4% respectively among those who were not in such a group.⁴⁹ However, interviews with gang members known to public authorities have suggested that knife-carrying may be far more commonplace in some violent gangs.⁵⁰</p>



Community and societal risk factors

Social inequality and deprivation

Several studies have found income inequality to be more important in predicting violence than overall poverty levels, with studies finding homicide rates increasing along with the magnitude of income differences between those with high income and those with low income.^{51,52} Such relationships are thought to be linked to factors such as poor social trust and relationships in unequal societies.²⁷

A study across 33 countries, including many in the European Region, found correlations between income inequality and both homicide and social capital (interpersonal trust) and suggested that societies with substantial income inequality and low societal trust may lack the social capacity needed to develop safe communities.⁵³ Analysis of the Health Behaviour in School-aged Children survey covering 37 (mostly European Region) countries has also shown associations between country-level income inequality and school bullying.⁵³

Drug and alcohol availability

Easy access to alcohol can contribute to violence among young people. For example, high densities of alcohol outlets have been associated with increased violence in several countries.⁵⁴

Violence can be a systemic part of the illicit drug trade, used for purposes such as solving disputes, sanctioning informers, eliminating rivals and punishing debtors. Thus, the presence of illicit drug trade, and particularly involvement in drug markets, is associated with both violence and weapon-carrying.⁵⁵⁻⁶⁰

Urban and community environments

Young people living in urban areas tend to be at increased risk of violence and knife-related violence.⁷⁶ More specifically, at a neighbourhood level, community disorganization, low levels of neighbourhood resources and low social capital (such as poor social cohesion and a lack of trust among community members) can be important contributors to violence among young people.^{61,62}

Country-level data from the International Self-report Delinquency Study found that neighbourhood problems (such as delinquency, drug dealing and graffiti) were strongly associated with violence among young people.¹³ Exposure to and fear of violence in the community has been found to increase the risk of weapon-carrying, with one study in the United States of America finding that, the more fearful students were of other people living in their neighbourhood, the more likely they were to carry a weapon.⁶³

School environment

The environment of schools that children attend can influence their behaviour and risk of involvement in violence among young people. Children with negative perceptions of the school climate (such as student behaviour and teacher control) and less attachment to school can be at greater risk of exposure to violence and weapon carrying.^{64,65}

In the United States of America, social disorganization at the school level, including high student-teacher ratios and suspension rates, has been associated with bullying.⁶⁶



Institutional environments	<p>Children and young people living in institutional settings may be particularly vulnerable to violence among young people. A study of children living in residential care homes in the United Kingdom found that most of those surveyed had suffered verbal attacks by peers, and almost half had been victims of physical attacks or attacks on their property.⁶⁸ Children who are referred to residential care homes have often suffered adverse childhood experiences, making them vulnerable to involvement in violence among young people as both victims and perpetrator. Factors that have been identified as contributing to peer violence in residential care home settings include a lack of clear aims and objectives, an inability to meet the needs of young residents, a lack of control over referrals and inadequate admission processes and an acceptance of macho and hierarchical cultures.⁶⁸ ch cultures can also affect other institutional settings, such as boarding schools and military academies.⁶⁹</p>
Availability of weapons	<p>The availability of weapons in households or communities can make them easily accessible to young people. Although few studies have explored the effects of knife availability, a large, national study of male army recruits in Switzerland (aged 20 years) found that the prevalence of self-reported injury-causing violence in the past 12 months increased from 1.5% among those who owned no knives to 4.6% among those who owned one or two knives and 8.9% among those who owned three or more knives. Similar increases were seen according to ownership of other weapon types.⁷⁰ Perceptions of widespread knife availability and carrying in the community can also contribute to weapon-carrying by encouraging young people to carry knives as a form of protection.⁷⁰</p>
Women and gender inequality	<p>Although women are less likely to be involved in violence among young people per se, they can be at increased risk of being victims of certain types of violence, particularly intimate partner violence and sexual violence. International studies have found that violence against women can be increased in societies in which women have less economic and social power or in which male superiority is accepted and violence tolerated.⁷¹ Studies in the United States of America have shown that female adolescents and young adults who report less power within intimate relationships experience higher levels of dating violence.^{72,73}</p> <p>Few studies have explored the role of gender in knife related violence. However, qualitative research within the United Kingdom has suggested that young "girlfriends" and other female associates (such as sisters) of violent gang members can often be exploited, including being subjected to physical and sexual abuse by partners and other gang members.^{74,75}</p>
Social and cultural norms supportive of violence	<p>Social and cultural norms that are tolerant of violence, for example by endorsing violence as a normal method of resolving conflict or punishing a child, can support and reinforce violence in society. Young people can learn social tolerance towards violent behaviour in childhood, for example through the use of corporal punishment or experiencing family and other forms of violence.⁷⁶⁻⁷⁸</p> <p>For many years there has been a scientific and public debate about whether consuming mass media products portraying violence influences actual violence. Although evidence for such an effect from violent movies is ambiguous, for violent video games a meta-analysis of more than 130 studies strongly suggested that exposure to such games is a causal risk factor for increased aggressive behaviour, aggressive cognition and aggressive affect and for decreased empathy and prosocial behaviour.⁷⁹</p>



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