

Young people, violence and knives - revisiting the evidence and policy discussions

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Introduction

As well as providing an update on recent trends in the phenomenon of 'knife crime', this briefing seeks to review the subsequent development of policy themes that emerged in a series of reports published by the Centre for Crime and Justice Studies (CCJS) in the period around 2008 when knife crime reportedly last peaked in England and Wales. It highlights the progress of different strategic approaches to violence and what we can discern about their prevention mechanisms and effects.

Our previous report sponsored by the Children's Commissioner was based on a thorough review and analysis of literature which established a clear judgement of how the evidence on gun and knife violence then lay (Silvestri et al., 2009). Though the evidence base was not extensive, the conclusions pointed towards some promising evidence-based approaches to violence prevention, and questioned the dominance of criminal justice in strategic responses. As in the earlier report we have broadened the focus of study to include evidence about interpersonal violence more generally where this seemed appropriate: knives are such an everyday tool of violence that their use does not qualify for an exclusive study and wider lessons about violence reduction therefore apply.

This briefing does not replicate the scale of our earlier evidence review. Instead we referred to materials collated from literature searches that sought to identify important developments based on the previous themes which as we shall see are coming into clearer focus in public discussion.

In particular, the study identifies 'drivers' of

violence which underlie the familiar themes of 'gangs' and illegal drug markets. These deeper influences include some fundamental social relationships - inequality, deprivation and social trust - as well as mental health.

At its heart are choices about the scope and effects of criminal justice as a means of managing public safety. Does criminal justice offer a proven and certain way to increase protection for populations or are there alternatives which deserve concerted development and review? In particular what does a 'public health' approach mean? Is it police-led, albeit with community and multiagency support, as described by the umbrella label 'pulling levers'? Or does it mean the coordination of a range of public services, comprising early years interventions, inclusive education, adolescent and family services, community work, and so on?

The idea that violence can be reduced by a 'public health' approach is relatively novel. Can physicians, rather than police officers, devise techniques of violence prevention based on combating epidemic diseases? Can communities and individuals affected by violence be engaged in new ways that address the underlying drivers of violence instead of the surface manifestations? Similar ideas have been applied in numerous projects in the USA and imported to the UK through the Violence Reduction Unit, a police-led project in Scotland. While these approaches have been broadly welcomed in the UK, they have not so far been implemented in England and Wales with the focus and investment that might have been expected. Had they been put into practice, we might have been able to see more evidence about their effectiveness.

Statistical trends

Media-led alarm at a recent increase in recorded knife crime and a spate of knife killings has led to a renewed focus on strategies to address knife violence. ‘Knife crime’ is not a specific offence; it refers to a collection of different offences in which a knife is used, as well as knife possession offences. Recorded knife crime is only one of a number of sources of data on trends in offences involving knives. Each source varies in scope and the extent to which they accurately reflect the real levels of what they are purported to identify. To assess the current situation in England and Wales, we must look at the various sources of data on trends in knife crime in the round.

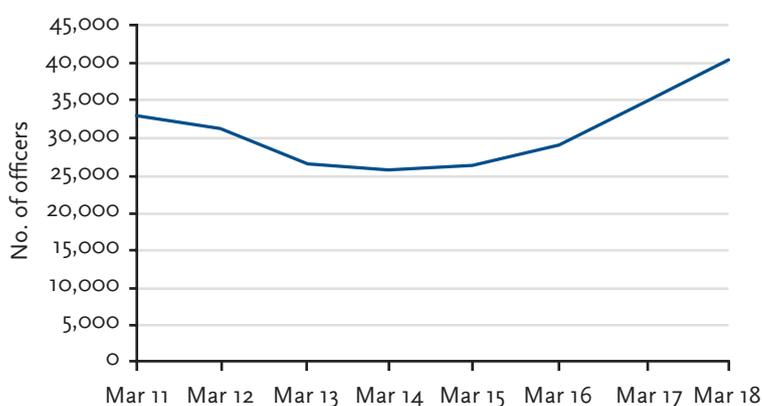
Crimes involving use of a knife

Police recorded crime figures are those most often touted by the press as ‘proof’ of a surge in knife crime. Police recorded crimes are those reported to and recorded by the police. Forces began

separately identifying offences involving a knife or sharp instrument in the year ending March 2008. The extension of the number of offences covered as well as recording changes means a consistent time series is only available from the year ending March 2011. Aggregate statistics cover violent and sexual offences which are presumed to include almost all offences involving a knife. Offences included in the totals are: homicide, attempted murder, threats to kill, assault with injury and assault with intent to cause serious harm, robbery, rape and sexual assault.

Figure 1 shows the trend in offences involving a knife or sharp instrument since the year ending March 2011. After declining to lows in the year ending March 2014, records of these offences have risen consistently to peaks over the period in 2017/2018. The overall increase over the period is 23 per cent, with a 57 per cent increase since the year ending March 2014. The most recent figure shows a 16 per cent rise on the previous year.

Figure 1. Knife or sharp instrument offences in England and Wales.



Source: Office for National Statistics, 2018a.

Police recorded crime figures can be affected by changes to recording practices, rates of reporting, and police activity, meaning trends in police recorded crime statistics do not necessarily reflect those in the real levels of the offences they purport to capture. Recorded crime figures lost their official statistics status in the year ending March 2014. Improvements in recording by local forces are said to have contributed to some of

the rises in recorded crime observed in recent years. Although lower-volume, higher-harm offences such as those involving a knife or sharp instrument are not thought to be affected by these issues, it is still thought that better recording by police forces contributed to the increase (Office for National Statistics, 2018a).

Overall knife crime is not evenly distributed among the 43 territorial police forces of England

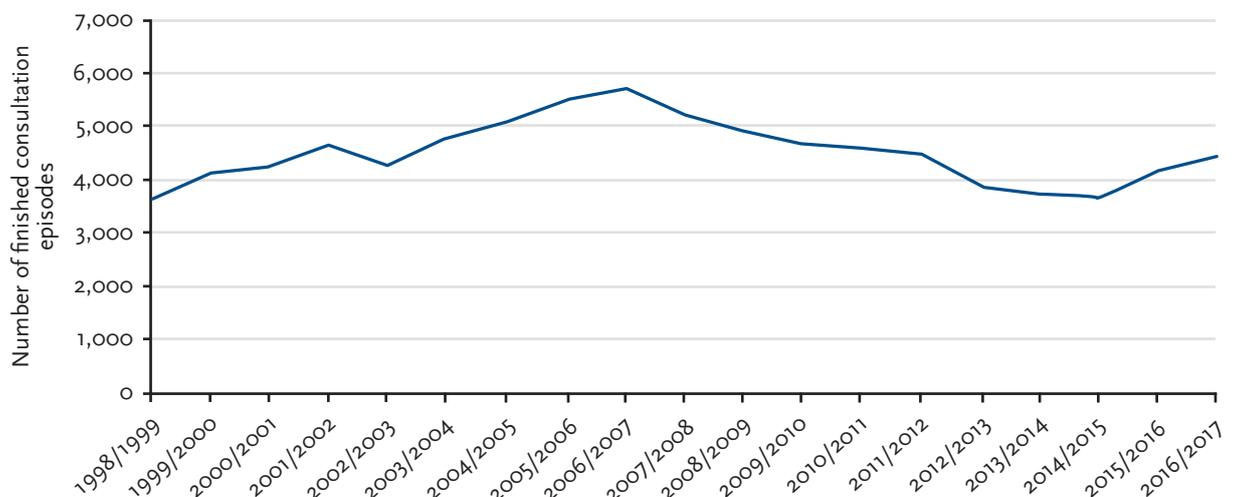
and Wales. In 2017/2018, just six forces recorded 60 per cent of offences involving knives or sharp instruments, with 36 per cent of all offences recorded by the Metropolitan Police alone (Office for National Statistics, 2018b). Trends in knife crime are not uniform across forces either. Although all but eight forces registered increases in knife crime between 2016/2017 and 2017/2018, the size of the increases ranged from two to 53 per cent. Similarly, over a longer time period, between 2010/2011 and 2017/2018, increases in knife crime were seen in 36 forces and the increases ranged from two to 129 per cent. Media reports of a ‘surge’ in knife crime will make more sense in some areas than others.

The Crime Survey for England and Wales (CSEW), which asks households about their experiences

of crime victimisation, provides more reliable estimates of the number of higher-volume, lower-harm offences each year because it does not rely on them coming to the attention of the police. Volatility in estimates of lower volume phenomena like knife crime, inherent to any survey data, mean the CSEW is not seen as a reliable measure of trends in knife offences.

Like the CSEW, data on admissions to hospital for assault by a sharp object do not rely on them coming to the attention of the police and being recorded by them. These figures do not include cases where somebody attends an accident and emergency department with stab wounds but is not subsequently admitted to hospital. It only covers the most serious instances of wounding.

Figure 2. Number of finished consultant episodes for assault by sharp object, England and Wales.



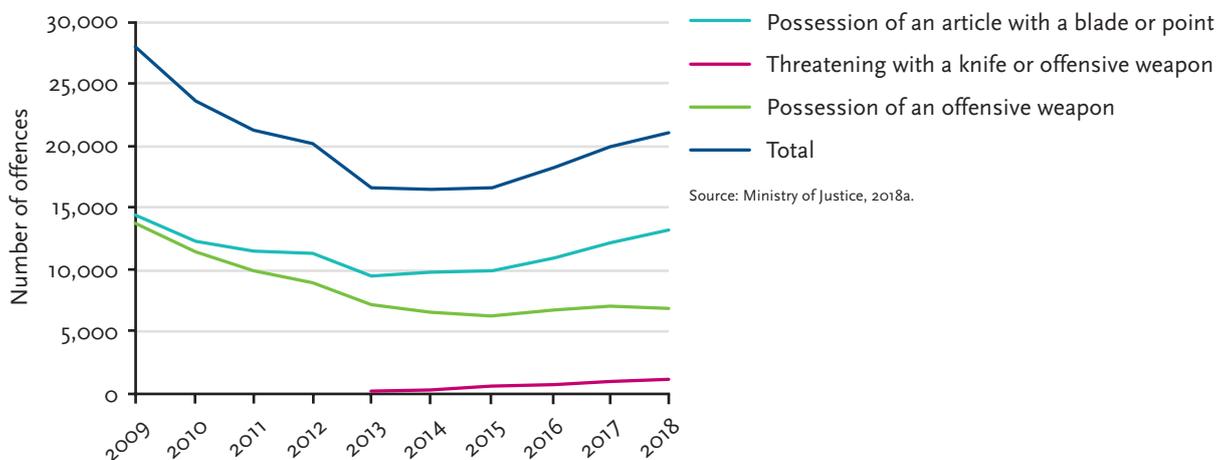
Source: Allen and Audickas, 2018.

The years 2015/2016 and 2016/2017 saw increases in admissions to hospital for assault by sharp instrument, reversing a declining trend which began in 2007/2008. These rises, totalling 22 per cent since 2014/2015, lend support to the assertion that the police recorded crime figures reflect a real change in the number of knife crimes committed.

Crimes involving knife possession only

The statistics discussed above all relate to offences involving the use of weapons. Specific offences exist which make knife possession illegal. Data taken from the Police National Computer (PNC) cover possession of a blade or pointed article in a public place, possession of offensive weapons in a public place, and threatening with a knife or offensive weapon offences (introduced in December 2012) which resulted in a caution or court conviction.

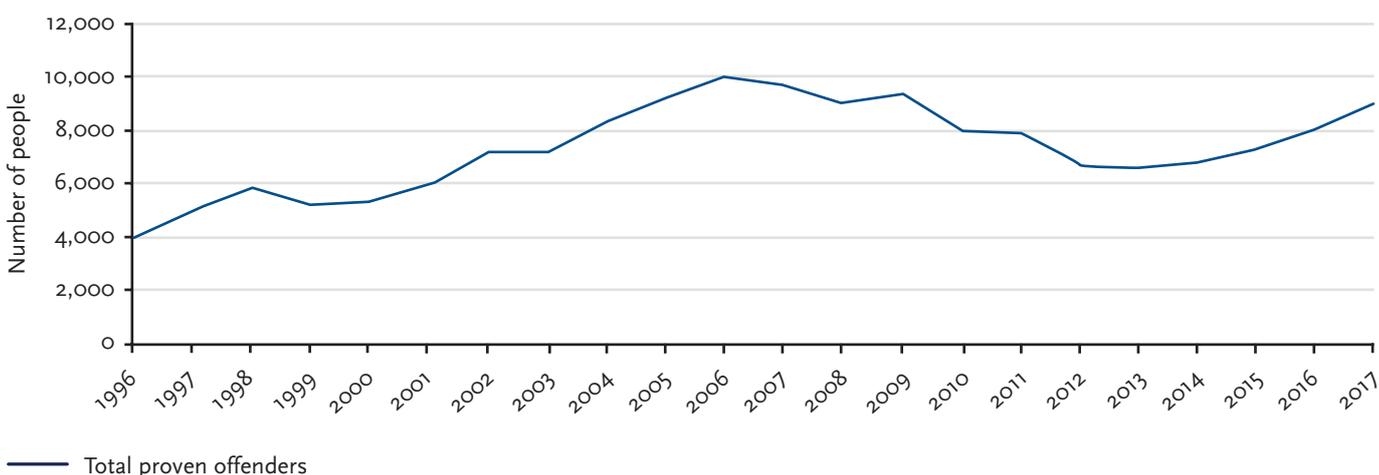
Figure 3. Knife and offensive weapon offences resulting in a caution or conviction, England and Wales.



Proven possession offences show a steady increase of 27 per cent since the year ending March 2013, after levels nearly halved from 2009. Possession offences are very susceptible to changes in police practices, and this increase likely reflects a more proactive approach to this crime type, rather than being indicative of increases in real levels of knife carrying.

Data from the courts database provides information on the number of individuals cautioned or convicted for knife possession. Figure 4 shows cautions and convictions for possession of knives or offensive weapons in public places since 1996. It largely mirrors recent trends seen in the PNC data, and indeed, has the same issues around reliability and validity.

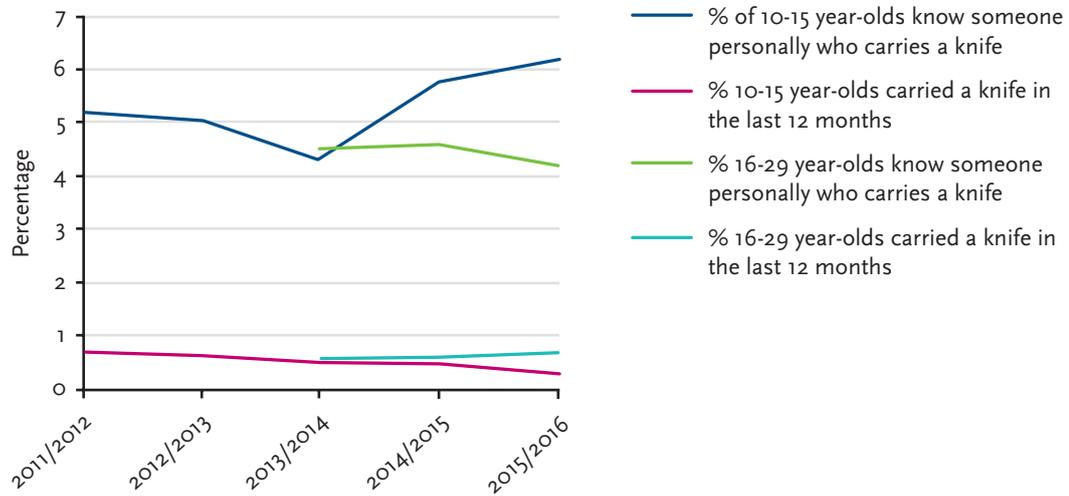
Figure 4. Number of people cautioned or found guilty for possession of a knife, England and Wales.



The CSEW asks respondents aged 10 to 15 years old and 16 to 29 year olds living in private households about their experience of knife carrying. The data suggest the proportion of 10 to 15 year olds who know someone personally who carries a knife has increased since 2011/2012, but that the proportion of this age group which

has personally carried a knife in the last year has, if anything, decreased. 16 to 29 year olds who know someone who carries a knife and who have carried a knife personally in the last 12 months have remained relatively consistent over the three years the question has been asked of survey respondents.

Figure 5. Prevalence of knife carrying, 10 to 15 year olds and 16 to 29 year olds, year ending March 2012 to year ending March 2016 Crime Survey for England and Wales.



Source: Office for National Statistics, 2017.

Data on knife crime present a complex picture in which no one source adequately captures the real levels of these types of offences occurring in society. Looking at the datasets in the round can give some indication of what might be happening. Real levels of knife crime are likely to have risen in recent years, particularly the more serious instances illustrated by the homicide and hospital admissions data, but recording changes are also a factor in the increase. More proactive policing practices in response to rises in knife crime have likely driven increases in recorded possession offences. Self-report data on weapon carrying is equivocal about whether more young people are carrying knives or not. A possible scenario is that neither fewer nor great numbers of people are carrying knives, but they are feeling the need to use them more, or in more harmful ways.

Drivers of violence

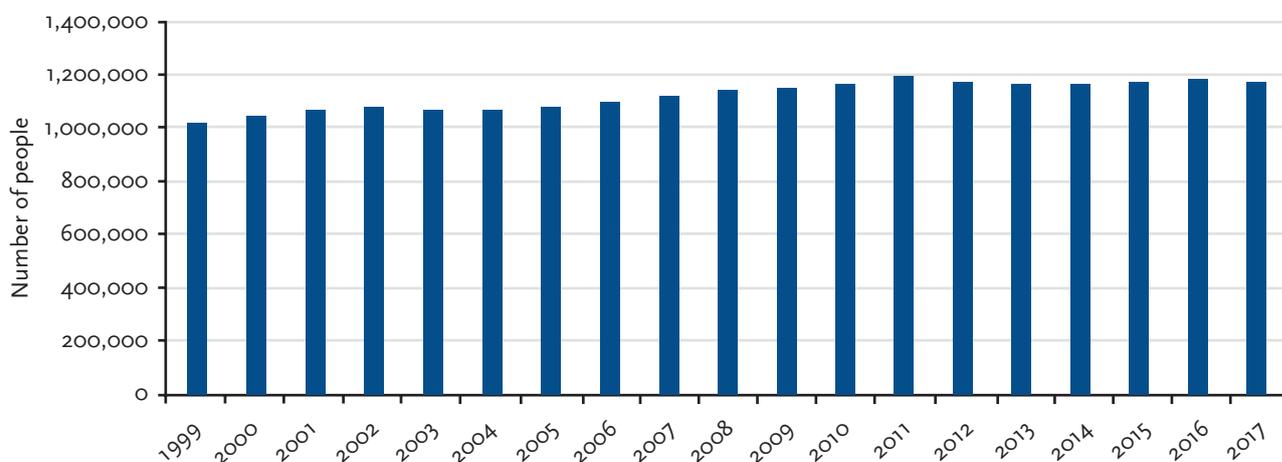
Overall levels of knife violence, as well as the recent increase, are driven by the interaction between the characteristics of the communities and societies in which people live, the particular

relationships between people and groups, and individual level factors (Sethi et al., 2010). Here we review a selection of the possible drivers in descending order of scale. Some relate to knife-related violence, whereas others refer to interpersonal violence more generally.

Demographic changes

In general, it appears that younger people are responsible for, and the victims of, the majority of knife crime (Sethi et al., 2010; HM Government, 2018). Changes in the size of this group, all other things being equal, should therefore lead to changes in the volume of knife crime. Figure 6 shows the changes in the numbers of ten-29 year old males in London over time. There appears to be no significant change in the size of this population corresponding to recent increases in knife violence. The Serious Violence Strategy does point to evidence that the vulnerable population, in terms of children in care, children excluded from school, and homeless adults, has increased since 2014 (HM Government, 2018).

Figure 6. Number of 10-29 year old males, London 1999-2017.



Source: Office for National Statistics 2018c.

Violence as an effect of material inequality

At the societal level, a large number of studies provide evidence for a link between levels of income inequality and violence, both between and within countries (Sethi et al., 2010). These studies consistently find higher levels of inequality to be correlated with higher rates of violence. A meta-analysis of 34 studies analysing the relationship between poverty, income inequality and various types of violent crime across a range of geographical levels (neighbourhoods, cities, states, counties and countries) found 97 per cent of the correlations to be positive (Hsieh and Pugh, 1993). When all the studies were aggregated, they found a moderate association between income inequality and all types of violent crime. They also found closer associations between inequality and certain types of violent crime than others, with stronger correlations between inequality and homicide and assault, than for rape and robbery.

A study of the potential relationship between income inequality and homicide found that the level of income dispersal in 33 high and middle income countries contributed to around two thirds of the variance in homicide rates among them, after per capita income was taken into account (Elgar and Aitken, 2010). Within-country or between-region level associations between

the degree of unequal resource distribution and homicide were tested in a study of Canadian and US states (Daly and Wilson, 2001). Income inequality and homicide rates were found to be positively correlated between these sub-national geographical areas. An analysis found inequality measured by differences in both income and level of education to be strongly correlated with violent crime across urban counties in the United States (Kelly, 2000). One study found valid evidence for a relationship between income inequality and homicide among neighbourhoods in Chicago (Daly and Wilson, 2001).

Positive correlations between income inequality and homicide held even after the variable quality of income data used to calculate measures of income inequality in cross-national research was accounted for (Messner et al., 2002).

Much less research has been undertaken into how changes in income inequality relate to changes in violent crime over time. A review of the existing evidence found, contrary to most cross-sectional studies, a much more mixed picture (Rufrancos et al., 2013). They acknowledge that this could be related to differences in the rates at which certain types of violent crime are reported to the police. Homicide, robbery and murder – all tending to be close to complete reporting – were found to be associated with income inequality in time series

analyses, whereas crimes with lower rates of reporting such as rape and assault were not. It is difficult therefore to understand the implications of the decreases in inequality in England and Wales following the financial crisis of 2008 (Cribb et al., 2018) for levels of violence.

As well as a significant body of evidence of causality linking the extent of income dispersal and violent crime, a number of studies examine the mechanisms by which the two are related. Empirical evidence has been found, although the authors in this case acknowledge that their findings are ambiguous with regards to whether they support any one theory of how inequality leads to lethal violence specifically (Fajnzylber et al., 2002).

Societal trust has been highlighted as a key mediator through which inequality and violence are linked. Positive associations between income inequality and trust, and trust and homicide across 33 countries in Elgar and Aitken's (2010) study suggest low trust is a likely mechanism. Highly unequal societies with low levels of trust may not have the capacity to create safe communities.

One study attempts to address the dearth of research into links between inequality and crime between areas in England (Whitworth, 2011). A weak but statistically significant correlation was found between unequal distribution of income and aggregate violent crime at the level of Crime and Disorder Reduction Partnerships in England, after taking into account a range of other explanatory factors in a multilevel model. Independent variables that correlate with violence indicate that sociological theories, particularly 'strain theory', rather than economic theories, shine the most light on the processes by which the two might be linked. Strain theory proposes that people are pressured into achieving socially accepted goals, but lack the means to achieve them, leading to strain which can push them into committing crime (Merton, 1938). Economic theories of crime posit that people decide to commit crime after weighing up the different returns of illegal and legal economic activity (Becker, 1968).

Absolute or relative material deprivation?

As well as relative deprivation signified by income inequality having an independent effect on levels of violence, absolute material deprivation has been found to be a factor which determines violence. One study analysed the relationship between deaths by assault and individual level deprivation and area deprivation in Scotland (Leyland and Dundas, 2010). It found a gradient between occupation according to the National Statistics Socio-Economic Classification (a schema of the technical functions people perform in the labour market) and rates of deaths from assault with a sharp weapon. Men in routine occupations fare the worst, with rates of death due to assault with sharp weapons over double those of the next group up, men in semi-routine occupations. Rates of death for assault with sharp weapons were significantly higher for people living in the most deprived areas compared to the least deprived.

An analysis of accident and emergency attendances for assault in Chorley found a nine-fold variation in the rate of assaults between the most and least deprived wards in the local authority (Howe and Crilly, 2002). Research into youth violence in cities and feeder towns in Wales found that the rate of assault injuries increase with increasing deprivation (Jones et al. 2011). Analysis has demonstrated that young men living in deprived areas were more likely to commit more serious forms of violence (indicated by there being five or more incidents of violence, the perpetrator and/or victim being injured, and involvement of the police) towards other people in Great Britain (Coid et al., 2016). Roughly equal proportions of young men living in the most deprived and the least deprived areas had committed minor violent acts in the previous five years, indicating that less serious violence among younger males is independent of level of socioeconomic deprivation.

Areas of high deprivation are often areas of high inequality, leading to ambiguity over which

underlies elevated levels of violence. One study affirmed that although both are likely to have independent effects, inequality is a better predictor of homicide than average levels of material welfare (Daly and Wilson, 2001).

How might poor mental health be driving violence?

A connection between mental health and violence has been explored as a theme of research over many years. Adverse childhood environments, such as childhood maltreatment, when combined with predisposing individual conditions, have been identified as factors that increase the likelihood of violent behaviour.

Poor mental health can be associated with violent behaviour in both directions, both contributing to and resulting from violent behaviour.

(Sethi et al., 2010)

A careful meta-analysis of longitudinal research studies found that physical and sexual abuse were most strongly associated with aggressive behaviours, in comparison with general antisocial acts (Braga, 2017).

The links between traumatic experiences and behaviour that can be labelled criminal are widely evidenced (Ardino, 2012). The roots of violence have been attributed to disturbed childhood attachments, which, in response to trauma, lead to enhanced impulses towards self-preservation at the expense of compassion for others (De Zulueta, 2006).

To see how evident trauma can play a part in the perpetuation of violence, we can turn to a study of young men which illustrates some of the emotional forces in play. The dissemination and recurrence of trauma were analysed at a community level in Boston, USA (Rich and Grey, 2005). Young men who had been injured by violence were disposed to carry a weapon, which increased the risk of future injury. According to a 'code of the street', retaliation was seen as a way of preserving safety. Their demand for 'respect' on the streets was found to mediate the effect of

prior trauma and to heighten the risk of recurrent traumatic violence. Similarly, the dynamics of bullying mean that both victims and perpetrators are more likely than others to carry a weapon, according to a meta-analysis (Valdebenito et al., 2017). The significant influence of victimisation on weapon-carrying among youth was found in a national study in the USA (Yun and Hwang, 2011).

Moreover, the dynamics of felt humiliation combined with a need to be respected have disturbing implications for criminal justice practice, especially if young people are challenged by insensitive police stop and searches. It is important to add that the experience of institutional racism deepens and accentuates other traumatic experiences.

While the idea of an inflexible 'code' arguably fails to capture the complexity of encounters in particular situations, its use in this model does highlight the emotional burdens of 'feeling small' and helps explain how violence can emerge from the fraught meetings of suffering and traumatised minds. In a more recent community study, trauma as a result of being exposed to violence was found to have an isolating effect (Butcher et al., 2015).

These findings echo in significant ways the theory of James Gilligan, that violence becomes an epidemic in societies that systematically engage in shaming and humiliation, techniques which depend for their strength and plausibility on inequalities, notably of gender and class (Perry, 2009).

The ethos and attitudes of street relationships have been noted internationally (Squires, 2009). The idea that knife-carrying 'makes sense' as an alternative to suffering injury and garners 'respect' has been echoed by research with young people in England (Palasinski, 2013). An analysis of Offending, Crime and Justice Survey data for young people aged up to 25 years concluded that knife carrying was associated with being male, violent offending in the past year, drug use in the past year, lack of trust in the police, violent victimisation and having delinquent peers. Perceived social disorder in the area was also found to be a predictor. The surveys were

conducted from 2003-2006 in England and Wales (Brennan, 2018). In a survey of young men in Great Britain, self-described gang members showed high levels of mental ill-health, with evidence of traumatisation and use of mental health services (Coid et al., 2013).

Online communication is becoming increasingly important in the management of identity and reputation on the street (Urbanik and Haggerty, 2018). Provocative use of social media has been reported by recent research in the UK (Irwin-Rogers and Pinkney, 2017).

Future research will need to keep pace with these trends and assess how far they may be affecting the origins and dynamics of violence.

How significant are gangs and drugs to recent trends in recorded violence?

The government's own Serious Violence Strategy highlights drugs misuse and 'county lines' drug-dealing gangs as significant direct and indirect factors driving serious violence, and as an important driver behind the recent rise in serious violence (HM Government, 2018). The report cites an increase in homicides involving a suspect or victim known to be a drug dealer or user or both of 20 per cent between 2014/2015 and 2016/2017, and an increase in the proportion of all homicides this group made up from 50 per cent to 57 per cent. It also states that while overall drug use has remained stable and is generally much lower than previous periods, there are important changes within the drugs market which are likely to have contributed to the increase in serious violence. New Psychoactive Substances, more young people involved in the drugs market, and increases in the use and purity of crack cocaine are all proffered as trends behind the rise in violence.

The particular geographical distribution of the rise in knife crime is thought to be evidence that county lines 'drug-selling gangs' are responsible to some extent. County lines involves drug-selling groups expanding drugs markets from urban centres across one or more police force boundaries into market and coastal towns and

rural areas to sell, primarily, heroin and crack cocaine. Increases in serious violence have been registered in most police forces, not just those containing major urban centres such as London or Manchester. Indeed, in London offences recorded by the Metropolitan police as being 'gang-related', are declining in significance, and in 2016 the then Met Commissioner Bernard Hogan-Howe declared that gangs are no longer responsible for the majority of knife crime in the capital (Mayor of London - London Assembly; Khomami, 2016). A 2017 National Crime Agency (NCA) threat assessment stated that 35 out of 44 police forces reported that they had experienced knife crime associated with county lines (National Crime Agency, 2017). According to the threat assessment, police forces saw turf wars between competing county lines operations, rather than between county lines groups and local dealers, as being a significant factor behind the rise in violence in rural areas. Another key feature of county lines drug dealing is the exploitation of vulnerable groups, such as looked-after children, vulnerable women and local drug users (Coomber and Moyle, 2017). Police forces reported that violence is used to coerce these people into working for the line, and as revenge for behaviour deemed unacceptable to the dealers (National Crime Agency, 2017).

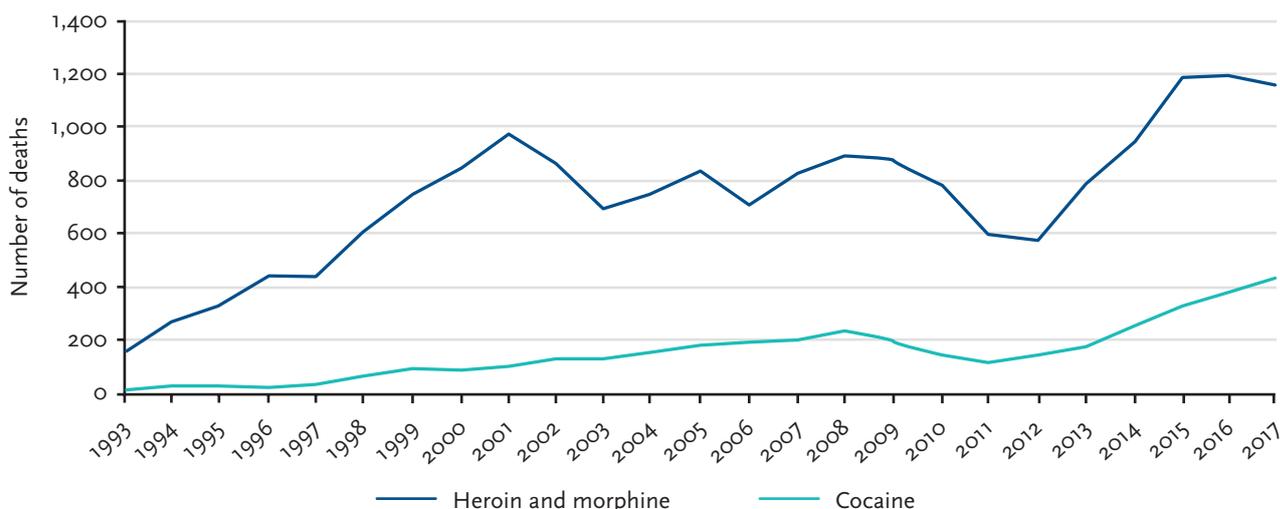
The expansion of county lines drug-dealing operations and the associated violence represents a significant shift in the modus operandi of gangs. A new focus on profit through drug selling has seen the declining significance of the defence of postcodes and physical territory, with a corresponding shift from violence as 'a means of expressing identity' to violence 'as a means of achieving business objectives' (Whittaker et al., 2018).

As well as reported increases in crack cocaine use and purity, cocaine and heroin deaths have surged in recent years. Deaths from cocaine poisoning have increased by four and a half times since 2011, and deaths from heroin or morphine poisoning have doubled since 2012. Looked at in another way, the violence resulting from drug-selling groups competing over illicit drug markets and the

exploitation of drug users are the consequences of the same public health problem as drug deaths: problematic use, and unregulated supply, of drugs. Recent official policy on drugs has been accused of a systematic avoidance of good evidence (Stothard, 2017). In 2017 the Advisory

Council on the Misuse of Drugs expressed anxiety about future trends in spending on drug treatment (Advisory Council on the Misuse of Drugs, 2017). The management of drug demand is therefore an important aspect of the debate on violence.

Figure 7. Deaths due to heroin, morphine, and cocaine poisoning, England and Wales.



Source: Office for National Statistics, 2018d.

Young people’s decision to join a gang has been attributed by some commentators to the lack of job opportunities or well-paid employment for certain groups of disadvantaged young people (Densley and Stevens, 2015). Moreover, official punitive approaches to gangs such as stop and search can have the unintended consequence of pushing people into gangs as a form of reaction and defiance to being labelled as such (ibid).

In the context of high levels of income inequality, the violence associated with county lines drug dealing may lead to greater numbers of young people carrying knives for personal protection as their lack of trust extends to their faith in the police to respond to incidents of violence (Shaw et al., 2011). Risk will be particularly heightened for people who become victims of knife violence themselves (ibid).

Knife crime and interpersonal violence in general tends to suffer from being conceptualised through the lens of criminal justice, defining individual acts of violence primarily as rational choices on

the part of the perpetrator, devoid of wider social context. The evidence presented here provides a strong case for violent acts being deeply rooted in wider social structures and relationships, far removed from the immediate control of the individuals involved. Interventions which do not seek to address wider social issues such as inequality, deprivation, poor mental health and drug addiction are unlikely to provide long-lasting solutions to knife violence.

Criminal justice interventions

There are a number of specific criminal justice interventions in existence or which have been implemented over the last decade which aim to tackle knife crime.

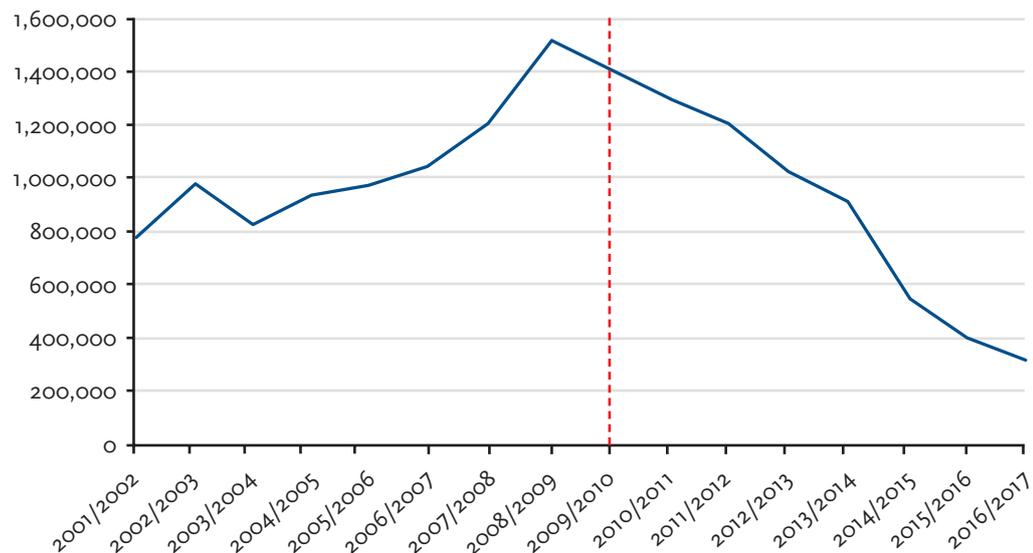
Police interventions

Some have linked significant reductions in stop and search since the peak in 2008/2009 to the recent upturn in knife crime (see for example Thornton, 2018). As it is a responsive police

practice, the number of stops and searches tends to increase or decrease in response to fluctuations in levels of knife crime, meaning its effects are difficult to understand. A Home Office study of purposeful intensive weapons search activity in specific London boroughs in 2008 found no statistically significant reductions in crime as a result of the intervention after controlling for other factors (McAndless et al., 2016). They also found that ambulance call-outs for weapon-related injuries decreased faster in the boroughs where rises in weapons searches were smaller. Similarly, a College of Policing report looking at ten years' worth of Metropolitan Police data

found only a weak relationship between stop and search and overall levels of the types of crimes the practice aims to reduce (Quinton et al., 2017). Increasing levels of weapon searches were found to sometimes lead to marginally lower-than-expected rates of violent crime in the following week but not beyond. The authors concluded that there was limited evidence about the effectiveness of stop and search on crime rates. They go on to explain that to have even a small impact on crime rates would require a massive expansion of stop and search to levels which would probably not be tolerated by certain communities.

Figure 8. Stops and searches in England and Wales, 2001/2002 to 2016/2017¹.



Footnotes

1) Figures from 2001/2002 to 2008/2009 include data for stops and searches carried out by the 43 territorial police forces in England and Wales. Figures from 2009/2010 onwards also include data for stops and searches carried out by the British Transport Police. Therefore figures from 2009/2010 onwards are not directly comparable to previous years.

Source: Home Office, 2017.

In 2016/2017, there were 7,097 arrests for 'offensive weapons', which included knives as well as other objects, as a result of stops and searches in England and Wales (Home Office, 2017). There were 32,852 stops and searches for offensive weapons in the same year. Some of the arrests for offensive weapons, indeed evidence suggests at least a significant proportion (Hales, 2016), will be the result of searches for other items such as drugs. Given that there were 303,845 recorded searches in 2016/2017, at best this means that stop and search is a very inefficient way of

confiscating knives from people who would carry them as weapons (Hales, 2016).

Not only is there limited evidence of the effectiveness of stop and search in reducing crime, but it is also recognised as having detrimental effects on certain groups and on community relations with the police (Keeling, 2017). Stop and search is disproportionately used against people of colour, and, after initial improvements, this disproportionality has widened. In 2016/2017 black people were eight times more likely than

white people to be stopped and searched, compared to four times more likely in 2014/2015 (Home Office, 2017). The vast majority of stops and searches do not result in arrests, and reasonable grounds for a search have been found to not be apparent in around one in six stops, leading to further feelings of victimisation and unfairness (Keeling, 2017).

The Home Office-led Tackling Knives Action Programme (TKAP) was set up in 2008 in response to increases in knife-related teenage murders and hospital admissions. A Home Office evaluation failed to find any discernible effects on teenage knife violence between TKAP and non-TKAP police forces due to the programme (Ward et al., 2011).

In the wake of the 2011 disorders the coalition government was quick to place 'gangs' as the main source of serious violence, culminating in the Gangs and Serious Youth Violence Strategy. Subsequent research found large disparities between the profiles of the people identified as gang members on operational policing tools and those convicted of serious youth violence, and suggested people identified as gang members were responsible for only a fraction of the violence (Clarke et al., 2012; Williams and Clarke, 2016). Notably, research by Williams and Clarke (2016) indicated that most people on gangs databases as part of police gang initiatives were black or minority ethnic, yet most people convicted of

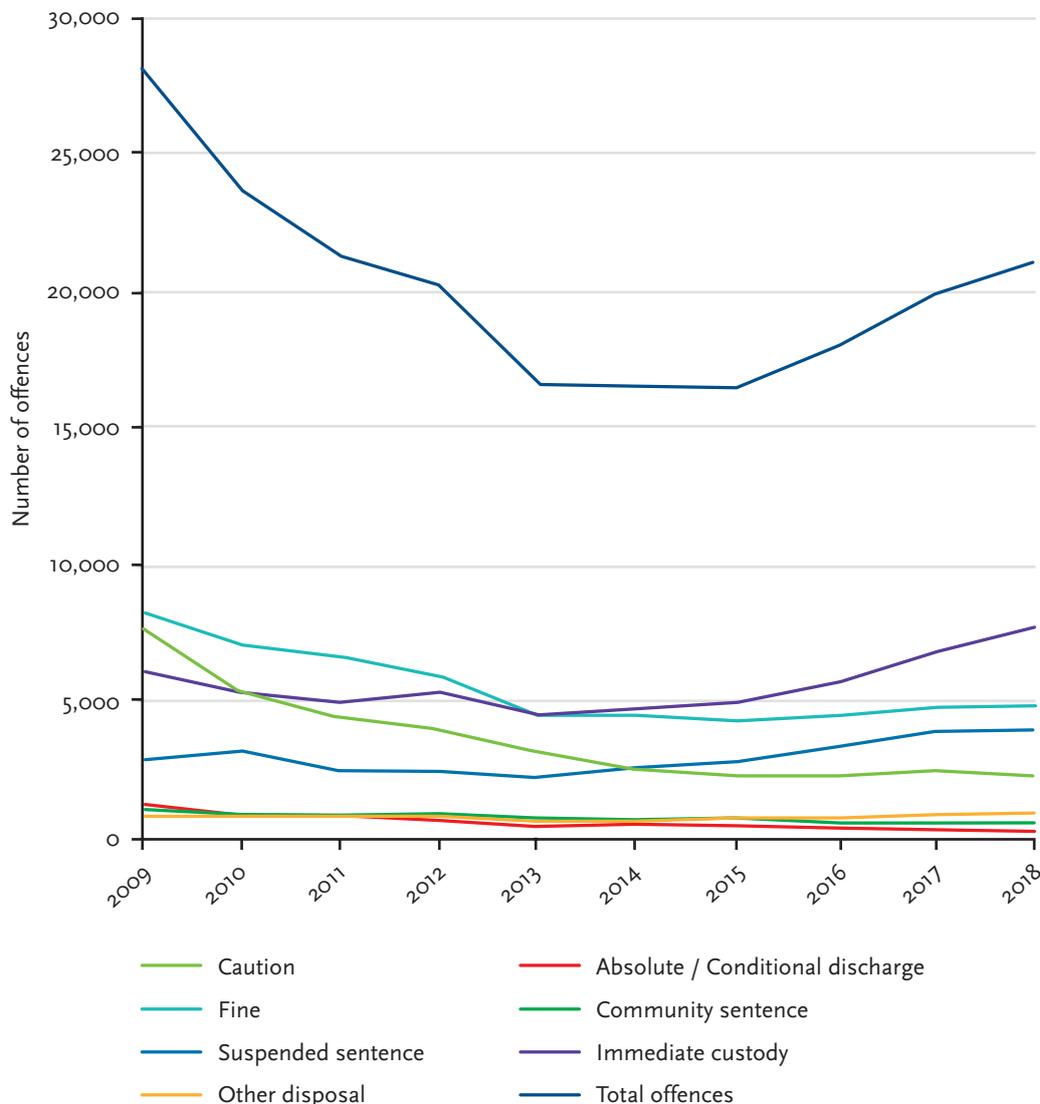
serious youth violence were white.

Little research exists on whether knife amnesties reduce knife crime. An assessment by the Metropolitan Police of the effects of a five-week national knife amnesty in the summer of 2006 found a marginal decrease in knife-enabled offences which lasted for eight weeks before returning to pre-amnesty levels (Metropolitan Police Service, 2006). Moreover, they could not discern whether other non-police interventions or changes in context were responsible for the decrease (for more information see Eades et al., 2007).

Sentencing

The Ministry of Justice (MoJ) publish statistics on disposals for possession of a knife or offensive weapon, which we discuss here. Since 2013 an increasing number of knife and offensive weapon possession offences have resulted in a sentence of immediate custody, after falls from 2009 (Figure 9). A prison sentence is now by far the leading disposal used for these offences. A Court of Appeal judgment in 2008 ruled that people convicted of possession of a knife or offensive weapon should be sentenced at the high end of the appropriate range (Ministry of Justice, 2018a). Similarly, suspended sentences have risen since 2013. At the same time, cautions and community sentences have significantly reduced since 2009.

Figure 9. Knife and offensive weapon offences resulting in different types of sentences, England and Wales.



Footnotes

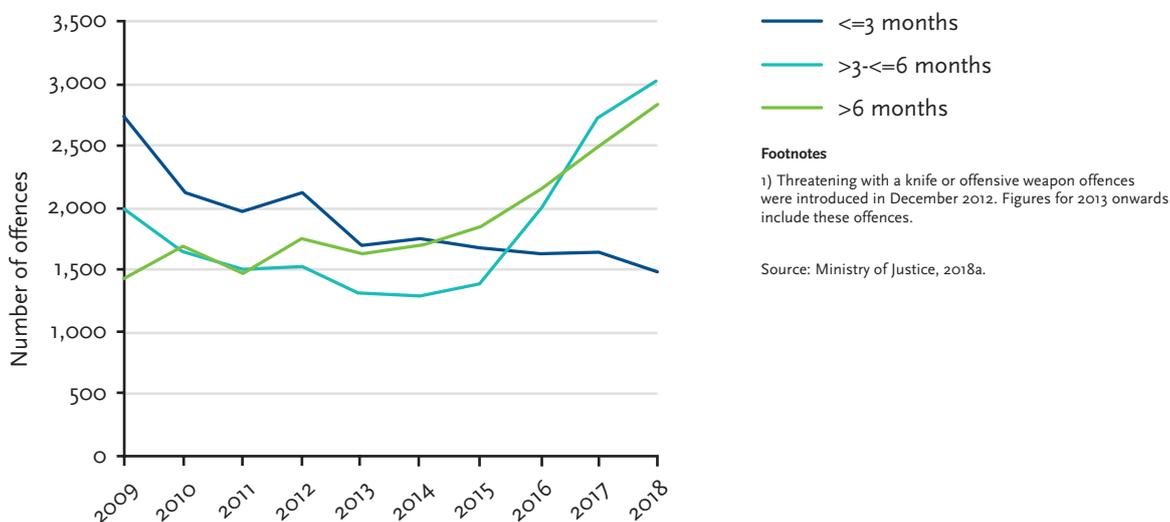
1) Threatening with a knife or offensive weapon offences were introduced in December 2012. Figures for 2013 onwards include these offences.

Source: Ministry of Justice, 2018a.

Knife and offensive weapon possession offences resulting in prison sentences of more than six months have consistently increased since 2009. Possession offences resulting in a prison sentence of greater than three months to six months or less fell between 2009 and 2014, but have since risen sharply. Prison sentences of up to three months for possession of a knife or offensive weapon have fallen consistently since 2009. *The Criminal Justice and Courts Act 2015* introduced a ‘two strikes’

rule, whereby people over 18 convicted of carrying a knife more than once automatically receive a sentence of between six months and four years, and people aged 16 or 17 receive a minimum four month detention and training order. It is not clear from these statistics that a general increase in punitiveness indicated by a greater proportion of possession offences resulting in immediate custody and longer prison sentences has a deterrent effect on levels of knife carrying.

Figure 10. Knife and offensive weapon possession offences resulting in various prison sentence lengths, England and Wales¹.



As custodial sanctions have increased for knife-related violence the safety of prisons and young offender institutions has reached crisis point (HM Chief Inspector of Prisons, 2015-2018; Ministry of Justice, 2018b).

For these reasons it becomes highly debateable whether current policy is either just or effective. Stop and search tactics are increasingly coming under severe scrutiny while research has long criticised the effectiveness of custody (for recent evidence, see Mews et al., 2015 and Barnett and Fitzalan Howard, 2018). The effects on minority communities appear to be both damaging and disproportionate. It follows that we should consider the claims of alternative approaches, ranged under the banner of ‘public health’, for which the evidence base has appeared more promising.

Strategic interventions: towards ‘public health’ approaches?

In a review published nearly ten years ago, we examined the elements of ‘public health’ strategies aimed at reducing injury and distinguished three layers of prevention:

- Primary - services provided for a whole population
- Secondary - or services for those ‘at risk’
- Tertiary - services for those who have experienced or caused injury (Silvestri et al., 2009)

In that earlier work, we concluded that a number of such programmes were better evidenced and apparently more effective than purely suppressive, criminal justice approaches. The previous section has suggested that criminal justice has at best had a decidedly limited impact on the harms caused by knife violence. In this section we first of all describe the existing public health strategy to reduce violence which has been in place for some years and point to limitations in its implementation.

In the following sections we will examine a range of approaches that are mainly aimed at secondary and tertiary prevention. It will become clear that the ‘public health’ label is used to describe programmes that deploy deterrence as well as service provision, while some programmes comprise only the latter. Much of the evidence comes from North America, but in order to study evidence closer to home, we have devoted special attention to the Violence Reduction Unit in Scotland.

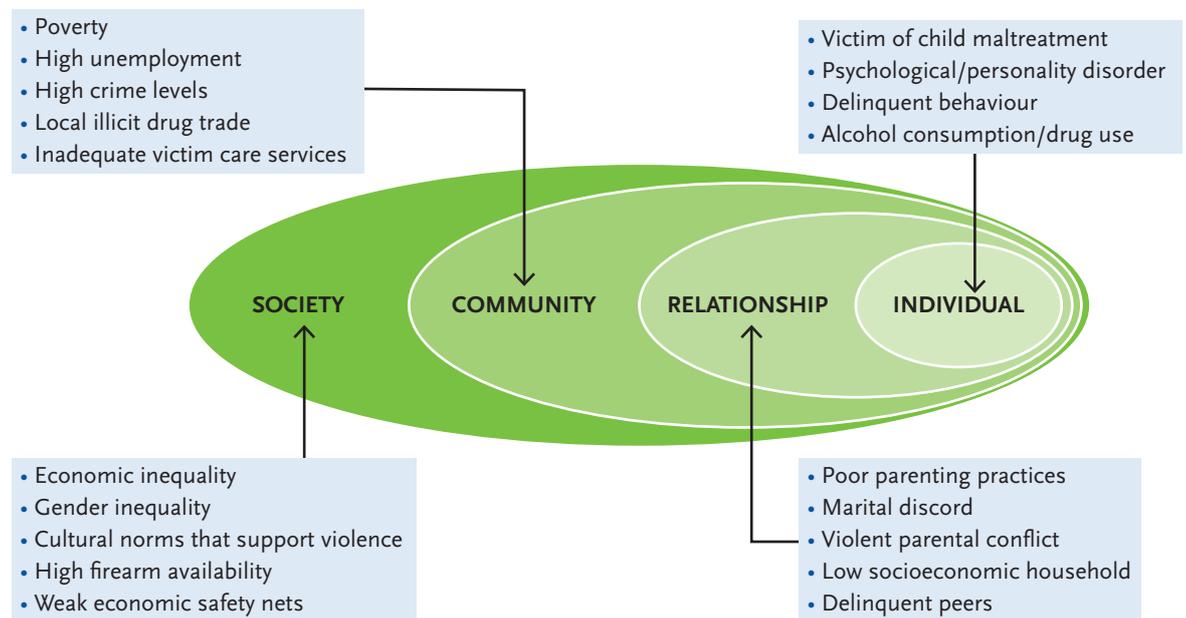
Elements of a public health approach to violence reduction

If, as public health experts have argued, several cross-cutting risk factors for violence have combined effects, it follows that a number of policy fields should be addressed in any comprehensive approach to violence reduction. The figure below describes social, community, relationship and

individual factors (Bellis et al., 2012).

The social factors that influence rates of violence include forms of inequality while at the community level poverty and deprivation add to the risks associated with factors such as drug markets. Violent and discordant relationships enhance the risks at the individual level such as having been a victim of mistreatment as a child.

Figure 11. Some cross-cutting risk factors for violence.



Adapted from World Health Organization, 2004
Source: (Bellis et al., 2012)

Experiencing a ‘cycle of violence’ characterised by intergenerational abuse and violence within communities markedly increases the risk of future engagement in violence (Williams and Donnelly, 2014).

Examining public health responses, research has backed the findings of our previous review (Silvestri et al., 2009) about the promising impacts of specific programmes such as nurse visitation at homes, school-based interventions, schemes for ‘at risk’ youth, and therapeutic family support programmes for those with known behavioural challenges (Welsh et al., 2014). Similarly, a comprehensive examination of 50 systematic reviews concerning the effects of ‘developmental prevention’ for children and adolescents concluded that ‘more investment

in developmental prevention is warranted’ (Farrington et al., 2017).

Halting implementation

The Health and Social Care Act 2012 enacted by the coalition government was meant to underpin joint strategic working to improve health and well-being. The Public Health Outcomes Framework (PHOF) included serious violence, and as public health directors moved into local authorities, it was hoped that a comprehensive approach at local level would materialise.

Furthermore, a range of programmes were endorsed by public health research for their effect on preventing and reducing violence such as nurse-family partnerships, parenting programmes and life skills training. Research from the USA

was cited in support of offering young people in gangs employment support and substance misuse services, thereby reducing violence. Evidence for effective therapies and family support was highlighted as well as promising work in hospital settings with injured young people.

Yet it was less clear how committed recent public health approaches were to offering policies and programmes to ameliorate violence without recourse to enforcement approaches. For example, police and crime commissioners were regarded as key to supporting health agencies' role in violence prevention. The government's intention to 'crack down' on drug supply was an acknowledged part of the landscape. Similarly the government's declared strategy that enforcement was a last resort for those who were 'refusing' to exit a violent lifestyle was contained within an influential outline of a public health approach (Bellis et al., 2012). Moreover, the evidence base for comprehensive interventions against gang crime, with a mix of options, had been assessed as insufficient (Hodgkinson et al., 2009).

A vision of moving away from criminal justice was indeed articulated.

With the new public health system emerging, we have a unique opportunity to ensure that approaches to tackling violence move from a historically punitive system based within criminal justice to a preventative approach that utilises all the assets of government and civil society.

(Bellis et al., 2012)

Yet the call for a move away from punishment seems to have been ambivalently voiced in a policy context where criminal justice remained firmly entrenched. According to the Justice Select Committee,

The new health commissioning structures provide an opportunity to address the need for stronger links between health promotion and crime reduction which has long been lacking. Nevertheless, there remains a considerable way to go before health can be considered a fully integral part of the crime reduction picture.

(Justice Select Committee, 2014)

The Ending Gang and Youth Violence programme, begun following the public disorders of 2011, drew on the language and intended focus of public health approaches, alongside a strengthening of criminal justice interventions. Hospital-based counselling for the injured was introduced and accident and emergency data were to be shared. There was a welcome emphasis on supporting young women affected by gang-related violence. Nonetheless, subsequent reports of success prioritised capacity-building and delivery, not necessarily outcome improvements.

We know that the work of the Ending Gang and Youth Violence programme has made a tangible difference in local areas: last year, 28 of the original priority areas told us that 71% (20) of them had a better understanding of how to intervene early to prevent young people becoming involved in gang violence, and 57% (16) used this information to commission more effective preventative programmes or support.

(HM Government, 2015)

In a recent landscape review of police and health service collaborations, violence prevention was in the middle range of identified areas of collaboration, well below the area of mental health (Christmas et al., 2018), though some coordinated local development has been reported (Middleton, 2013). It may be this uncertainty which frames the largely surgical and treatment focus of literature on knife injuries (Nair et al., 2011). Falls and collisions far outweigh penetrating injuries as causes of death in patients received by a trauma centre (Chalkley et al., 2011). A recent systematic review of the epidemiology of penetrating injuries in the UK showed ambiguity in its results and more research was recommended (Whittaker et al., 2017). Significant under-reporting of assault, among those with multiple injuries, has been claimed by medical researchers (Pallett et al., 2014). Protocols on information sharing between agencies have been developed (Giacomantonio et al., 2014).

Among the applications of health-based

approaches, the recent literature on hospital-based counselling remains relatively sparse. A report by the Mayor's Office for Policing and Crime (MOPAC) has been cited showing that nearly half those engaged by the Redthread service in London had reduced their involvement in violence some months after the intervention (Mayor's Office for Policing and Crime, 2018). According to another evaluation, out of 62 young people engaged, '59% had a reduced involvement with violence, either personally or by association, 28% had remained the same and 13% had increased' while hospital staff were positive about the work undertaken (NPC Associates, 2017). However the difficulty of engaging with injured young people has also been reported by a Child and Adolescent Mental Health Service in London (Viswanathan et al., 2014).

Though educational programmes have the potential to influence dispositions to engage in violence, recent evidence about the impact of direct awareness-raising sessions delivered in a school context appeared to be scarce. The results of awareness-raising according to a study were limited (Hamilton et al., 2016). Primary schools in two London boroughs were found to be missing opportunities to make preventive interventions (Waddell and Jones, 2018).

More recent changes in recorded crime patterns have brought home the limitations of recent policy and encouraged more reflective policy discussions. Grants to support community-based activity against knives had amounted to £765,000 in the period October 2017-January 2018. In 2017/2018 funding of over £280,000 had been given to 16 local Ending Gang Violence and Exploitation (EGVE) projects. Some additional money was promised by the Serious Violence Strategy published in April 2018. It sought to develop a 'multiple strand approach involving a range of partners across different sectors' led by a Serious Violence Taskforce pledging:

- £11 million over two years was promised for an Early Intervention Fund
- Up to £1 million in the next two years was to be

allocated to the Community Fund to tackle knife crime

- a £1.3 million national media campaign
- £3.6 million over the next two years for the National County Lines Co-ordination Centre (NCLCC) to target county lines drug markets (Pepin and Pratt, 2018).

It is interesting to compare these spending figures with the estimated cost of violence with injury (excluding homicide), including its consequences and the responses to the incident, which is estimated by the Home Office to be £14,050 per case (Heeks et al., 2018). Based on a very simple calculation, a project that prevented 100 incidents would be breaking even on an investment of £1,405,000. The desirable scale of investment in prevention should therefore be a foundation stone of future budgetary commitments.

In addition there were some welcome initiatives around mental health and trauma-informed practice and controls on knife sales continue to be advocated (Pepin and Pratt, 2018).

Following its publication, an editorial in *The British Medical Journal* endorsed the principle of partnership but lamented past cuts in supportive services and called for reduction in inequality and lack of opportunity (Middleton and Shepherd, 2018). In another contribution to the discussion of health-based approaches to knife crime, public health funding cuts beginning in 2015-2016 have been indicted as a constraint on effectiveness (Cattermole et al., 2018). The Association of Directors of Children's Services commented:

The strategy emphasises the importance of local communities and partnerships yet provides little for local authorities to develop local responses.

(Association of Directors of Children's Services, 2018)

The independent Youth Violence Commission has this year also advocated a national public health model, with greater provision of early childhood centres and a review of drugs legislation (The Youth Violence Commission, 2018).

Burgeoning research support for public health approaches has therefore not been matched by the implementation of policy. As we shall see, the nature of the relationship between criminal justice and social agencies remains an important question in evaluating the design of public health strategies against violence.

‘Pulling levers’, or focused deterrence

A number of US projects have been categorised as forms of ‘focused deterrence’ in which individuals are targeted for attention, warning them directly that they will be the subjects of criminal justice action if they continue their pattern of behaviour. Typically they are also offered opportunities (such as job training) intended to divert them from ‘high-risk’ activities.

A review for the Campbell Collaboration has concluded that the evidence drawn from several similar projects makes a good case for the approach (Braga and Weisburd, 2011). There are, however, still unanswered questions about how, given their complexity, their claimed effects are achieved (Engel et al., 2013).

Focused deterrence clearly starts from criminal justice assumptions and puts the police in a significant position of influence. While the projects offer social assistance, they should be differentiated from public health programmes like Cure Violence in the USA that adopt a more motivational and non-threatening approach.

In Scotland the Violence Reduction Unit founded in 2005 has drawn on strands of work emerging from the USA, including focused deterrence as well as public health prevention. As a police-managed project, it can be distinguished from programmes such as Cure Violence which lie outside the conventional criminal justice system.

‘Pulling levers’ in London

The clearest and most recent attempts to import a ‘pulling levers’ strategy to England and Wales took place in London, with discouraging outcomes.

The London Pathways Initiative, which began in

2009, followed in the footsteps of the Boston Ceasefire project, aiming to reduce gang-related violence in three boroughs. However the implementation was inconsistent. The ‘call-ins’ were carried out differently in the areas and a wide range of participants were worked with, including many with no previous criminal convictions. Thus no robust comparison group could be identified (Dawson and Stanko, 2013).

The piloting of a Group Violence Intervention (GVI) in London was similarly evaluated as a means of filling in the gap in evidence about how to reduce gang-related violence in UK (Davies et al., 2016).

Beginning in 2014, the GVI also borrowed from the Ceasefire model in the US, which required that communities call for violence to stop, that swift action to be taken against gang members as a collective, and that opportunities for exiting the gang be offered. In the London context, Operation Shield, as it was to be known, was communicated externally as a form of tough collective punishment, which aroused opposition.

Stakeholders questioned the integral nature of gangs in the UK, which drew into question how the project could pass on messages to members. Police activity appeared uncoordinated, with unrelated strands of operational response. Community involvement was halting, amid signs of resistance.

The evaluation found no discernible impacts on either the recorded behaviour of the target individuals or more widely in the pilot boroughs, over a follow-up period of 13 months.

At root, the structured gang model familiar in the US was revealed to be inapplicable to circumstances in London and elsewhere. At the strategic level, political advocacy of punishment outweighed any other message within the programme.

Furthermore, a review of 12 interventions to reduce gang and youth violence in London was unable to confirm evidence of their impact on behaviour (McMahon, 2013).

Controversy over gangs

Criticism mounted as the operations of the Metropolitan Police Gangs Matrix database came under scrutiny. Information about the composition of the Matrix served to highlight racial bias in determining gang identities and drawing in associates with little evidence of their risk of harm (Scott, 2017). The disconnect between gang data and serious violence was further evidenced in a critical report (Williams and Clarke, 2016).

The failure of GVI in London showed that ‘gang thinking’ was prone to distorting the realities of violence. The same misunderstandings were at the root of the Gang Matrix database which demonstrably targeted black groups on the basis of association rather than evidence of behaviour. As a way of coming to terms with real risks, the officially driven ‘gang’ approach has failed while causing injustices which further alienate communities.

More recently, another version of GVI has been advocated for use in London (The Centre for Social Justice, 2018). It argues for a unified strategic body comprising police, local authorities and so on, but with no apparent place at this governance level for health agencies. As well as supporting help for families and young people, it proposes an increase in search powers and an enforcement ‘toolkit’ to target the most harmful individuals. It commends stop and search tactics and increased sentences for knife possession. The report claims that previous GVI attempts in London (including Operation Shield) were not sufficiently faithful to the model. However, given previous experiences, it is questionable whether its strong assumptions about group conformity among those targeted can be sustained. Its faith in criminal justice solutions contrasts with the evidence of their ineffectiveness in reducing harm and of their deleterious consequences.

What happened in Scotland?

The Violence Reduction Unit (VRU) in Scotland has achieved prominence as a potential model for innovations in other parts of the UK. How persuasive its work can be will depend on how

far it has addressed problems found elsewhere and how convincing are its documented results. We firstly examine research on youth and trends in violence, which indicate the larger patterns in Scotland from the beginning of the century.

‘Troublesome’ youth

An official study of young people engaged in knife carrying across Scotland showed a familiar pattern of how young people formed territorial identities in areas of deprivation where they were socially and economically restricted (Bannister et al., 2010). Assertion of their social identity in the form of ‘troublesome’ group rivalries took shape against a background of reduced opportunities. However, drug selling was reported to be a ‘very peripheral’ part of the groups’ activities.

Attitudes to knife carrying were varied and rarely uniform. While some were influenced to modify behaviours by criminal justice interventions, these impacts were by no means universal.

The patterns of rivalry were strongest in Glasgow, where the VRU initially concentrated its efforts. In an Edinburgh study, knife carrying was found among young people who were fearful but not necessarily engaged in troublesome behaviour. Just a quarter of those in a gang at the age of 13 were still members of a gang by the age of 16 (McVie, 2010). There were indeed notable differences in the salience of groups among different cities in Scotland.

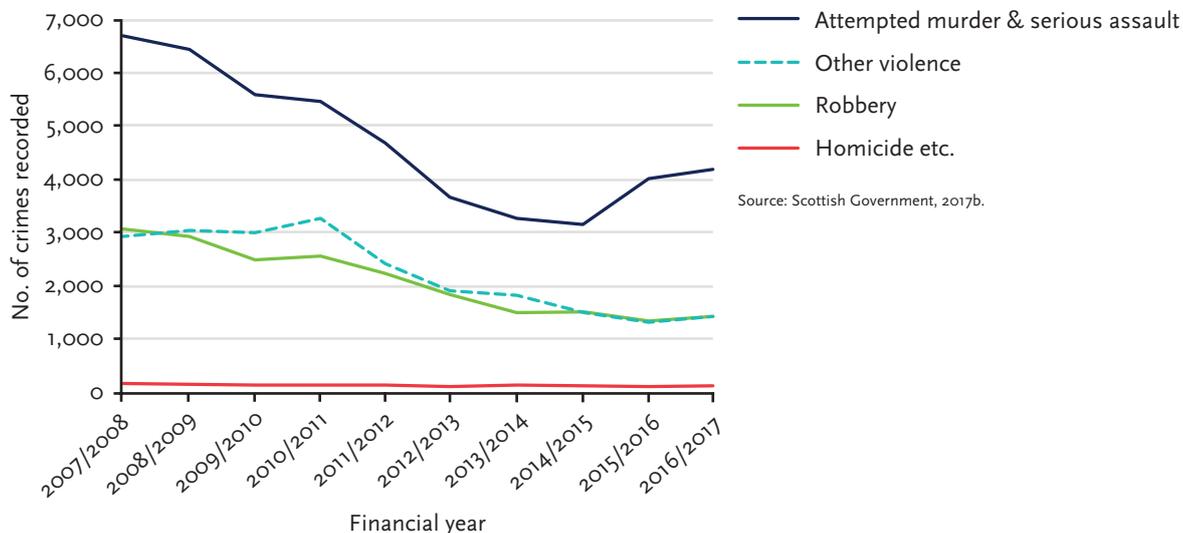
The life stories of young people imprisoned for violent offences show the imprint of disturbed childhoods amidst threatening social environments in impoverished neighbourhoods (Holligan, 2015).

It was noted, however, that data on youth violence was not consistently collected in Scotland (Fraser et al., 2010).

Long term trends

There is evidence of long term reductions in recorded crimes of violence across Scotland in the period 2007/2008 to 2016/2017.

Figure 12. Non-sexual crimes of violence in Scotland, 2007-2008 to 2016-2017



Other sources attest to the same trend. Strikingly, violent crime reported in the Scottish Crime and Justice Survey decreased to a greater extent.

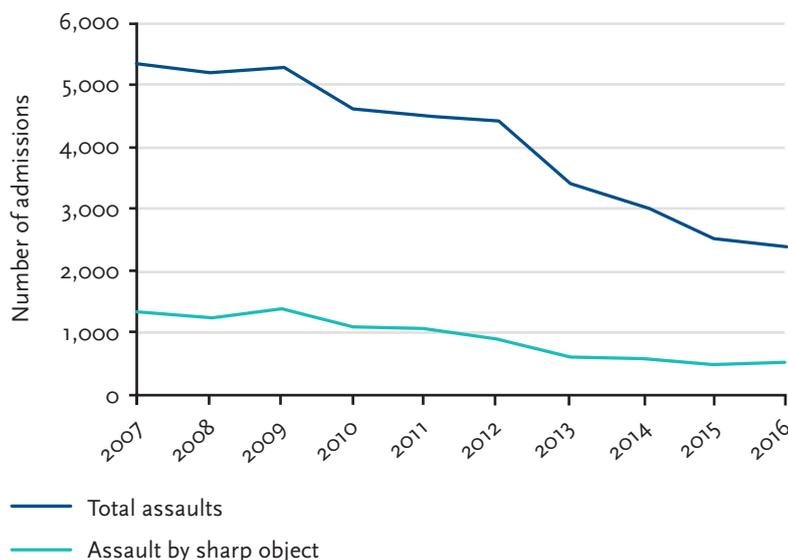
...recorded violent crime figures in the comparable category decreased by 24% between 2008-09 and 2014-15, while for the same period the SCJS estimates of violent crime decreased by 41% (a statistically significant change in the SCJS results).

(Scottish Government, 2017b)

In the period 2000 to 2009, adult emergency hospital admissions for assault by sharp object rose to a peak in 2002 and then fell back to just below the level in 2000 (McCallum 2011).

Based on emergency admissions data, the chart below shows a consistent subsequent decline in assaults by sharp object from 2010 to 2016.

Figure 13: Emergency hospital admission in Scotland as a result of assault and assault by sharp object, year ending 31 March 2007-2016



Source: Information Services Division, 2017.

The number of homicide cases in Scotland fell by 47 per cent between 2007/2008 and 2016/2017. Indeed, in 2016/2017, only five people under 21 years of age were homicide victims (Scottish Government, 2017a). Knife carrying was not the only challenge; the use of kitchen knives remained significant in domestic as well as non-domestic homicides (Kidd et al., 2014).

Reductions in violence have therefore been observable in national statistics over several years. Exactly why there have been such changes remains to be established, though a number of factors have been identified by research. In one study, periods of growth in recorded non-sexual crimes of violence in Scotland from 1985 to 2012/2013 were significantly linked to average alcohol consumption. Police clear-up rates, but not average sentence length, were linked to reductions in violence, while increase in the number of offenders sentenced to custody was associated with rising violence (Humphreys et al., 2014).

Teasing out consistent factors over such a long period is challenging. While encouraging in general, the 'crime drop' evidence means that attributing particular reductions to a particular intervention is made more complicated.

Evaluation of the Glasgow Community Initiative to Reduce Violence

The Violence Reduction Unit coordinated a range of interventions, in particular, the Community Initiative to Reduce Violence (CIRV).

The best-evidenced project interventions have been the initiatives under the CIRV which took place from 2008 to 2011 in the East End of Glasgow (Williams et al., 2014).

In principle, the CIRV intervention belonged to the class of focused deterrence projects typified by the Cincinnati Community Initiative to Reduce Violence. Glasgow and Cincinnati had similar socio-economic profiles and challenges, including patterns of unemployment and recorded crime (Graham 2016; Squires et al., 2008).

In addition to attendance at introductory CIRV

sessions at the Sherriff Court, participants were offered a range of services by statutory and voluntary agencies.

It was noted that unlike cases in the USA, the participants were young people averaging 16 years of age, and there was no formal hierarchy in the gangs identified, suggesting that the CIRV was breaking new ground.

For legal reasons, the initial sessions were described as 'self-referrals', and enforcement against the whole group at the same time, at police discretion, was not possible because the police were bound to refer cases to the Procurator Fiscal. Hence the project differed from the Cincinnati model (Graham, 2016).

Interestingly, breaches of the pledge not to carry a weapon or use violence resulted in temporary exclusion of a whole gang from the project.

There is also evidence that enforcement was stepped up, including new sentencing powers and police stop and searches (Crichton, 2017). In 2009/2010 the highest rate of offensive weapon offences for council areas was in Glasgow City, while across Scotland, the average sentence for possession of an offensive weapon rose from 217 days in 2007/2008 to 274 days in 2009/2010.

At the same time, from 2006/2007 to 2009/2010, there was a very large reduction in cases of offensive weapon possession referred to the Children's Reporter, the administrator of the Children's Hearing system, which echoed the general trend of reduction for referred offences in general (McCallum, 2011). Rates of conviction for young men also declined from 1989 to 2012 (Matthews, 2014).

A comprehensive study of stop and search in Scotland was not published till 2014 (Murray, 2014). It noted that stop and search rates have been much higher than in England and Wales, and that by far the greatest use of the powers has been in Strathclyde. In addition, in 2009, metal detectors were introduced to detect weapons carried into Glasgow (McCallum, 2011). In 2010, the search rate per head of population in Strathclyde was double that in London. Yet evidence about positive outcomes was deemed to be lacking.

To be clear, at the time of writing, there is no robust evidence to suggest a direct association between the use of stop and search and offending levels, either in Strathclyde, or in Scotland more broadly.

(Murray, 2014)

Concern was also expressed about the non-statutory use of stop and search. To understand the relationship between the CIRV project and practices of stop and search therefore raises a number of questions about its scope and effects which deserve further exploration.

Participants reported positive experiences with their mentors (Burns et al., 2011). However, another, 'insider' viewpoint claims that mentoring did not operate in the same way as it had in Cincinnati (Graham, 2016).

The formal CIRV evaluation focused on outcomes for the young people engaged with the project. It indicated that a reduction in police-recorded weapon-carrying was associated with participation in the project. The participation data relate to 167 young men who engaged with the project, out of 700 initially approached. Their police records were followed for up for two years after the intervention and compared with those of a similar group of the same size from another part of Glasgow. It is not clear whether the comparisons factored in any effect of punishments including imprisonment (Williams et al., 2014).

In 2016, the former Deputy Manager completed a thesis on violence reduction, pointing out that the project, which had been expected to expand its reach, experienced its 'demise' in 2011, when official support was withdrawn (Graham, 2016). Hence the challenge of sustainability proved a major hurdle that the project failed to overcome.

Subsequently, the Violence Reduction Unit has expanded its remit across Scotland, and committed itself to a strategy that includes primary, secondary and tertiary intervention, as well as enforcement and criminal justice, and bringing about attitudinal changes (Scottish Violence Reduction Unit). More recent innovation includes hospital-based counselling (Goodall et al., 2017).

How much does the Glasgow example matter?

“ The public health approach is well evidenced in Scotland. There are very different communities, very different dynamics and very different issues around violence and, indeed, youth violence but, nevertheless, there have been massive reductions in violent crime through a primary health lens.

Cressida Dick, Metropolitan Police Commissioner

Source: Townsend, 2018.

The Glasgow CIRV evaluation's authors warned against a simple transfer of the CIRV model to other settings. The debateable role of stop and search as a general police tactic is certainly one aspect that complicates the picture of impact otherwise presented by the evaluation. The more general decline in youth convictions in Scotland forms another background to an assessment of outcomes.

Because effects at a general level, such as a whole city, are difficult to interpret, the evaluation's focus on individuals appeared to present an advantage. The encouraging research results were, however, based on a single group comparison which may not be sufficient to support firm conclusions about the transferability of the project.

Focused deterrence strategies have been ambitiously framed, seeking city-wide effects, which poses evaluative challenges, especially over particular time scales. Exactly how results at a city level are produced remains moot (Engel et al., 2013). Neighbourhood variations revealed by a study in Scotland add to the difficulties of ascertaining concrete impacts (Bannister, 2018).

The retrospective academic analysis by the former project Deputy Manager raises further questions about the effective transfer of project models and how results were evaluated (Graham, 2016). While clearly not the product of a detached or independent viewpoint, the study cast the CIRV project in a different light, not least by asking difficult questions about how far models are replicated and what this can mean for

understanding their impacts.

The results of focused deterrence seem to depend on effective targeting which engages with individuals who belong to groups that otherwise would confront one another. Engagement strategies are, of course, a shared feature of other methods of conflict resolution and individual support. Approaches to engagement deserve more attention as a focus of design and evaluation of initiatives of different kinds. The pressure placed on target groups to suppress their members' violence assumes coherent group identities that can be 'levered' to affect individual members. It is this aspect that remains far from clear in the UK where youth affiliations are far less structured than in the USA.

Police leadership in such projects appears to be premised on their primary roles in delivering deterrence messages. If, however, deterrence is not necessarily central to effective community safety projects, especially preventive ones, the question of leadership becomes more open and remains one to be addressed by those seeking to establish strategies in their own settings.

“ You can trace a line of inequality through the communities that the crime gangs operate in... If you are a young man who knows he has no future in work but everywhere sees evidence of grossly conspicuous consumption, then of course he wants some of that for himself.

John Carnochan, former detective chief superintendent in Strathclyde police and co-founder of the Violence Reduction Unit.

Source: McKenna, 2017.

The ten-year strategy of the Violence Reduction Unit provides an opportunity for a more comprehensive national attempt to tackle the roots as well as the manifestations of violence. The test will be whether studies and evaluations are sufficiently scaled-up to assess how the different branches of the strategy are implemented. As, according to the Mayor of London, a Violence Reduction Unit is planned for

the city, the complexities of what has happened in Scotland deserve greater scrutiny than ever.

Evaluation of the Violence Prevention approach

Instead of threatening punishment, Cure Violence seeks to address incentives and social norms. In its theory, it belongs to the same family of public health campaigns as those against smoking.

A number of rigorously designed evaluations have examined the impact of Cure Violence programmes in the United States. The evidence about results has been described as 'mixed' and more evidence has been called for (Butts et al. 2015; Neville et al., 2015).

From 2012, the Chicago Ceasefire project sought reductions in homicides, shootings and total violent crime reports in two districts. It operated with 'outreach' and 'violence interruption' activities carried out by dedicated workers.

In Chicago, effects on recorded violence were significant from the first month of the project (Henry et al., 2014).

The key impact was enabling participants' reflection on their lifestyle and highlighting new opportunities for them. Other activities in the wider community appeared less significant, findings echoed in New York (Picard-Fritsche and Cerniglia, 2013).

The Chicago evaluation strongly suggested that effective intervention was based on deploying workers who could resonate well with 'high-risk' members of a community.

It is clear that CeaseFire workers' background is an essential element to their credibility providing the social capital needed to encourage participants to listen and respect CeaseFire's message.

(Gorman-Smith and Franklin Cosey-Gay, 2014)

The project's personalised delivery helped to address the isolation of participants who felt under threat.

The evidence base for the success of Cure Violence is no more than promising, but by working directly and purposefully with individuals and communities, it charts a path towards future interventions with, rather than upon, communities. If there is a conclusion to be drawn more widely, it is that violence reduction can benefit from the mobilisation and participation of community members in pursuit of positive goals. It is far more than simply a question of organising the conventional local agencies to work more effectively together.

The theoretical model underpinning Cure Violence is inspired by the concept of combating epidemics, in which diseases are mapped and population behaviours that carry the infection are addressed. If violence begets violence, then the epidemic concept can be a powerful way of understanding the transmission of violence between generations or among peer groups. The more transmission is interrupted, the greater the chances of significant reduction. The question to be posed to public health initiatives is how far the key conditions that generate epidemics are being dismantled: what should happen to eliminate them in the future? Here critics will look at the continuing forces of inequality, racism, and discrimination which undermine and destabilise lives. For too many, it seems that their underlying experiences of trauma inspires a search for scapegoats to assuage feelings of oppression and despair.

The mixed findings for Cure Violence remind us that the public health approach comprises several levels, and strategies should look beyond tertiary interventions such as this, instead seeking to establish tiers of service levels, with attention to universal primary services, secondary services for those 'at risk' and tertiary interventions for those already affected. Rooting out epidemics may at times be necessary, but prevention removes the conditions in which they can erupt.

Looking forward

In this briefing, we have collated evidence about the recent claims that 'knife crime' has surged, and concluded that the evidence is less clear and uniform than would seem at first sight. We have assessed a number of possible 'drivers' of violence in which knives feature and have arrived at some provisional conclusions. The doubtful impacts of criminal justice interventions on measures of knife-related incidents have been examined.

As an alternative, the official installation of a public health strategy has so far failed to fulfil its potential. A major task for us has been to unpick the deterrent and service components of 'public health' programmes. Given the ubiquity of knives as possible weapons, there is much to be done to design and implement public health strategies which possess multi-level dimensions, and are actively managed and led by health and other social services.

In its international review of evidence, the World Health Organization (WHO) concluded that, compared with criminal justice, the evidence for public health interventions for the reduction of violence was 'much stronger', and the evidence for early, compared with late intervention, was similarly superior, but despite the expense required late interventions should also be pursued. More evaluative evidence was required for programmes in Europe, since the evidence base in North America was judged to be better developed (Sethi et al., 2010). The case for preventive interventions continues to be strongly sustained (O'Connor and Waddell, 2015; Farrington et al., 2017). However, the evidence around the various tertiary interventions grouped under the public health banner still poses unresolved questions (Hodgkinson et al., 2009). While comprehensive strategies have a clear appeal, they must be concretely grounded in particular contexts so that meaningful outcomes can be realistically assessed.

The siren call of criminal justice is inspired by its emotive assumptions about combating

'threats', reducing 'risk', and preventing incidents 'spiralling out of control'. Once social phenomena are predominantly labelled in this way, calls will be made for criminal justice intervention to be ratcheted up. It is apparent that welling social anxieties are ripe for exploitation by political voices harping on such themes. At the same time there are other political tendencies which are ready to advocate what seem more efficient strategies that harness other parts of the state than criminal justice. The growing calls for 'public health' approaches to youth violence testify to awareness of those possibilities. What has been lacking has been a clarity about what such approaches mean, what evidence supports them, and what options should be considered in shaping them in the future. In particular the part played by drugs policy in creating or diminishing the conditions for both violence and health harms should be reassessed.

In this briefing we have attempted to go beneath the surface and to assess evidence about the implications of the principal approaches that feature in public debate. We hope that the information and analysis furnishes participants in the debates and decision-making with tools to move forward in their thinking and awareness. For young people in particular, concerned about the risk of injury yet wary of intrusive state intervention, this serious discussion is long overdue.

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Responsibility for errors rests with the authors.

Note on search for study materials

Within the online Open University library resources, a general search was made using the phrase 'knife crime UK'. The resulting first 440 articles were scrutinised. Next, a search was made using the terms 'Violence and knife', focusing on peer-reviewed articles published 2008-2018, and 250 items were examined for their relevance. The terms 'Violence and public health' were then used in a search for peer-reviewed articles in the same period and 150 items were examined for relevance. Relevant items were downloaded from each of these searches. References in a number of articles were hand-searched.

Websites accessed included:

<http://cureviolence.org/>

<http://whatworks.college.police.uk>

<https://www.campbellcollaboration.org>

<http://apps.who.int/iris>

<http://www.research.aqmen.ac.uk>

<http://www.cardiff.ac.uk/violence-research-group>

<https://www.london.gov.uk/what-we-do/mayors-office-policing-and-crime-mopac/data-and-statistics/academic-research#acc-i-46549>

<http://actiononviolence.org/resources>

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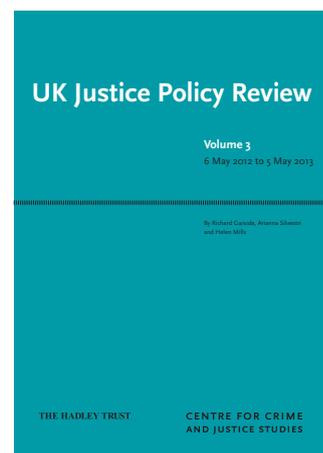
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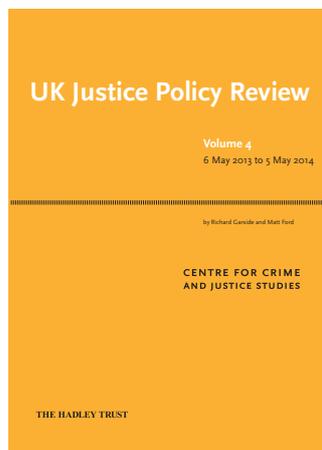
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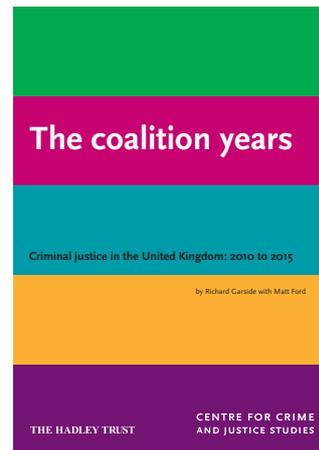
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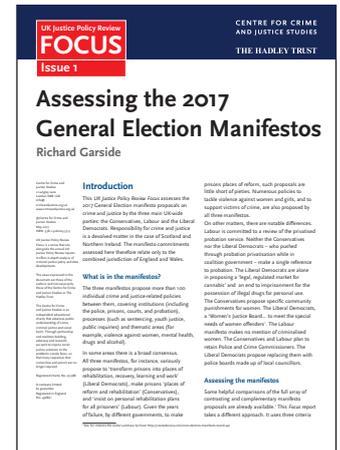
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