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The Role of Data in Informing Violence Prevention

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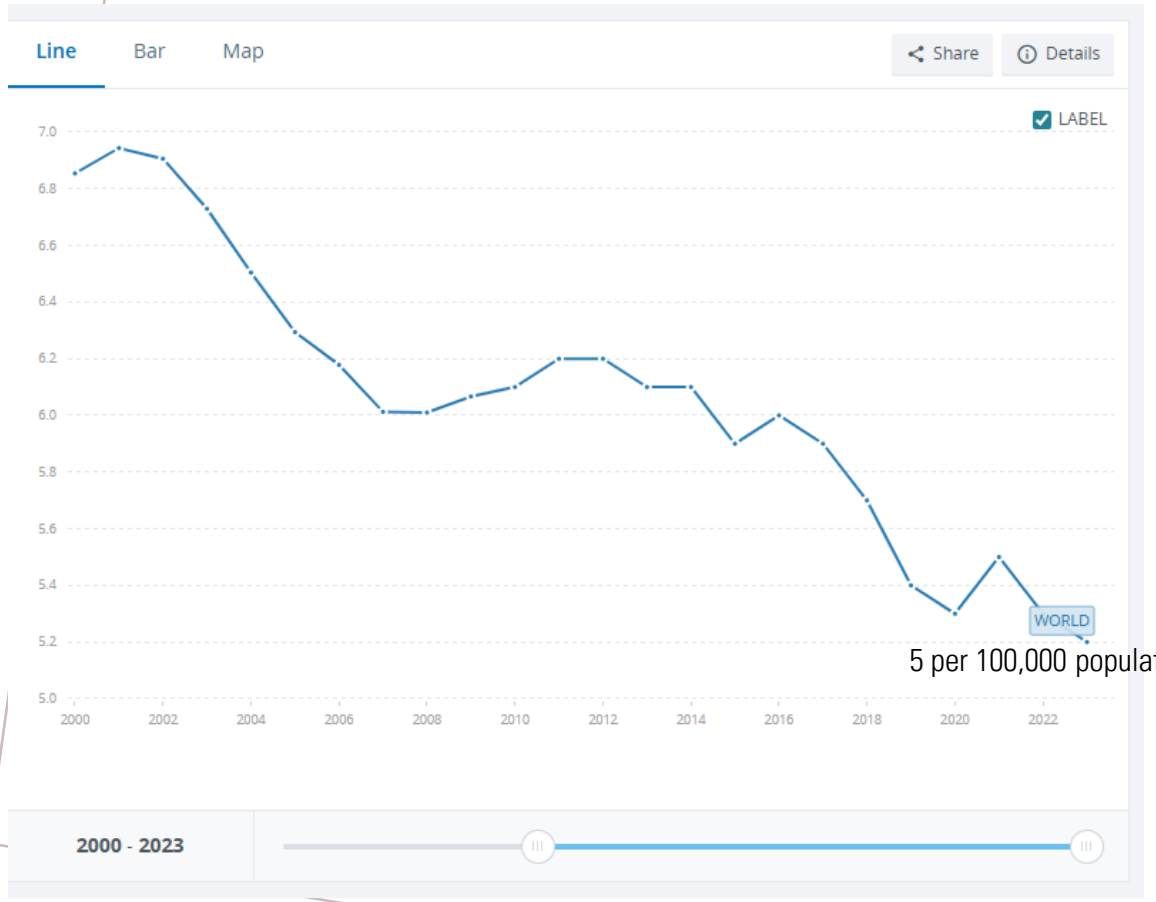
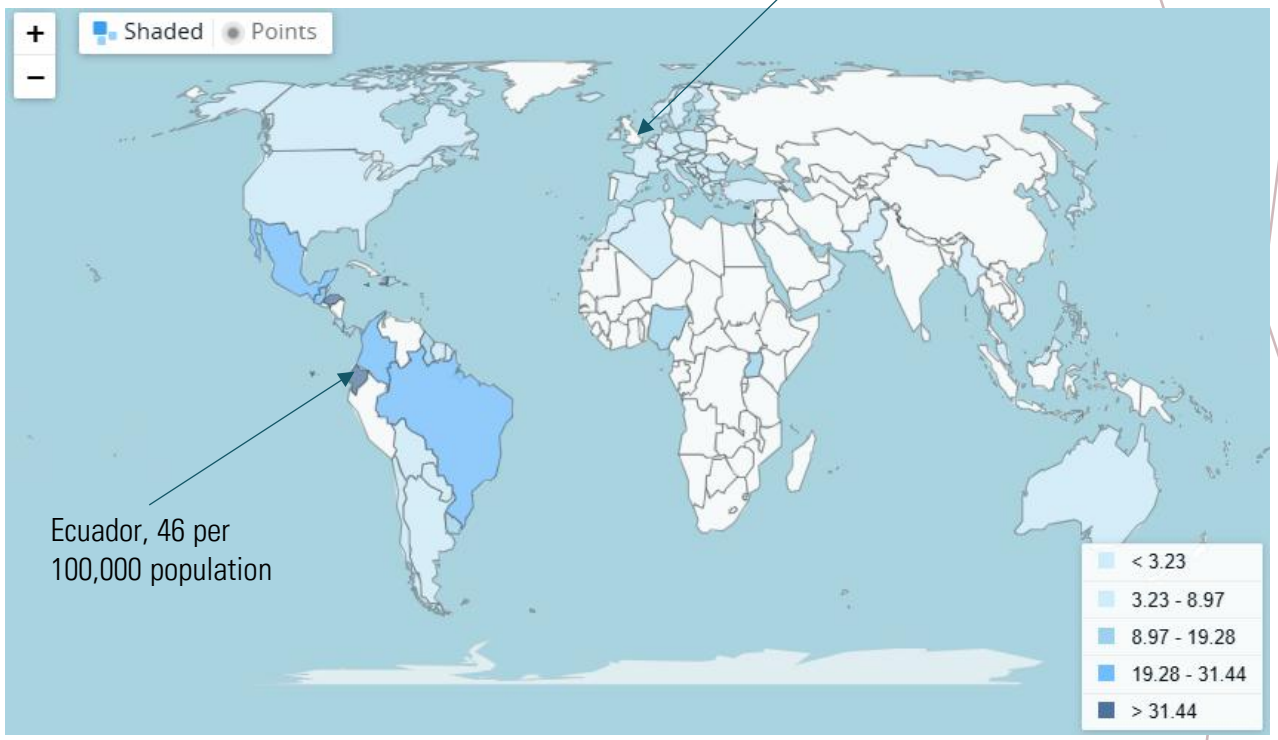
GLOBAL LEVELS OF VIOLENCE: INTENTIONAL HOMICIDES



5 per 100,000 population



UK, 1 per 100,000 population

Ecuador, 46 per 100,000 population

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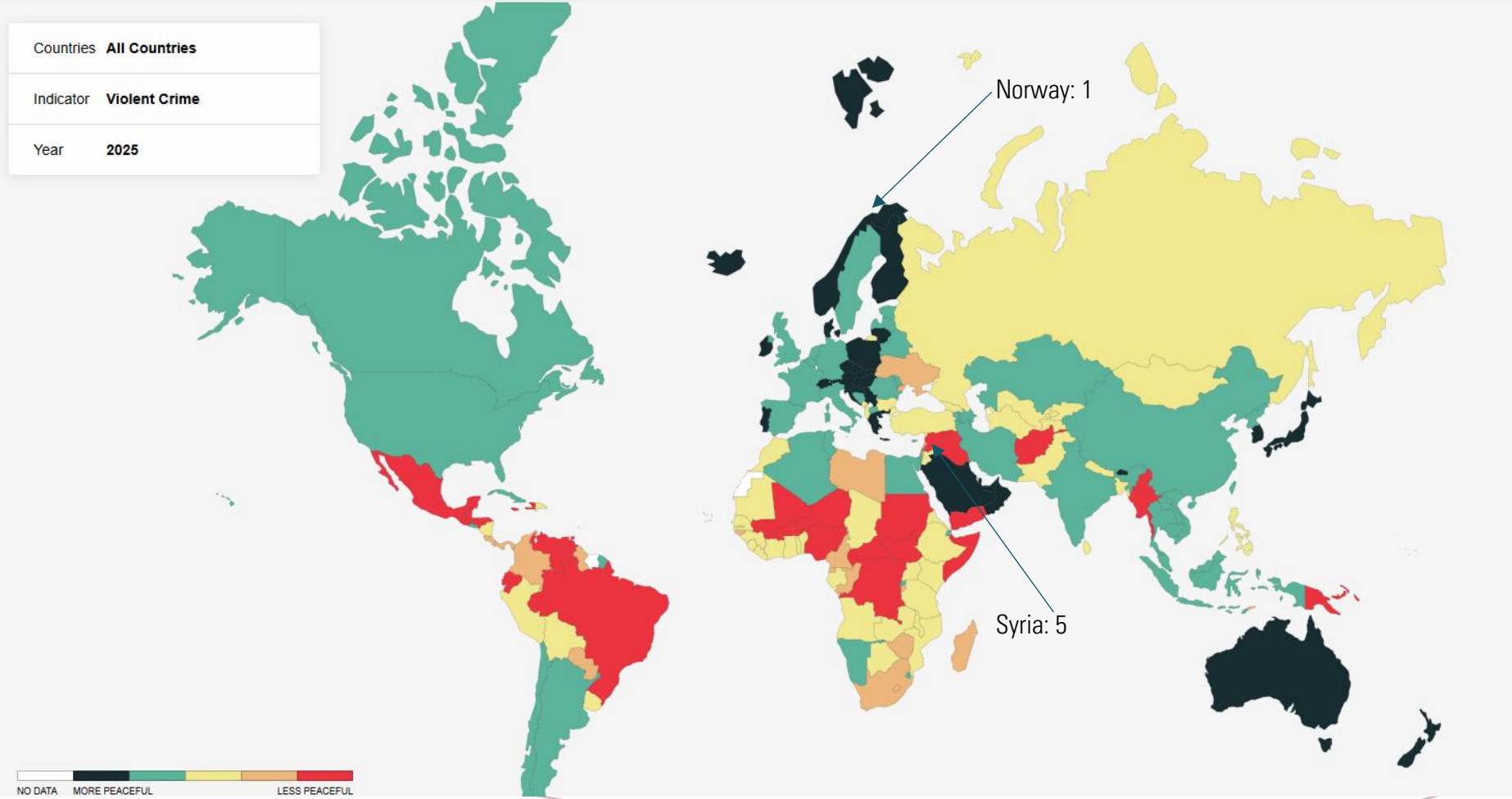
GLOBAL LEVELS OF VIOLENCE: VIOLENT CRIME



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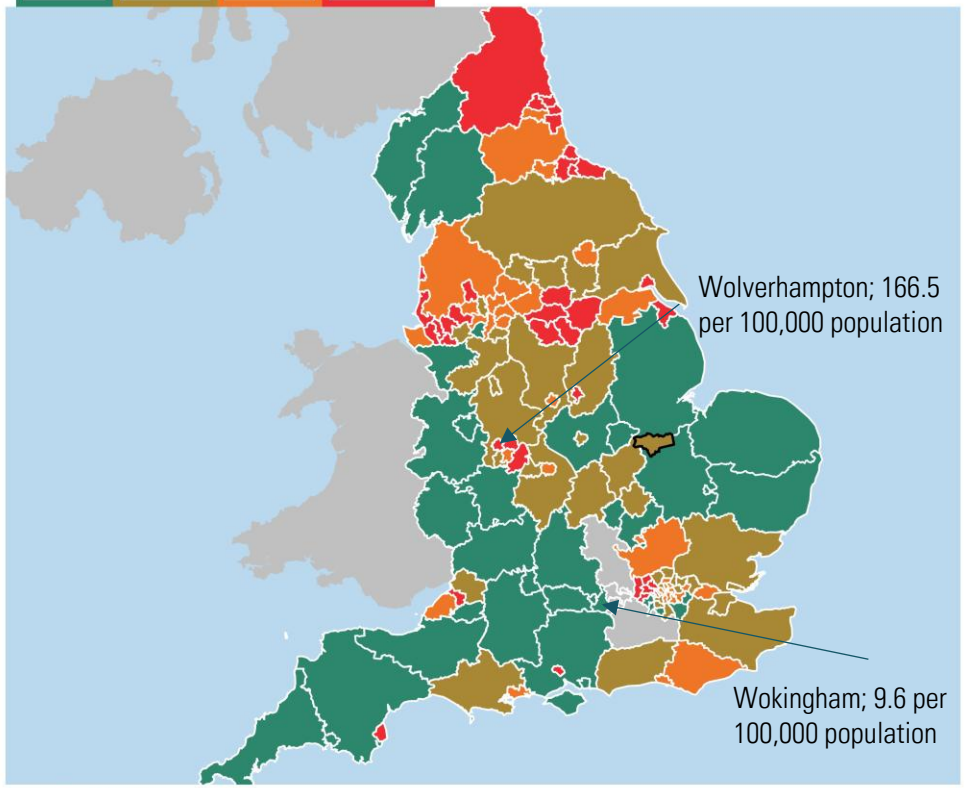
NATIONAL LEVELS OF VIOLENCE: HOSPITAL ADMISSIONS

Hospital admissions for violence (including sexual violence) per 100,000 population (2022/23-2024/25) for All English single tier and county councils

Quartiles for All English single tier and county councils

9.6 ≤ 22.5 | 22.5 ≤ 31.1 | 31.1 ≤ 42.7 | 42.7 ≤ 166.5



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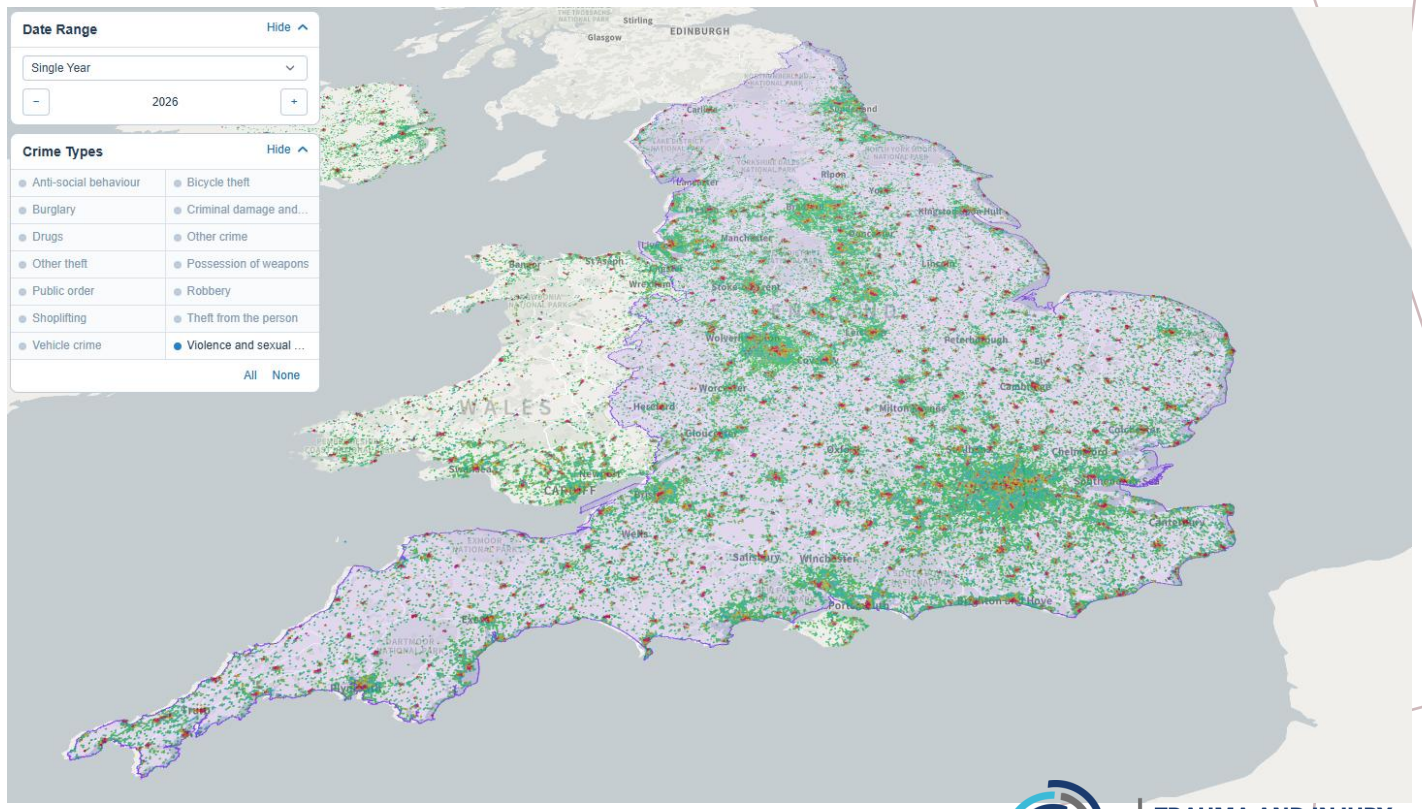

Source:
Office for Health Improvement and Disparities (OHID)

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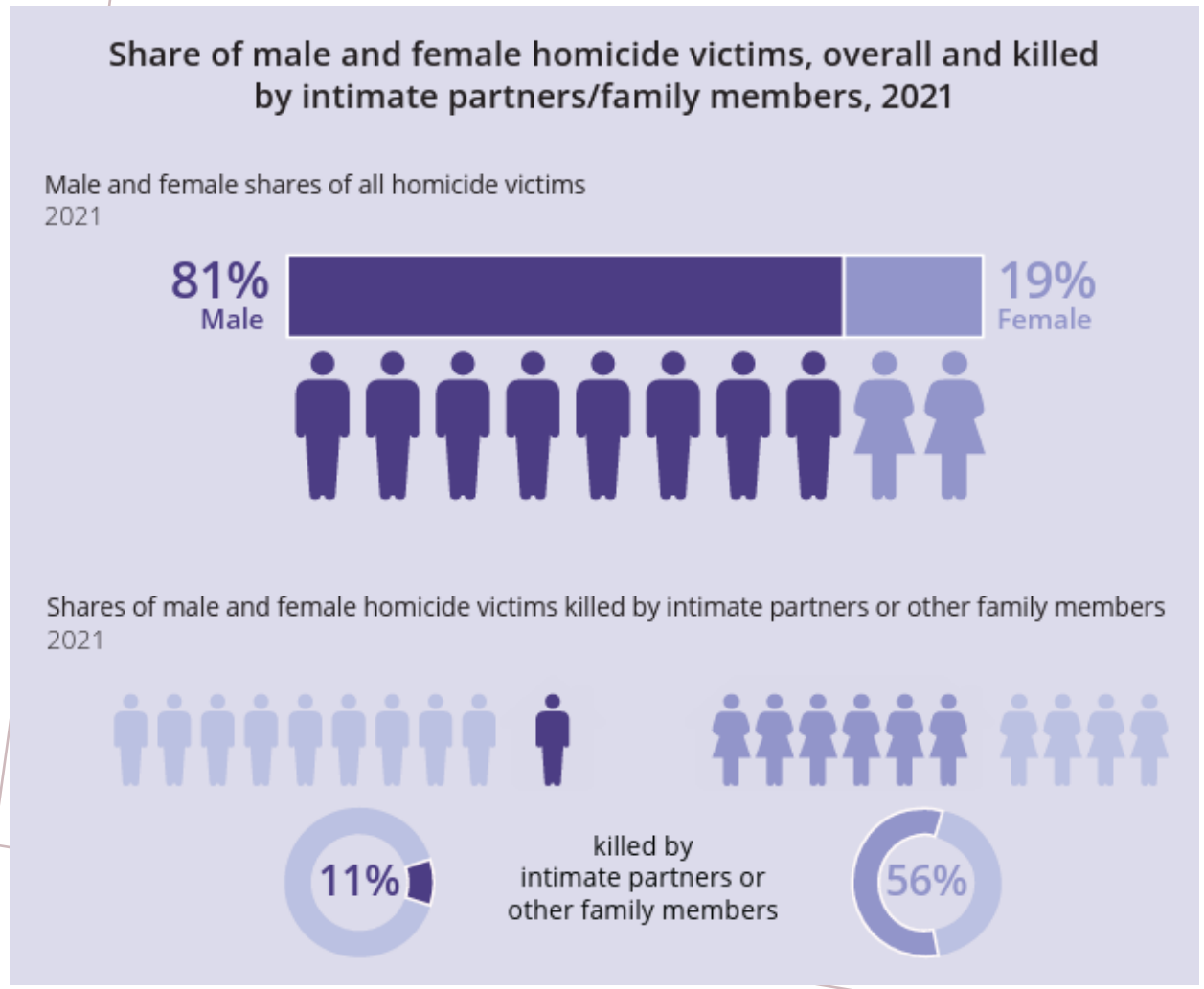
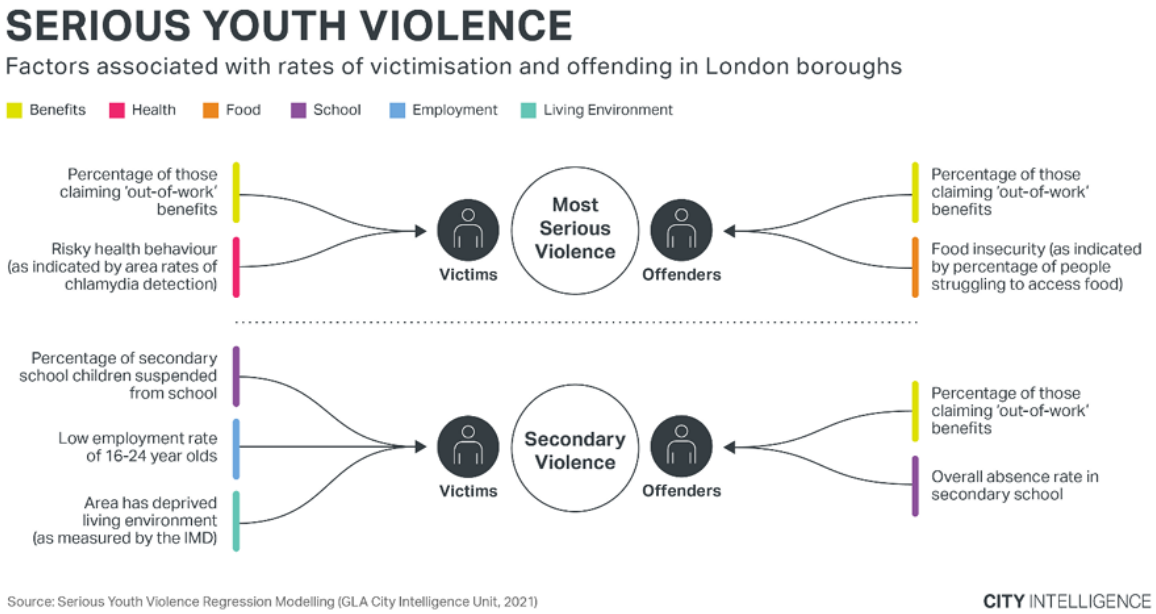
DEMOGRAPHIC FACTORS





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COSTS OF VIOLENCE

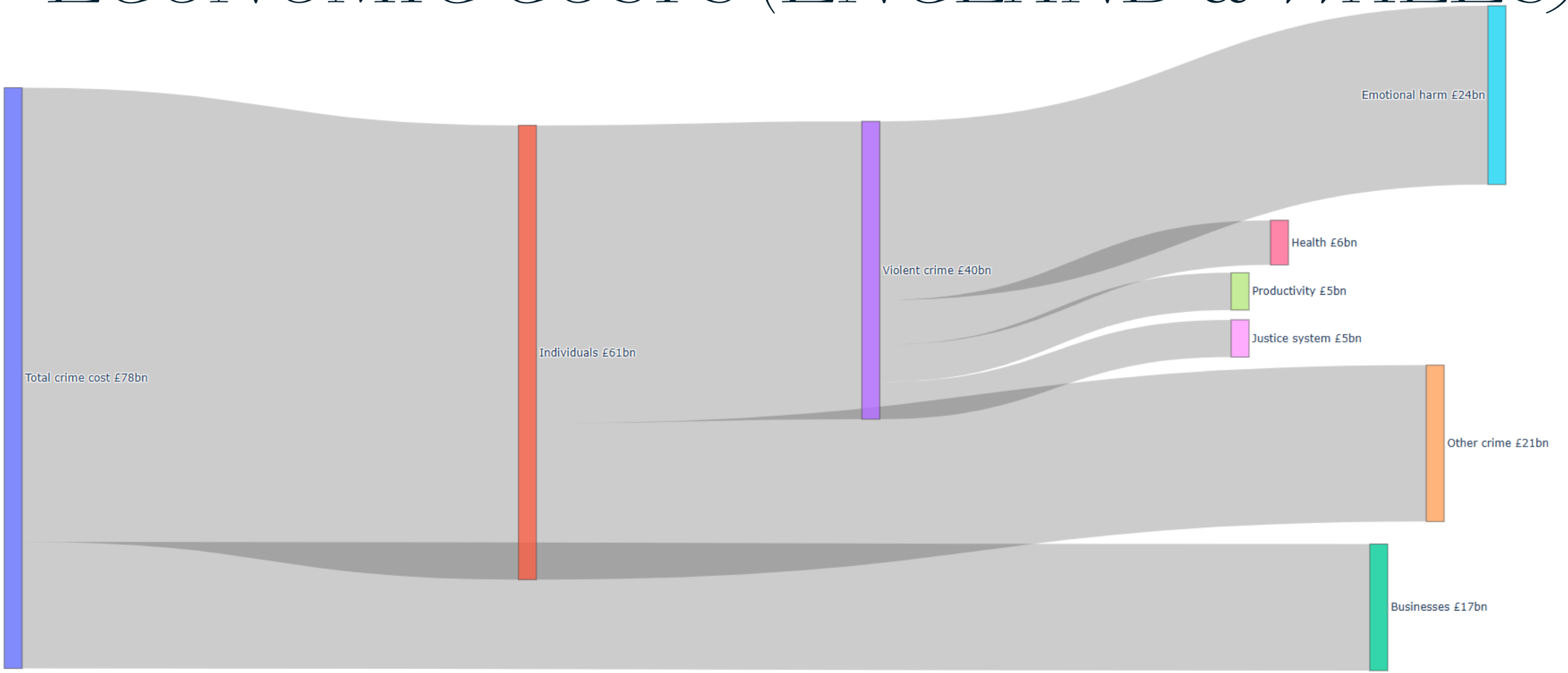
Direct costs

Medical
Mental health
Emergency response services
Law enforcement services
Judicial services

Indirect costs

Premature deaths
Lost productivity
Absenteeism
Economic development
Quality of life
Other intangible losses

ECONOMIC COSTS (ENGLAND & WALES)



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COSTS OF VIOLENCE IN MERSEYSIDE

- In 2022/23, violence cost an estimated £209.6 million on Merseyside, through costs to the healthcare system, police and criminal justice system, and in lost productivity.
- Health data previously under-utilised in violence statistics, however between half and three quarters of assaults are not reported to police

Healthcare System — £33.5 million

Incidents of violence that result in physical injuries may require medical attention, or the need for treatment for the emotional impacts and follow-up in primary care. In the year ending March 2023, almost 6,000 A&E attendances for assault were recorded across Merseyside.

Interpersonal violence — £27.2 million

£0.16 million
Ambulance call outs

£0.93 million
A&E attendances

£1.2 million
Emergency hospital admissions

£2.0 million
Treatment for physical injuries

£21.5 million
Counselling for anxiety & depression

£1.4 million
Follow-up in primary care

Self-directed violence (including A&E attendances, hospital treatment, and hospital ward/critical care unit stays) — £6.3 million

[Economic and social costs of violence on Merseyside]

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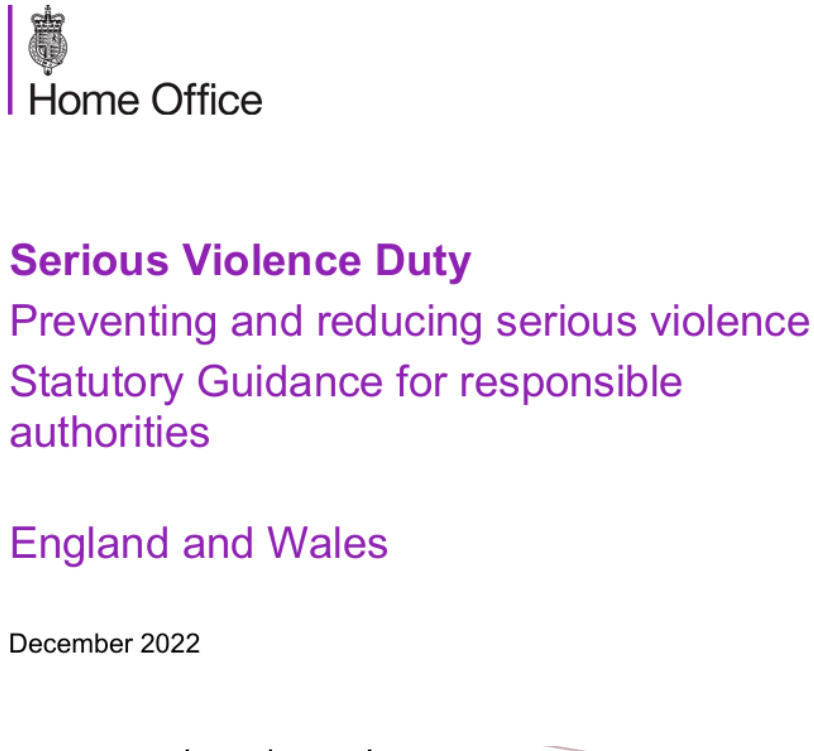
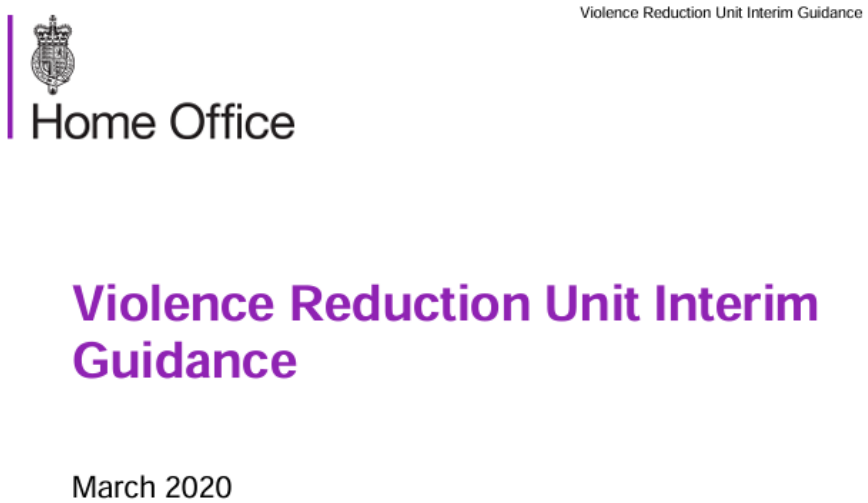
USE OF DATA TO SUPPORT VIOLENCE PREVENTION ACTIVITY

Agencies must proactively share relevant data and information—lawfully and proportionately—to jointly understand, prevent, and reduce serious violence



Legal requirement

Routine, multi-agency data sharing is required to build a comprehensive, intelligence-led understanding of violence. Partners including police, health, and local authorities should pool and analyse data to create a shared problem profile, identify risk factors and hotspots



Operational process

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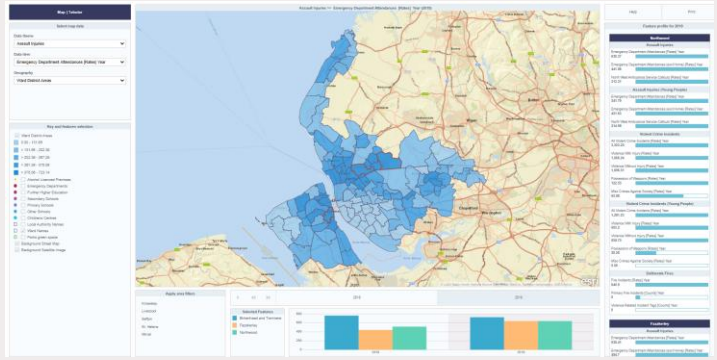

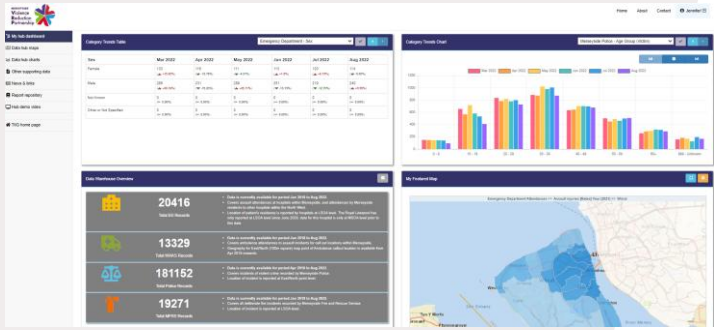

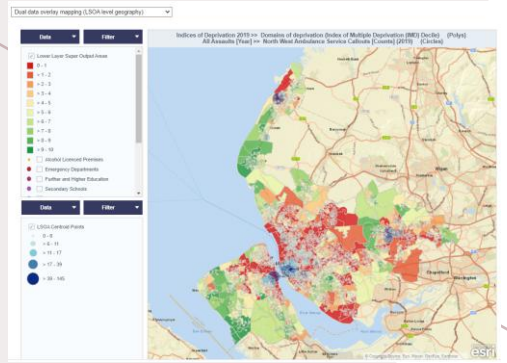

MERSEYSIDE VRP DATA HUB

- Bespoke interactive web-based data repository and dashboard – aggregates violence data from several sources including:
  - EDs & UTCs – assault attendances
  - Ambulance Service
  - Police
  - Fire and Rescue Service
  - Other contextual data e.g. deprivation, school exclusions/attainment
- This allows for the development area profiles, highlighting:
  - ✓ Where serious violence is taking place
  - ✓ Who is most at risk
  - ✓ Recommendations for future work

https://tiig.ljmu.ac.uk/merseysideVRP/

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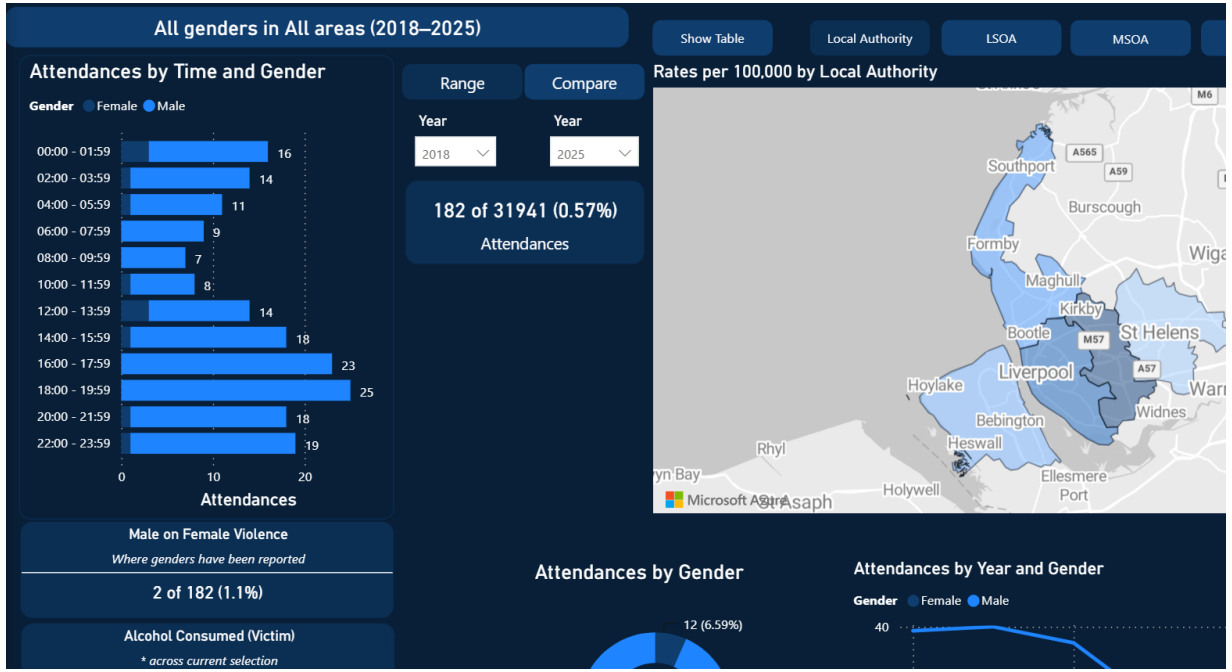

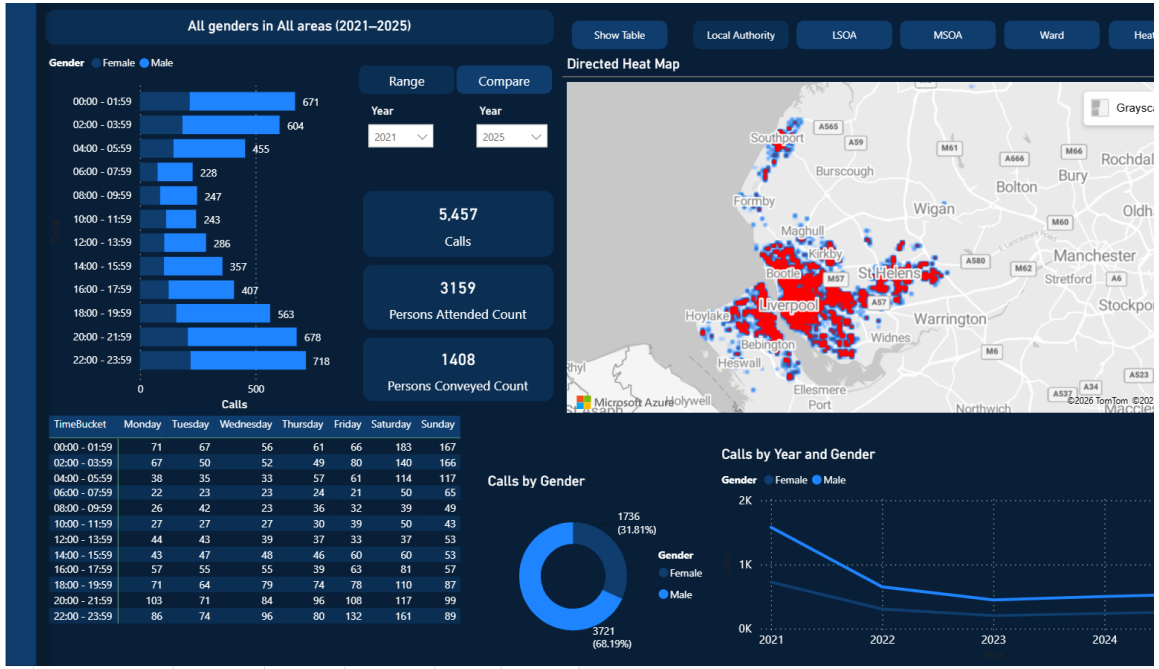

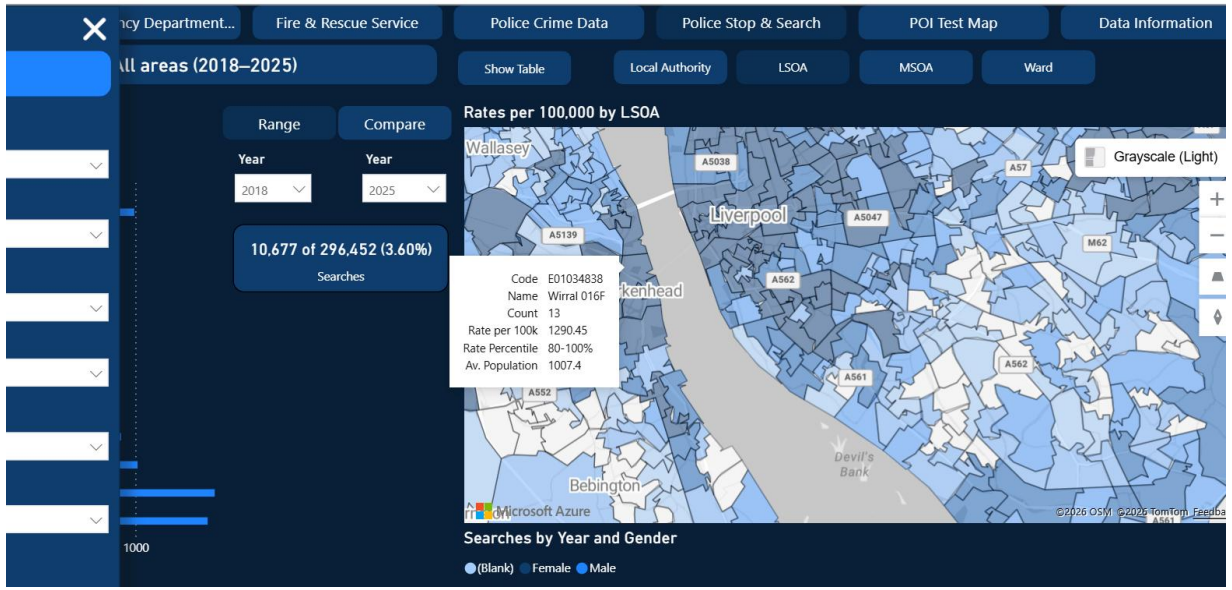

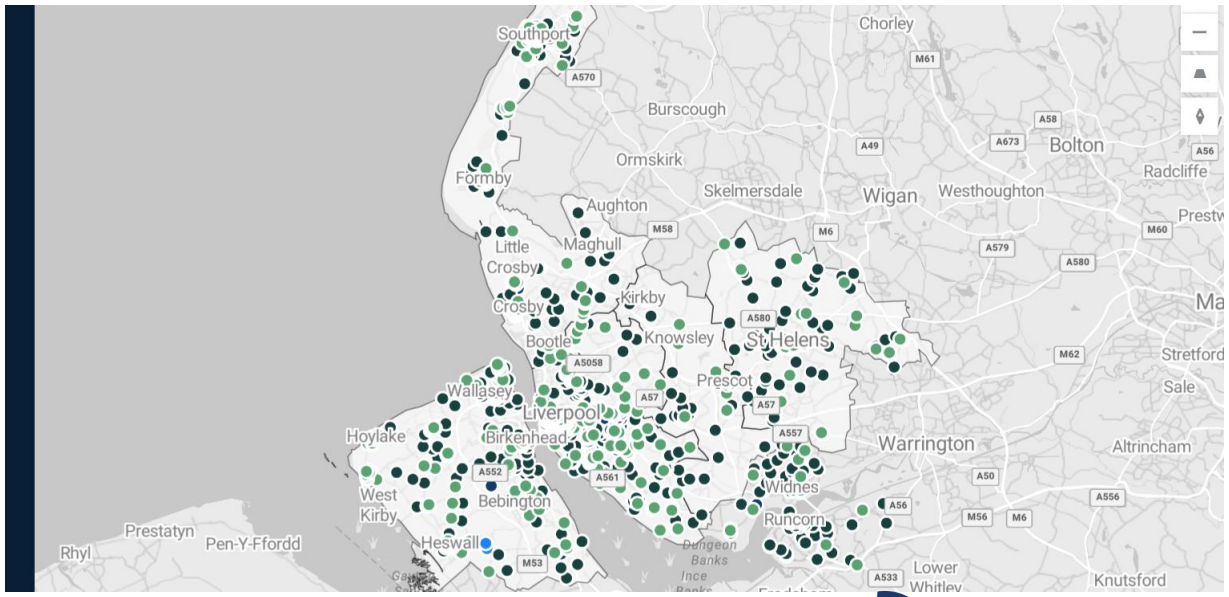

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