

Patients admitted to hospital as an emergency with an injury recorded as an assault and involving a knife or other sharp instrument, England, 2003 to 2009.

Roy Maxwell, Rachel Elliott, Sarah Webb.

Background to the study

Knife hospital admissions down 8% in 2008

14% fall in the number of teenagers admitted to hospital with stab wounds

National Health Service figures show

“...combination of excellent police work, ... and the courts following the Lord Chief Justice’s much tougher guidelines ...”

Jack Straw interview

Source: BBC News Channel, Thursday, 12 March 2009

Falls in sparsely populated areas mask rises in major metropolitan areas.

Northumbria, sees knife crime leap by 43 per cent in just nine months.

Merseyside records a 35 per cent rise over the same period. Greater Manchester & West Midlands dealing with rises of 19 per cent.

Source: MAIL Online, Sunday, 13th July 2008

1 in 3 trauma patients has been knifed

Karim Brohi, one of Britain's leading trauma surgeons at the Royal London Hospital, has told how one in three of his trauma patients is now a stabbing victim.

100 major stabbings so far this year, compared to 77 in the same period last year.

"We have people coming in who are on their second or third stabbing."

Source: London Evening Standard, Monday, 2nd June 2008

Not just pen-knives



Source: Edinburgh News, Tuesday, 4th July 2006

Not just knives



Victim's ear almost severed in glass assault by Flint man.

A young man has been sentenced to 12 months youth custody after a court heard he almost severed a man's ear when he struck him with a beer glass.

Source: Flintshire Chronicle, Thursday, 25th June 2009

Existing Home Office statistics for assaults involving a knife

- Statistics on crime can be complex & difficult to compare meaningfully
- British Crime Survey (BCS) – ‘Gold standard’ but known to under-report certain forms of violent crime (only 47,000 people approximately in survey– 76% response in 2007)
- Estimated that only 43 per cent of all BCS crime is reported to the police (this varies according to crime)
- Police ‘recorded’ crimes do not include crimes that have not been reported to the police or incidents that the police decide not to record

British Crime Survey v. police recorded crime

- BCS – violent incidents against adults in E&W fell by 12% between 2006/7 & 2007/8 (n=2,164,000) – knives involved in 6% (n=129,840), glasses/bottles in 4% (n=86,560).
- BCS – 64% of these incidents resulted in ‘no injury’ or ‘minor injury’ and would therefore be unlikely to require in-patient medical treatment
- Police recorded violence against the person fell by 8% between 2006/07 and 2007/08 (n=961,168) – 22,151 (2%) were for ‘selected’ serious offences involving a knife or sharp instrument

Source: 2007/8 British Crime Survey

What do comparative data tell us?

- Knife crime increased in Scotland – homicide rate rose by 83% between 1981 & 2003 and 47% of these crimes involved a knife

A. Leyland, *Journal Public Health*, 2006

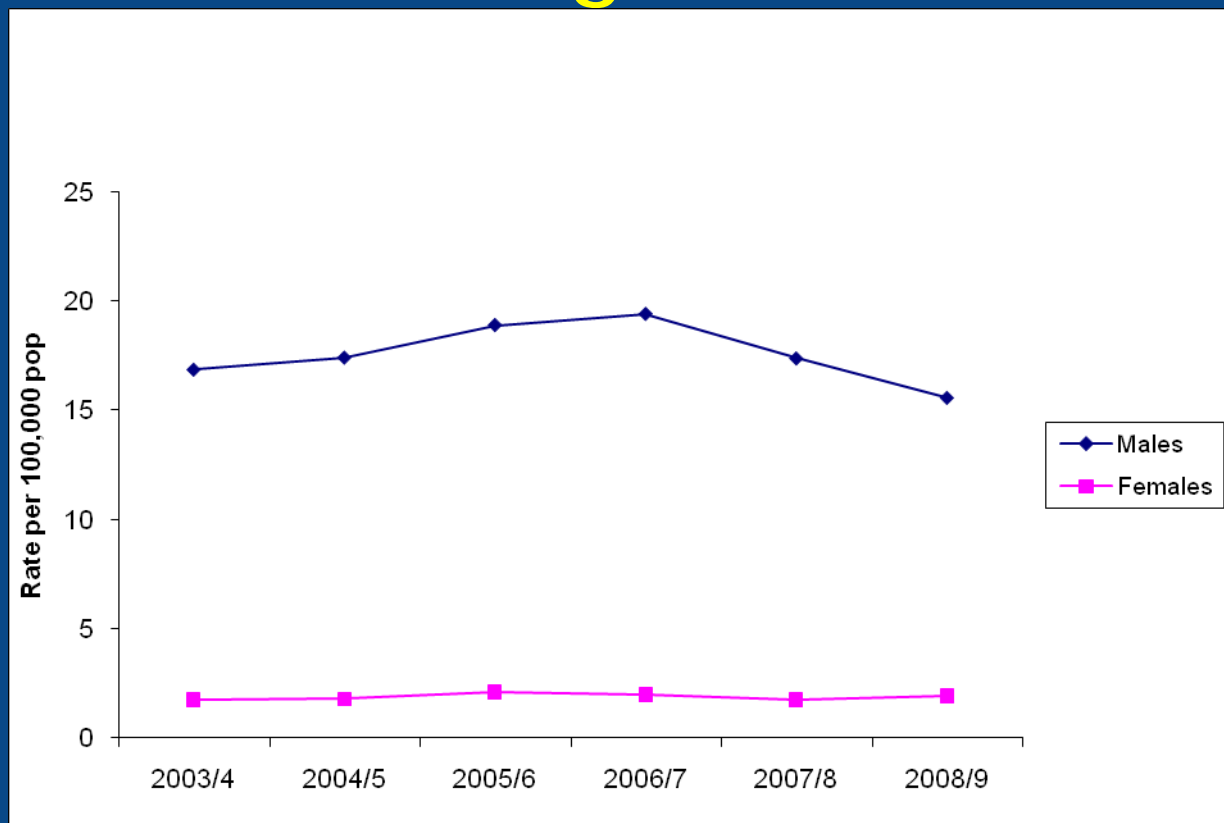
- Research from Wales suggests that 50% of patients who present to hospital for an assault-related injury do not have their injuries reported to the police

I. Sutherland, *Injury Prevention*, 2002

Methods

- Data extracted 4th September 2009
- Directly age-standardised admission rates (ASARs) used ONS mid-year pop estimates & the European Standard population
- Analyses performed using STATA Version 10.1
- First emergency admission only per patient (n=28,837) included
 - > 800 (3%) patients had more than one admission for an assault with sharp instrument injuries (subsequent admissions not included in study)
- Patients with conflicting diagnoses excluded (n=72)
- Of the 28,837 patients, 948 (3%) also had emergency admissions for sharp instrument injuries that were recorded as non-assaults e.g. accidents

Age-standardised emergency admission rates per 100,000 for assault injuries involving a sharp instrument , England, 2003 to 2009



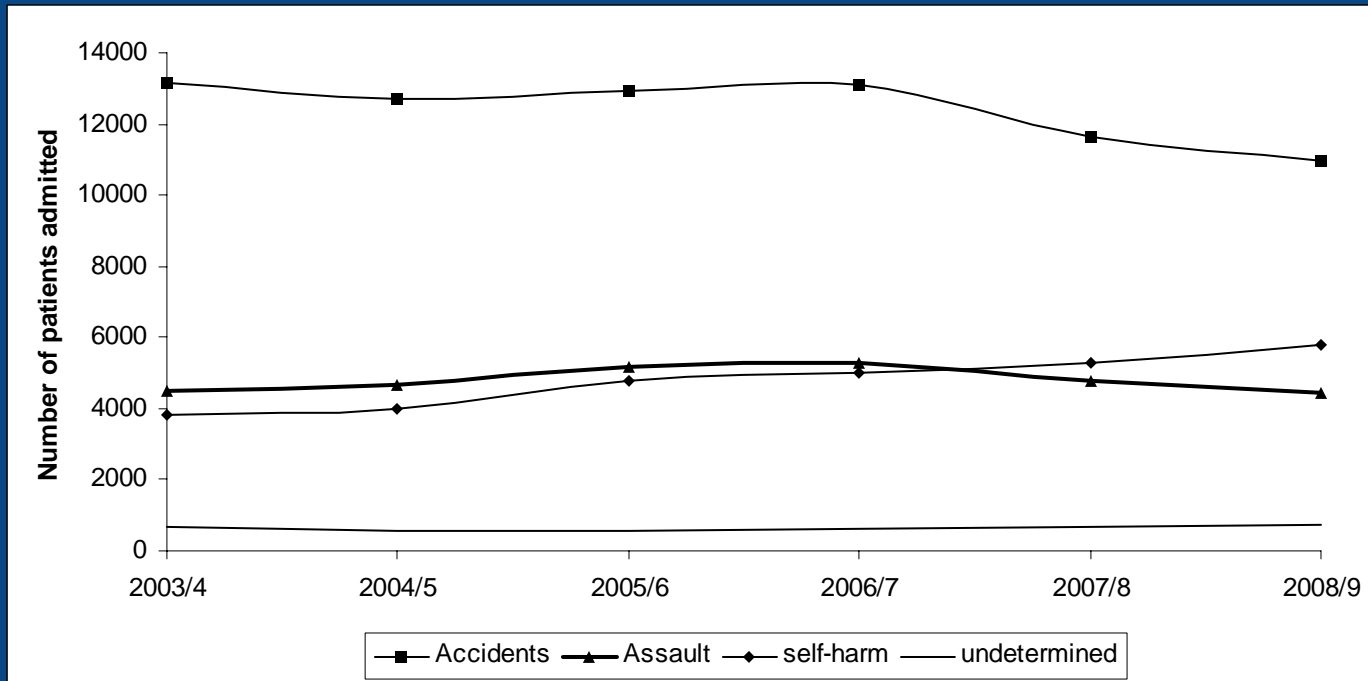
Source: Hospital Episode Statistics

Numbers of patients admitted as an emergency with injuries associated with a knife or other sharp object, England, 2003/4 to 2008/9

Cause of injury	2003/4	2004/5	2005/6	2006/7	2007/8	2008/9
Assault	4470	4657	5164	5302	4799	4445
Accidents	13143	12687	12952	13119	11639	10968
self-harm	3822	3983	4765	4998	5300	5797
undetermined	687	558	555	605	667	756
All	22122	21885	23436	24024	22405	21966

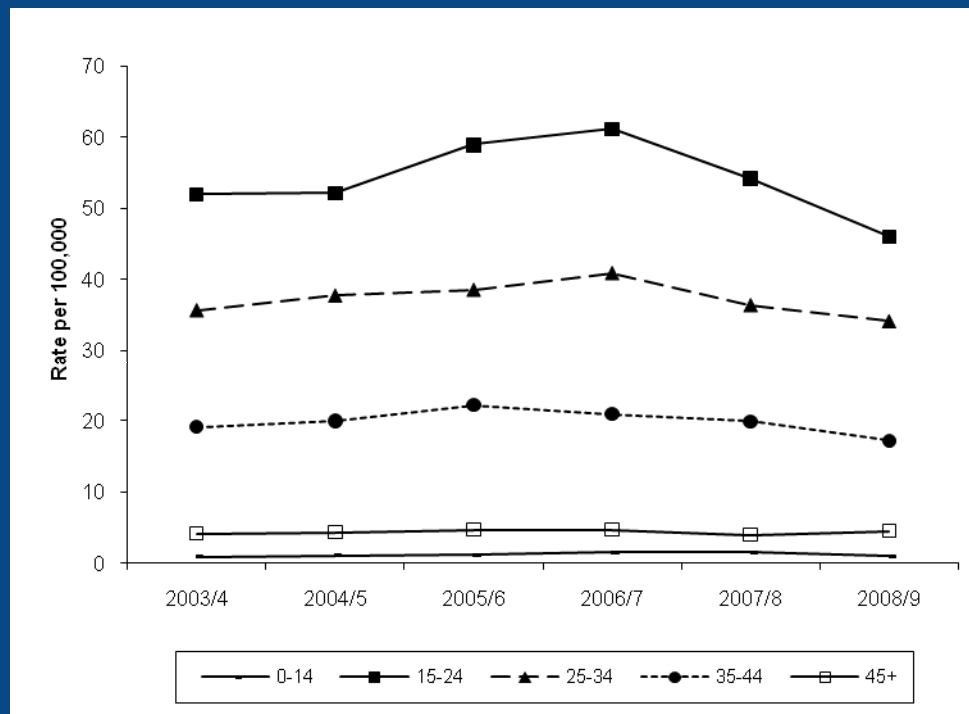
Source: Hospital Episode Statistics

Numbers of patients admitted as an emergency with injuries associated with a knife or other sharp object, England, 2003/4 to 2008/9



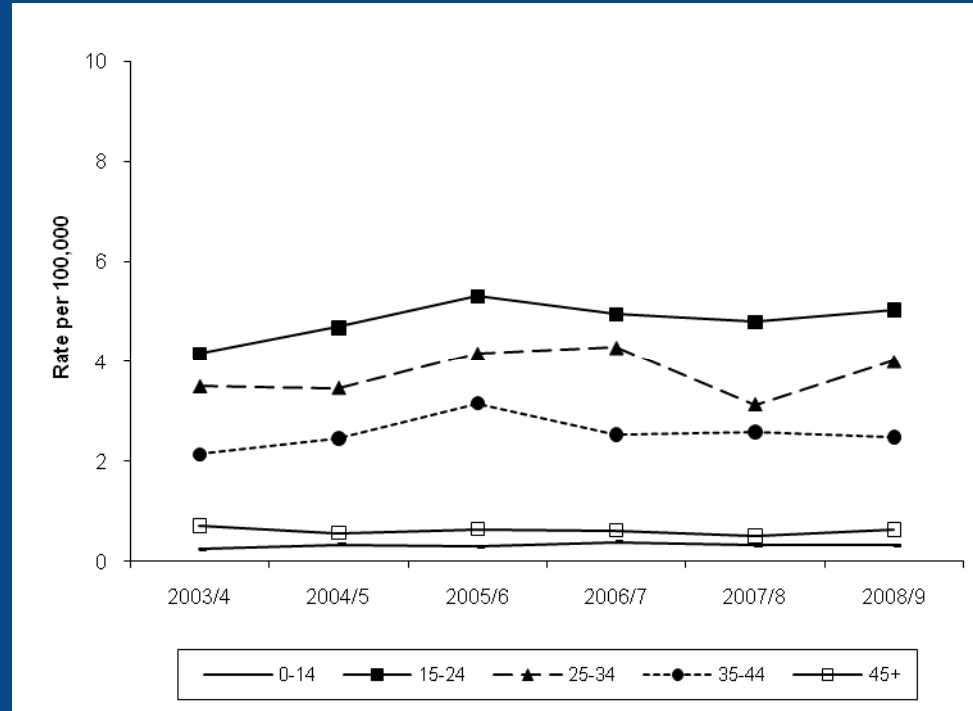
Source: Hospital Episode Statistics

Male age-specific emergency admission rates (per 100,000) for assault injuries involving a sharp instrument, England, 2003 to 2009



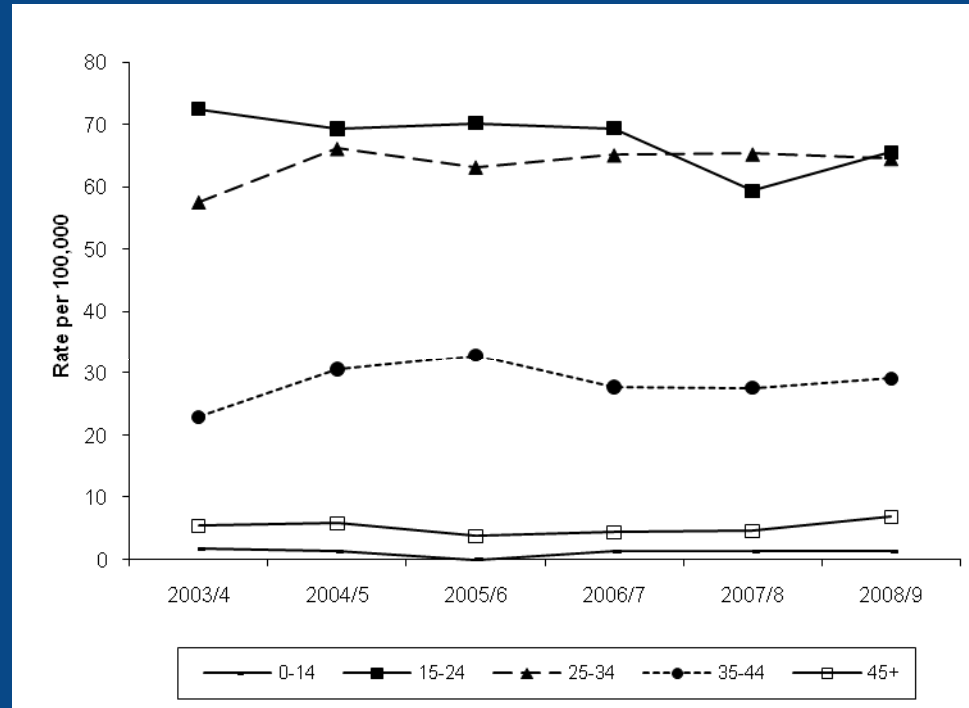
Source: Hospital Episode Statistics

Female age-specific emergency admission rates (per 100,000) for assault injuries involving a sharp instrument, England, 2003 to 2009



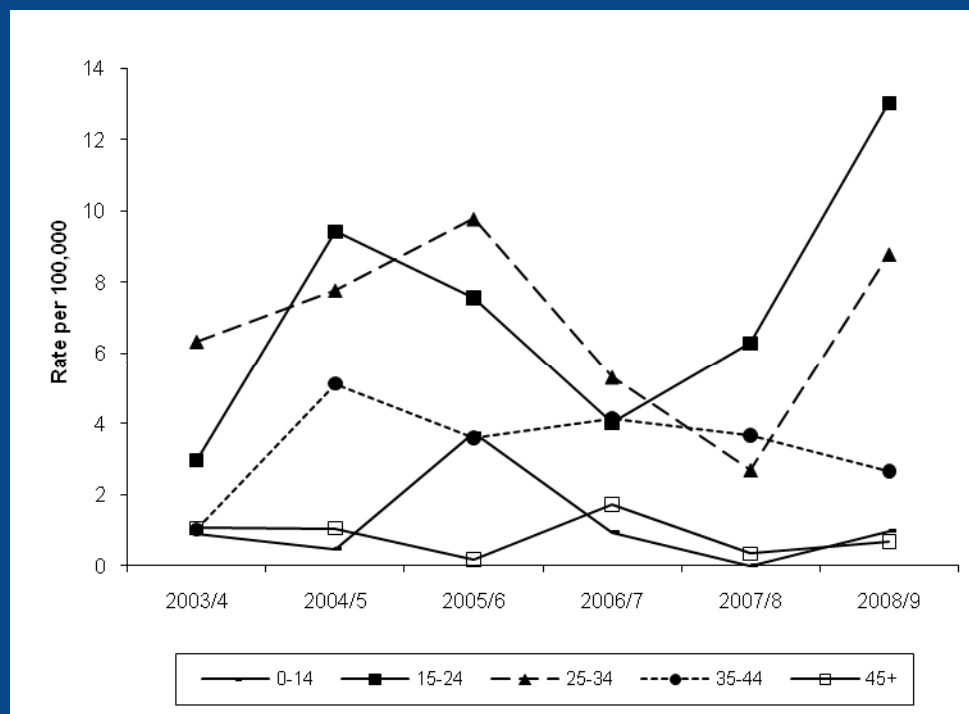
Source: Hospital Episode Statistics

Male age-specific emergency admission rates (per 100,000) for assault injuries involving a sharp instrument, N.East GRO res, 2003 to 2009



Source: Hospital Episode Statistics

Female age-specific emergency admission rates (per 100,000) for assault injuries involving a sharp instrument , N.East GRO res, 2003 to 2009



Source: Hospital Episode Statistics

Limitations

- ICD-10 coding does not permit detailed breakdown of the assault weapon
- Not possible to ascertain whether patient was the perpetrator or victim of assault
- Study does not include patients who:
 - received treatment other than as an in-patient
 - died before receiving treatment
 - did not have conclusive diagnosis of assault recorded
- Women less likely than men to have an assault diagnosis
I. Sutherland, Injury Prevention, 2002

Discussion

- The number of people admitted as an emergency with injuries associated with an assault by a sharp object increased between 2003/4 and 2006/7, and from then on to 2008/9 appeared to decrease. The decrease however has not been uniform, and in some areas and amongst some groups it has in fact increased.
- These data, like other data sources, underestimate the magnitude of this type of assault, but when used in conjunction may substantially improve current estimates
- Accurate assessment of the scale of the problem is paramount to understanding the effect of particular measures such as knife amnesties

Acknowledgements

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