

LEICESTER, LEICESTERSHIRE  
& RUTLAND

# Serious Violence Profile Charnwood

September 2023

[#PreventionThroughConnection](#)

[@VR\\_Network](#)

[www.violencereductionnetwork.co.uk](http://www.violencereductionnetwork.co.uk)

# Contents

<b>1. Introduction</b> .....	<b>3</b>
1.1 Definitions and Data.....	3
<b>2. Serious Violence</b> .....	<b>6</b>
2.1 Nature and Extent of Serious Violence.....	6
2.2 Timings of Serious Violence.....	10
2.3 Geography of Serious Violence.....	13
2.4 Profile of Perpetrators and Victims.....	16
2.4.1 Perpetrators of Serious Violence.....	16
2.4.2 Victims of Serious Violence.....	17
<b>3. Risk and Protective Factors Associated with Serious Violence</b> .....	<b>21</b>
<b>4. Preventing Serious Violence</b> .....	<b>23</b>
4.1 Public health frameworks for preventing serious violence.....	23
4.2 Interventions and approaches.....	25
<b>5. Recommendations</b> .....	<b>32</b>
<b>6. Appendices</b> .....	<b>33</b>

# 1. Introduction

This is Charnwood’s serious violence problem profile report. Its purpose is to provide a comprehensive assessment of serious violence across Charnwood. It aims to increase understanding of the types, distribution and extent of serious violence in the local area. It should also help local partners to identify the people and groups who are most vulnerable to being or becoming victims or perpetrators of violence in this setting. Under the amended Crime and Disorder Act, CSPs are required to formulate and implement a strategy to prevent people becoming involved in serious violence, both as victims and perpetrators, and to reduce instances of serious violence in the local area.

This profile aligns with the World Health Organization’s four-step process for implementing a public health approach to violence (see Figure 1). The process begins by defining the local problem of serious violence and the associated risk and protective factors through systematic data collection and research. It is the insights from this analysis which should be used to inform the allocation of resources and the design and evaluation of interventions to prevent serious violence.

This profile begins by drawing upon local and to provide an overview of the nature, extent and geography of violence across Charnwood, along with the profile of perpetrators and victims. Due to recent changes in the local definition of serious violence – see below – this chapter now covers violence occurring in domestic settings and public-places, along with domestic and sexual violence.

Chapter 3 provides a summary of the risk and protective factors associated with serious violence and seeks to highlight the prevalence of these factors Charnwood. It draws on national datasets including Public Health England and Department for Education.

Chapter 4 synthesises the ever-growing evidence-base to provide an overview of what works or shows promise in preventing serious violence including domestic abuse and sexual violence. It also conveys the importance of embedding evaluation in order to generate learning on how effective interventions and services are at reducing risk factors and strengthening protective factors.

This profile seeks to provide a strategic overview of serious violence and can be used alongside the Violence Reduction Network’s LLR-wide Strategic Needs Assessment and Serious Violence Dashboard to further explore some of the themes covered throughout this document.

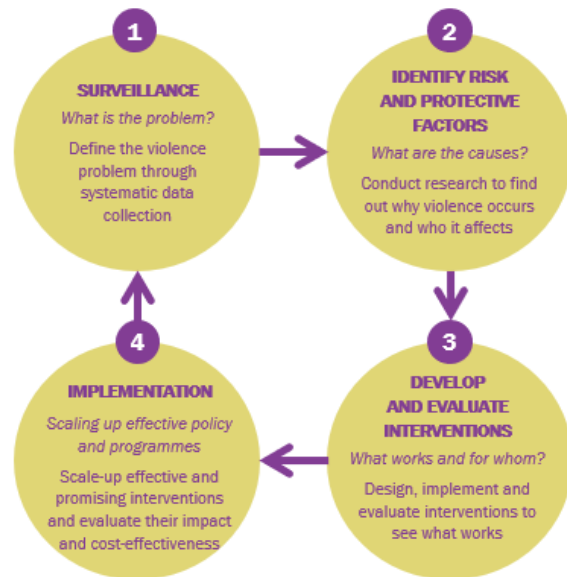


Figure 1 - World Health Organization's four-step process

# 1.1 Definitions and Data

The local definition of serious violence used within this problem profile is the one adopted by the VRN partnership following the commencement of the Serious Violence Duty (2023):

*“Violence resulting in significant physical injury and other serious harm, including sexual violence. Violence may be committed with or without weapons, and may take place in domestic or public places”*

The VRN partnership are committed to preventing and reducing all forms of violence and recognise that they are inter-connected including sharing common causes and the multiple consequences they have on individuals, families and communities. To reflect this broad view of violence, the following offence types have been included:



Figure 2 - Serious Violence Definition Offence Types

All of the data included in the problem profile has been downloaded from live systems – with the exception of the Public Health and Office of National Statistics data – and as such is a snapshot at that point in time. Data has been analysed over a 12-month period between April 2022 and March 2023 unless stated otherwise. It can be difficult to make direct conclusions from information presented over a short period such as variations in one year. A more accurate picture is often gained by pooling data over a number of years which has been completed where possible. When applicable, 95% confidence intervals have been calculated and displayed in order to report on any significant differences when making comparisons.

Table 3 in the appendix provides further detail on the data sources listed above along with some considerations to bear in mind when interpreting the data.

# **Chapter 2: Serious Violence in Charnwood**

## 2. Serious Violence

This chapter provides a detailed insight into serious violence in Charnwood. As outlined in the Introduction, the VRN defines serious violence as ‘Violence resulting in significant physical injury and other serious harm, including sexual violence. Violence may be committed with or without weapons, and may take place in domestic or public places’. The following Home Office offence groups will be covered in this chapter (please see Figure 2 for the breakdown of offences within these categories):

- Homicide
- Robbery of Personal Property
- Robbery of Business Property
- Arson
- Violence with Injury
- Violence without Injury
- Stalking and Harassment
- Sexual Offences
- Miscellaneous Crimes Against Society
- Public Disorder
- Burglary

This chapter seeks to highlight notable changes and trends in the nature, extent and distribution of serious violence when compared to previous police and health datasets (see Table 3 in the appendix for further detail about these datasets). This chapter and the next are based upon data from April 2022 to March 2023.

### 2.1 Nature and Extent of Serious Violence

#### Extent and Nature:



Vast majority of residents in do not directly experience serious violence.



The volume of serious violence has decreased compared to the previous financial year.



Looking at specific offence types, most serious violence is categorised as Actual Bodily Harm offences – it should be noted that ABH typically involves minor injury.



‘Violence without Injury’, ‘Burglary – Residential’, ‘Other Sexual Offences’ and ‘Arson’ have increased compared to last year, however, decreases were observed with ‘Public Disorder’, ‘Robbery of Personal Property’, ‘Stalking and Harassment’, ‘Violence with Injury’ and ‘Rape’ offences.



Almost a third of serious violence offences were flagged as being domestic-related.



Increases observed in attendances to A&E and hospital admissions for violence-related injuries but A&E figures are still lower than pre-pandemic rates.



The majority of admissions for violence-related injuries were caused by assault by bodily force.

Serious violence causes harm to communities, both directly and indirectly and incurs significant financial and human costs. Whilst the consequences of serious violence can be felt by populations as a whole, direct experience of serious violence is still relatively rare in our area. This problem profile will demonstrate, however, that serious violence is not distributed equally across the population with certain groups being at much higher risk of exposure to and involvement in serious violence.

**1.6% of Charnwood residents were a victim and 1.2% were a perpetrator of serious violence in the last 12 months**

In 2022/23, Leicestershire Police recorded 4,540 serious violence offences in Charnwood which is a decrease of 5.7% compared to the previous financial year (2021/22). Figure 3 below shows the rate of serious violence in Charnwood. The figure shows an increase from 2019/20 – 2021/22, followed by a slight decrease in 2022/23. It should be noted that the data from March 2020 onwards was significantly impacted by the Covid-19 pandemic and implemented lockdown restrictions – more detail on these increases are outlined throughout this section.

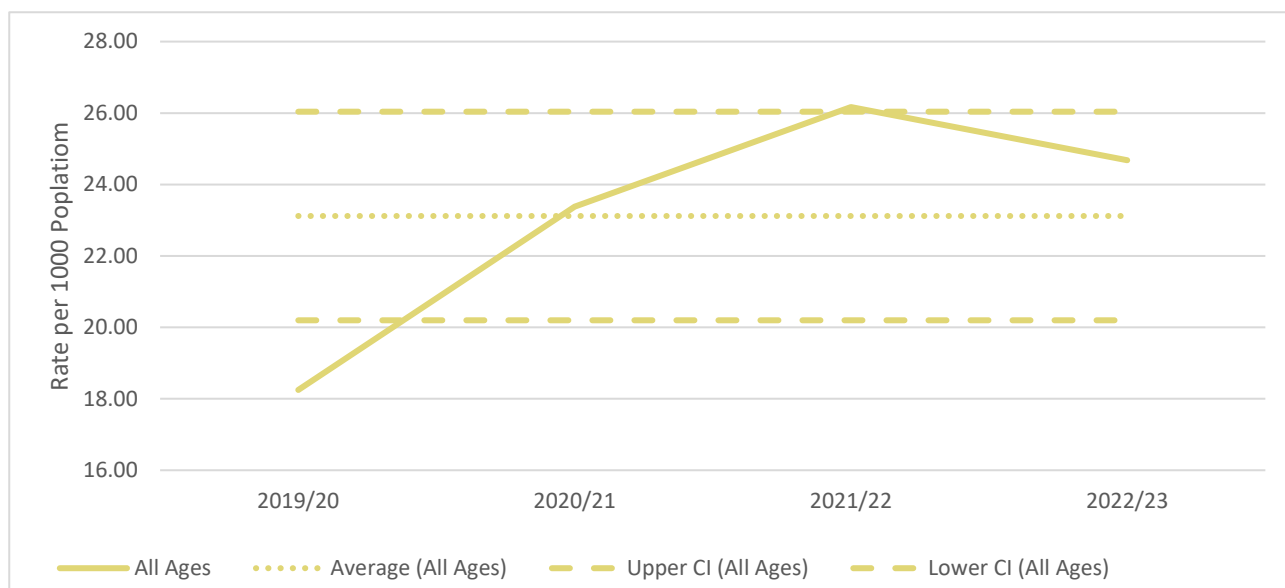


Figure 3 - Rate (per 1000 population) of all reported serious violence offences across Charnwood (2019/20 - 2022/23) (Source: Leicestershire Police)

Looking at the breakdown of offences, ‘Stalking and Harassment’ shows the highest rate, followed by ‘Violence with Injury’, making up 43.1% and 35.3% respectively by volume of the total number of serious violence offences across Charnwood.

**30% of all serious violence is flagged as domestic-related (April 22 – March 23)**

**Sexual offences make up 10% of all serious violence (April 22 – March 23)**

Looking at specific offence types, the three which made up the greatest volume last year were ‘Assault - S47 – AOABH assault occasioning actual bodily harm’ (ABH) (31.1%) (assault with injury group), ‘S2 – harassment without violence’ (14.5%) and ‘Sending letters etc with intent to cause distress or anxiety’ (12.8%) (both stalking and harassment group).

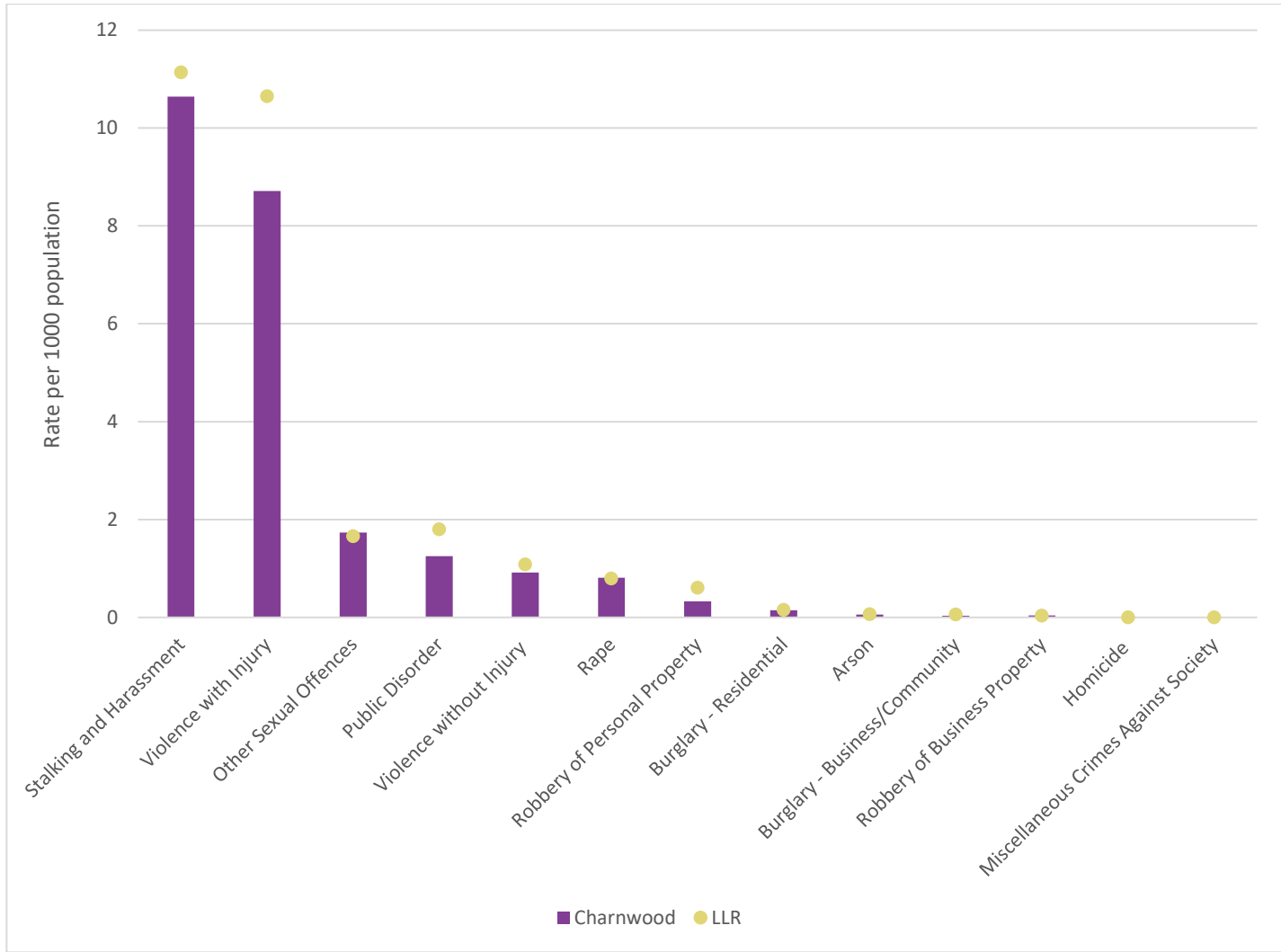
Comparing the offence breakdown for 2022/23 against 2021/22, the groups which observed the greatest increases were ‘Burglary – Residential’, ‘Violence without Injury’ and ‘Other Sexual Offences’ which increased by 58.8%, 31.0% and 26.6% respectively. However, decreases were observed with ‘Robbery of Personal Property’, ‘Public Disorder’, ‘Stalking and Harassment’, ‘Violence with Injury’ and ‘Rape’ offences (-25.9%, -21.8%, -8.5%, -6.9% and -4.5%).

**5% of serious violence offences involved a knife or sharp object (April 22 – March 23)**

18% of offences were flagged as involving alcohol and 9% were flagged as involving drugs (April 22 – March 23)

Figure 4 below shows the rate of serious violence offences from April 2022 – March 2023 broken down by crime types. The chart highlights that Charnwood reports a lower rate across the majority of offence types compared to the LLR average, with the exception of ‘Other Sexual Offences’ where the rate is just over 4% higher and ‘Rape’ offences where the rate is 1.6% higher.





Offence Group	Volume of Offences
Stalking and Harassment	1958
Violence with Injury	1603
Other Sexual Offences	319
Public Disorder	230
Violence without Injury	169
Rape	149
Robbery of Personal Property	60
Burglary - Residential	27
Arson	11
Robbery of Business Property	7
Burglary - Business/Community	6
Homicide	*
Miscellaneous Crimes Against Society	*

Figure 4 - Rate (per 1000 population) of serious violence offences committed across Charnwood (April 2022 – March 2023)

By incorporating health data, our understanding of the nature and extent of serious violence is further enhanced. However, the following caveats should be noted:

- Both A&E attendances and hospital admissions data include incidents which took place in dwelling and non-dwelling locations and also includes domestic incidents
- The age of the perpetrator is not known and therefore analysis of ages is based on the age of the injured person/victim
- The location breakdowns for the police data is based on the occurrence location whereas the health data is based on the residency of the patient

Due to the low volumes reported on a CSP level, the volumes may be too small to be presented in charts or tables, however a narrative will be provided where possible.

The A&E data used within this assessment is now drawn from the Emergency Care Data Set (ECDS). In the early stages of transition to the ECDS, there were significant data quality issues with the fields which determined whether the injury was assault-related rarely populated. In recent months, there have been improvements in the data quality and the volumes are returning to the levels seen in the previous dataset. However, it should be noted that the data may still be slightly underrepresented.

Health data reveals that in 2022/23, there were 129 assault-related attendances to A&E recorded for residents of Charnwood. This represents an increase of 3.2% compared to the previous financial year (2021/22). However, when comparing the figure to the pre-Covid financial year of 2019/20, a decrease of 27.9% is observed (see Figure 7). Figure 5 below shows the rate of assault-related A&E attendances for Charnwood residents.

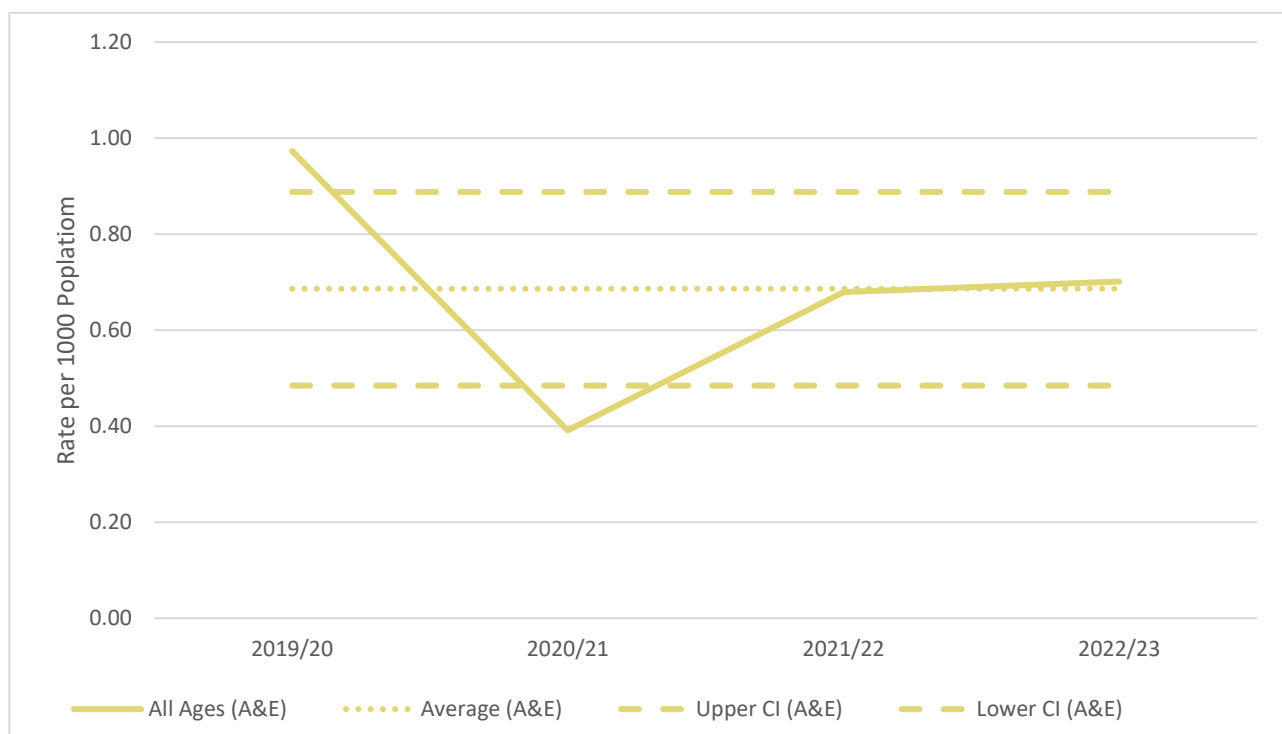


Figure 5 - Rate (per 1000 population) of assault-related A&E attendances for Charnwood residents (2019/20 - 2022/23)  
(Source: Midlands and Lancashire Commissioning Support Unit)

Based on hospital admissions for assault-related injuries, there were 15 incidents of Charnwood residents being admitted to hospital in 2022/23 which is a decrease of 16.7% compared to the 2021/22 financial year and a decrease of 31.8% compared to the pre-Covid year of 2019/20. Figure 6 below shows the rate of assault-related hospital admissions for Charnwood residents.

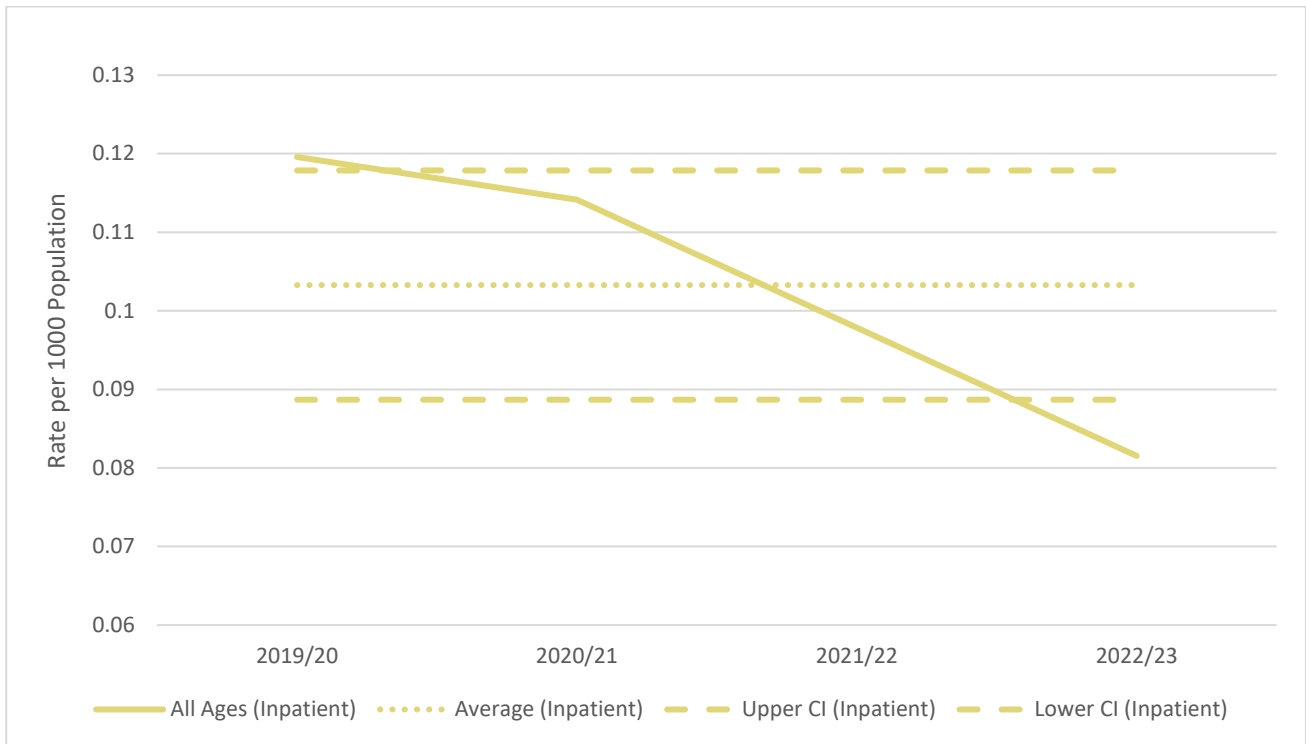


Figure 6 - Rate (per 1000 population) of assault-related Hospital Admissions for Charnwood residents (2019/20 - 2022/23)  
(Source: Midlands and Lancashire Commissioning Support Unit)

For assault-related hospital admissions, a diagnosis group is recorded which indicates the cause of the injury but due to the low volumes and rates, care should be taken when interpreting results. The diagnosis groups which made up the majority of injury types was 'Assault by bodily force' making up 73% of admissions.

### In Focus: Domestic Abuse

Almost a third of serious violence in Charnwood is flagged as domestic-related. Key findings include:

- 'Assault Occasioning Actual Bodily Harm' (ABH) (32.7%), 'Stalking – pursue a course of conduct' (12.4%) and 'Sending letters etc with intent to cause distress' (10.1%) are the offence types which make up the majority of offences.
- The volume of domestic abuse related serious violence is relatively evenly spread from 8am – 1am with individual peaks at 12pm, 6pm and 7pm. The peak day of the week is Sunday.
- In terms of the location in which domestic abuse is taking place, Syston and Loughborough North are the beats with the greatest reported volume of offences.
- The peak age of offending is 30-34 and the majority of perpetrators are male (73%).
- The peak age for victims is 30-34 and the majority of victims are female (75%).

## 2.2 Timings of Serious Violence

### Timings:



Serious violence remains stable overall across the year with higher rate of offences observed in October 2022 and March 2023.



The distribution of offences throughout the week is relatively stable, with slightly higher rates observed on Saturday and Sunday. There is a greater distribution towards the weekends seen in the health data.



Greater rates of violence are observed from the afternoon onwards. There is also a greater rate of offences observed between Saturday evening and Sunday morning which could be indicative of the Night Time Economy (NTE).

The following section seeks to analyse the rate of serious violence offences by the month of the year, day of the week and hour of the day. It draws upon both police and health data to aid our understanding and identification of trends in the commission of serious violence.

### Month of the year

Figure 7 below shows the trend in serious violence over the four-year period of April 2019 to March 2023. The trend highlights a higher average observed in the last two financial years compared to 2019/20 as well as levels breaching the upper limits of the data. While there has been fluctuation, there has been a general decrease in more recent months other than a peak in March 2023.

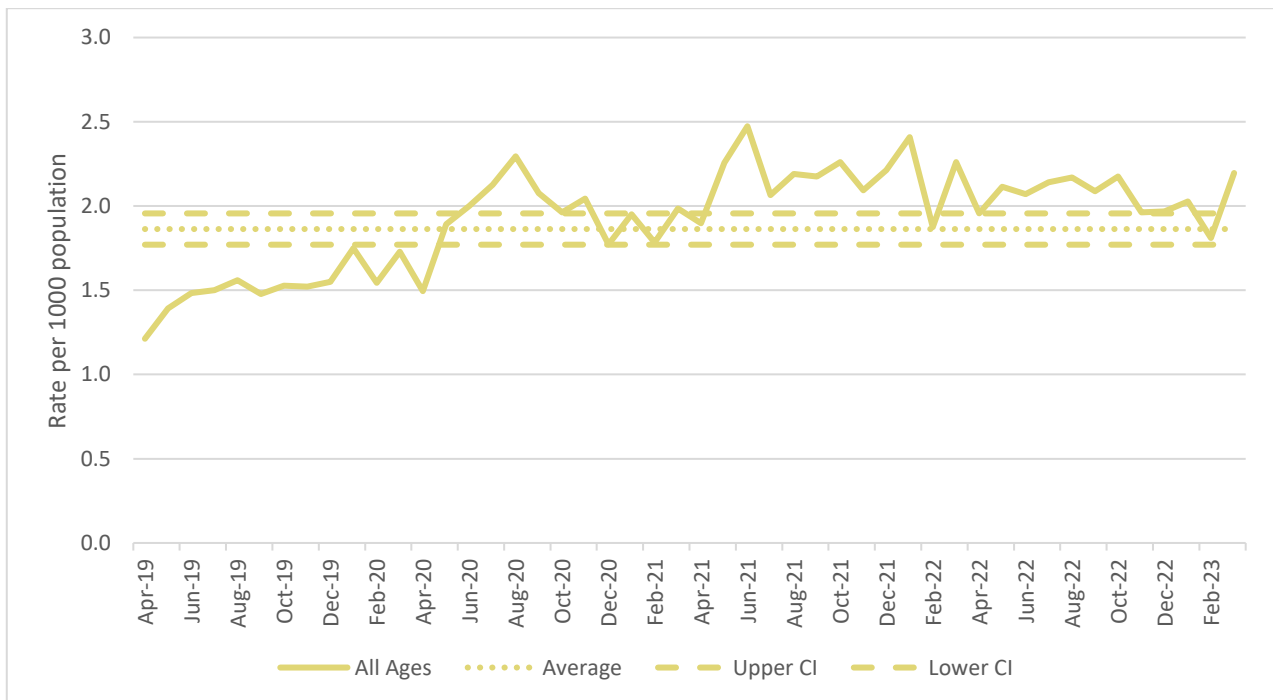


Figure 7 - Rate (per 1000 population) of serious violence across Charnwood (April 2019 – March 2023) (Source: Leicestershire Police)

Figure 8 below shows the trend in assault-related A&E attendances between April-19 to March-23. Smaller volumes are observed but in the last year, June-22, August-22 and October-22 reported the greatest number of attendances.

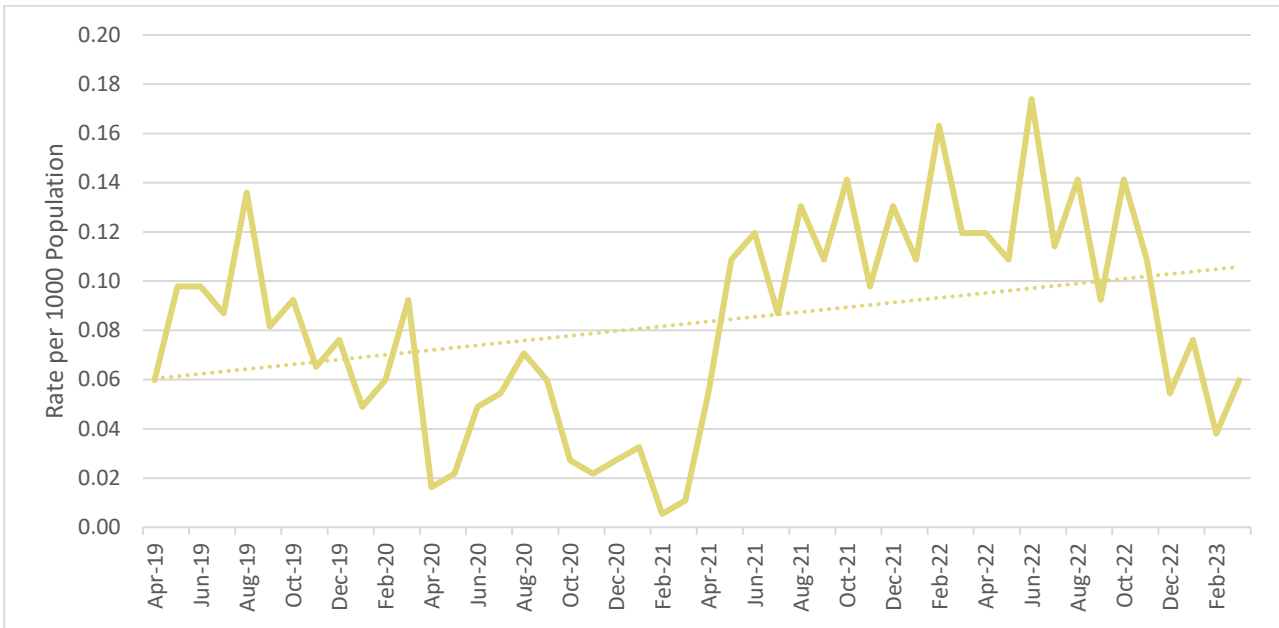


Figure 8 - Rate (per 1000 population) of assault-related A&E attendances across Charnwood (April 2019 – March 2023) (Source: Midlands and Lancashire Commissioning Support Unit)

### Day of the Week

Police data shows that when looking at all serious violence, the distribution of offences throughout the week is relatively stable, with slightly higher rates observed at the weekend.

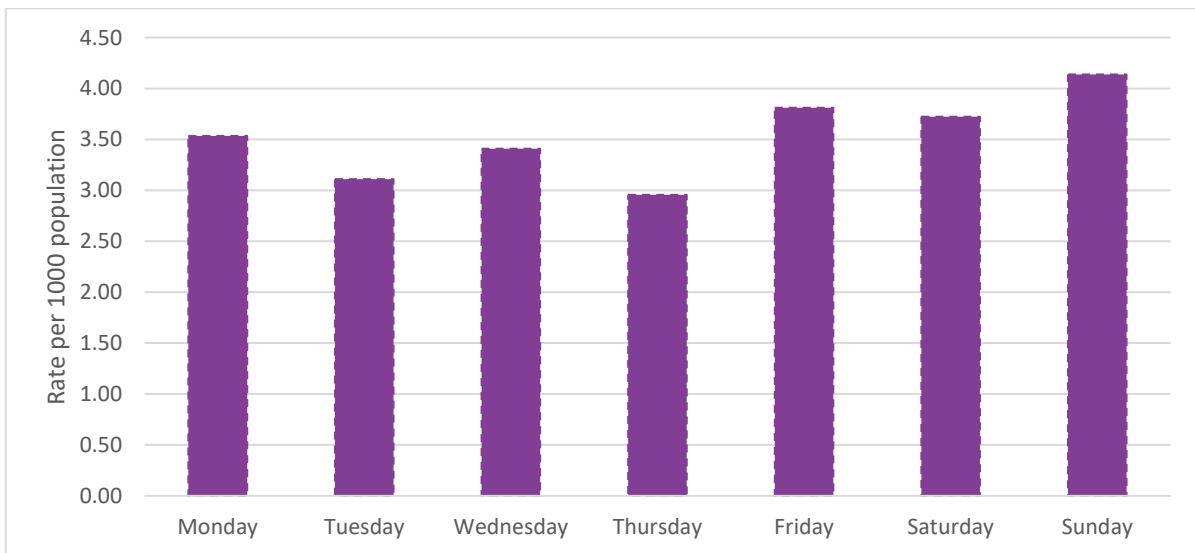


Figure 9 - Rate (per 1000 population) of serious violence offences by day of the week across Charnwood (April 2022 – March 2023) (Source: Leicestershire Police)

Figure 10 below shows the assault-related A&E attendances throughout the week in Charnwood. The data shows a similar trend as above with the data skewed towards the weekend.

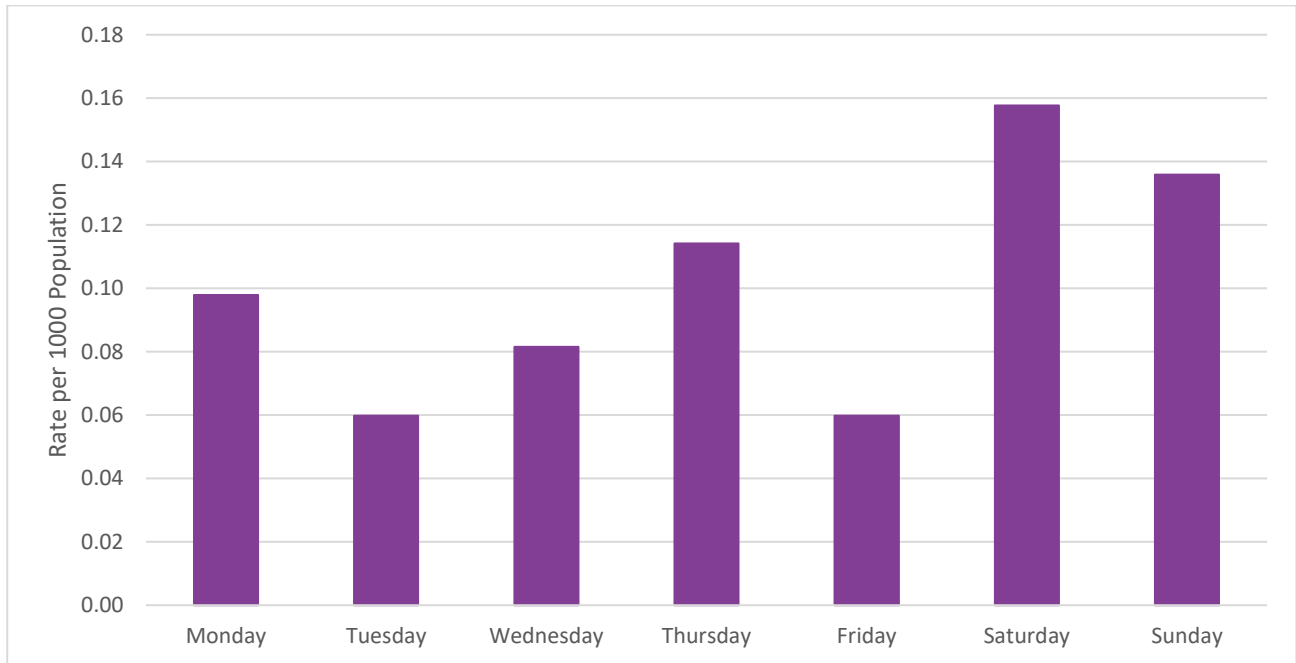


Figure 10 - Rate (per 1000 population) of assault-related A&E attendances by day of the week across Charnwood (April 2022 – March 2023) (Source: Midlands and Lancashire Commissioning Support Unit)

### Hour of the Day

Analysis of police data illustrates that offences are most frequently committed from the afternoon onwards with a peak identified at 6pm (1800 – 1859 hrs). The data also identifies that the hours of 0100 – 0759 are the least likely for serious violence to occur.

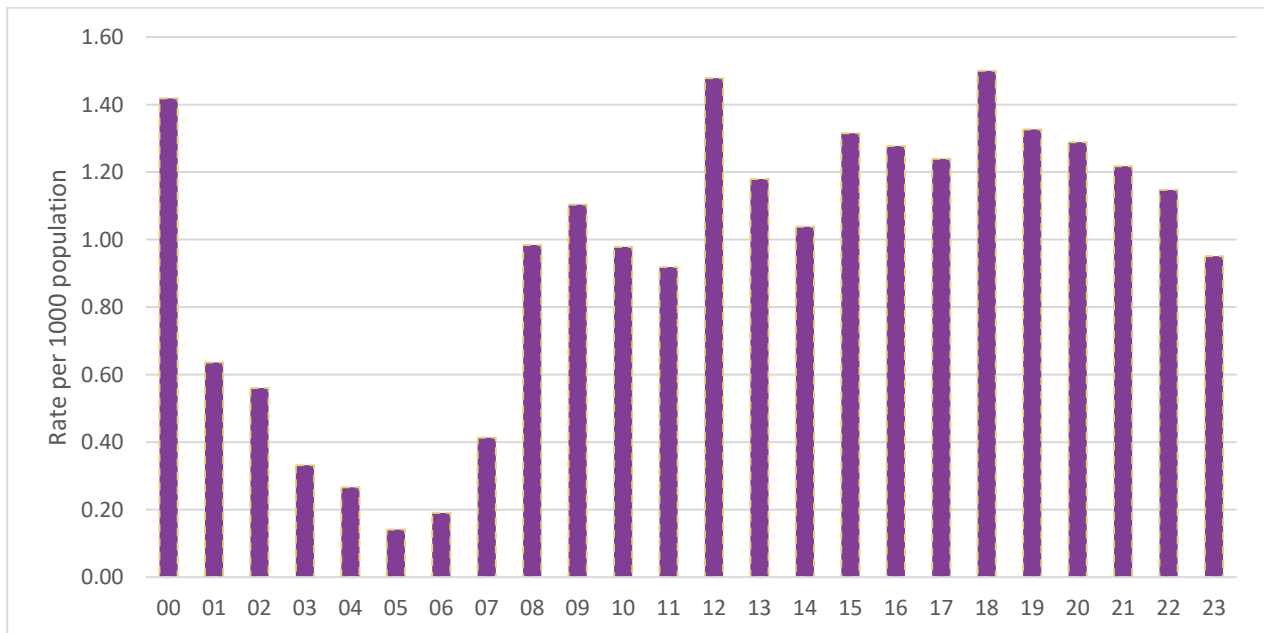


Figure 11 - Rate (per 1000 population) of serious violence offences by hour of the day across Charnwood (April 2022 – March 2023) (Source: Leicestershire Police)

Further analysis has been undertaken by combining the day of the week and hour of the day as shown in Figure 12 below. There are no clear patterns identified, however it is noted that there is a slightly

greater rate of offences between Saturday evening and Sunday morning which could be indicative of the Night Time Economy (NTE).

Hour of Day	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday	Total
0	0.17	0.15	0.19	0.16	0.16	0.24	0.34	1.42
1	0.07	0.04	0.08	0.04	0.04	0.15	0.21	0.64
2	0.03	0.05	0.04	0.03	0.08	0.17	0.16	0.56
3	0.04	0.02	0.03	0.02	0.05	0.08	0.10	0.33
4	0.07	0.01	0.02	0.02	0.02	0.08	0.05	0.27
5	0.01		0.01	0.03	0.02	0.03	0.05	0.14
6	0.02	0.03	0.04	0.02	0.01	0.04	0.03	0.19
7	0.08	0.04	0.03	0.05	0.07	0.08	0.06	0.41
8	0.12	0.15	0.21	0.15	0.11	0.12	0.12	0.98
9	0.15	0.16	0.15	0.15	0.27	0.13	0.10	1.10
10	0.16	0.12	0.11	0.15	0.14	0.14	0.16	0.98
11	0.15	0.10	0.14	0.10	0.14	0.15	0.14	0.92
12	0.22	0.20	0.23	0.19	0.22	0.22	0.19	1.48
13	0.19	0.18	0.18	0.10	0.22	0.14	0.16	1.18
14	0.20	0.13	0.17	0.13	0.16	0.10	0.15	1.04
15	0.22	0.21	0.21	0.20	0.18	0.08	0.22	1.32
16	0.20	0.19	0.21	0.16	0.17	0.17	0.18	1.28
17	0.21	0.18	0.14	0.12	0.20	0.15	0.23	1.24
18	0.21	0.30	0.13	0.20	0.23	0.24	0.20	1.50
19	0.20	0.19	0.18	0.17	0.24	0.16	0.19	1.33
20	0.22	0.12	0.15	0.22	0.16	0.15	0.26	1.29
21	0.14	0.21	0.17	0.11	0.19	0.17	0.23	1.22
22	0.09	0.10	0.15	0.15	0.21	0.23	0.21	1.15
23	0.09	0.05	0.13	0.10	0.22	0.23	0.12	0.95
<b>Total</b>	<b>3.26</b>	<b>2.94</b>	<b>3.11</b>	<b>2.76</b>	<b>3.51</b>	<b>3.46</b>	<b>3.85</b>	<b>22.90</b>

Figure 12 - Rate (per 1000 population) of serious violence offences by day and hour (April 2022 – March 2023) (Source: Leicestershire Police)

When looking at health data for arrival times for assault-related attendances, the data shows a relatively uneven distribution, however peak hours were identified at 9am and 9pm.

## In Focus: Night Time Economy (10pm – 5am) in Public Places

Over 27% of public place offences in Charnwood occurred between 10pm – 5am. Key findings include:

- ‘Assault Occasioning Actual Bodily Harm’ (ABH) (61.6%), ‘Public Order – S3 Affray’ (14.1%) and ‘Assault – S18 – Grievous Bodily Harm with Intent’ (11.1%) are the offence types which make up the majority of offences.
- Over half (59%) of NTE offences were flagged as involving alcohol and 11% were flagged as involving drugs.
- The volume of NTE-related violence is greatest at 10pm, 11pm and 12am. The peak day of the week is Saturday.
- In terms of the location in which NTE-related violence is taking place, Loughborough Town and Loughborough North are the beats with the greatest reported volume of offences.
- The peak age of offending is 20-24, followed by 30-34 and the majority of perpetrators are male (79%).
- The peak age for victims is 15-19 followed by 20-24 and the majority of victims are male (67%).

## 2.3 Geography of Serious Violence

### Distribution:



The beats with the highest proportions of public-place serious violence are Loughborough Town, Syston and Loughborough North.



56% of offences occurred in a dwelling, followed by public/open place and hospitality.

The Syston and Loughborough Town beats make up the greatest proportion of offences in 2022/23 with respective percentages of 18.4% and 15.9%. Figure 13 shows the proportion of serious violence offences from April 2022 to March 2023 across Charnwood by police beat.

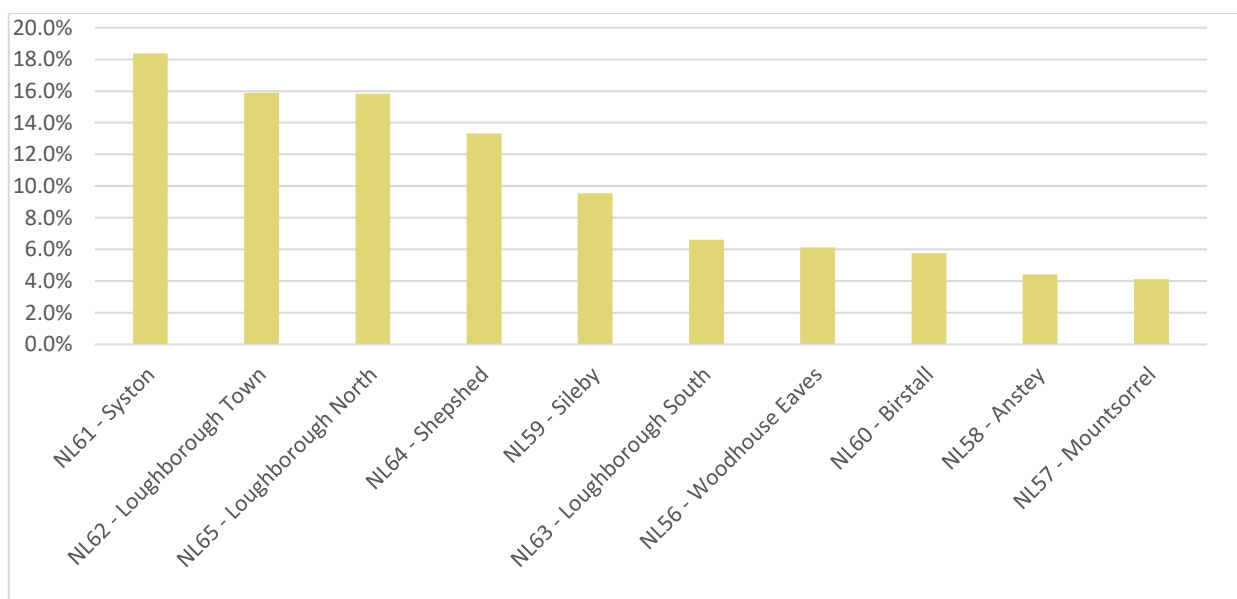


Figure 13 – Proportion of serious violence offences across Charnwood by police beat areas (April 2022 – March 2023)  
(Source: Leicestershire Police)



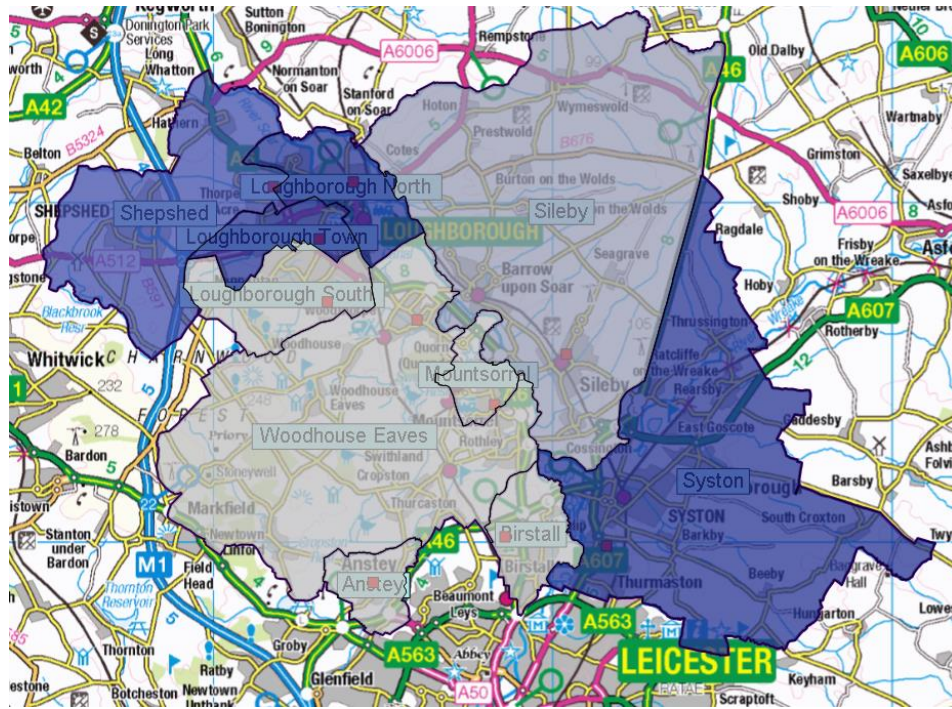


Figure 14 - Choropleth map of Leicestershire Police beats based on the volume of serious violence offences across Charnwood (April 2022 – March 2023) (Source: Leicestershire Police)

When it comes to the location types in which incidents are taking place across Charnwood, police data reveals that 66.2% of serious violence occurred in a dwelling, followed by public/open place (e.g. street, park etc (20.5%) and hospitality (4.7%). It should be noted that these proportions are based on offences where this information has been recorded and care should be taken when interpreting this data.

Figure 15 below shows the breakdown of location types across Charnwood between April 2022 to March 2023.

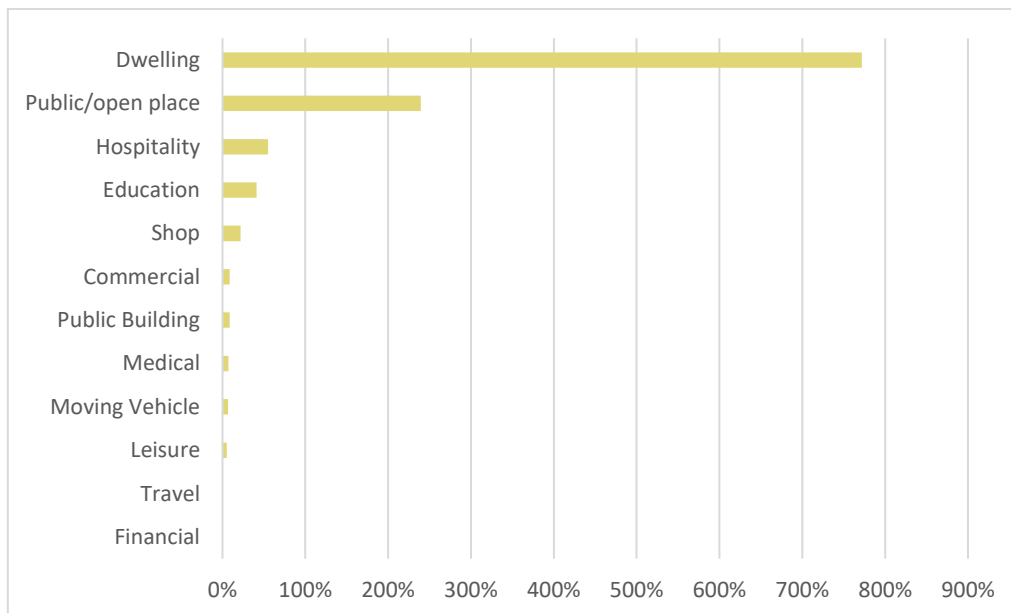


Figure 15 - Breakdown of location types of serious violence offences across Charnwood (April 2022 – March 2023) (Source: Leicestershire Police)

## In Focus: Public Place Serious Violence

While the majority of offences occurred in a dwelling, 34% occurred in a public place (including public/open place, hospitality, education etc). Key findings include:

- 'Assault Occasioning Actual Bodily Harm' (ABH) (66.3%) and 'Public Order – S3 Affray' (8.9%) are the offence types reported in the greatest volumes.
- The volume of public place violence is greatest between 3pm – 12am. The peak day of the week is Saturday.
- In terms of the location in which public place violence is occurring, Loughborough Town, Syston and Loughborough North are the beats with the greatest reported volume of offences.
- The peak age of offending is 20-24 followed by 30-34 and the majority of perpetrators are male (77%).
- The peak age for victims is 10-14 followed by 20-24 and the majority of victims are male (63%).

## 2.4 Profile of Perpetrators and Victims

This chapter provides an overview of what local police and health data tells us about residents of Charnwood who are involved in or affected by serious violence. It highlights notable trends in the age, gender, ethnicity and residency of perpetrators and victims.

### 2.4.1 Perpetrators of Serious Violence

#### Suspected Perpetrators:



Those aged under 45 are more likely to commit serious violence, peaking at 30-34 and 10-14 years old.



Males perpetrate the majority of serious violence and are more likely to commit high-harm offences compared to females.



Vast majority of perpetrators of serious violence are White and are most likely to reside in Syston, followed by Loughborough North and Shepshed.

Police data between April 2022 to March 2023 shows the ages for suspected perpetrators of serious violence are skewed towards those aged under 45, with the greatest rates seen with those aged 30-34 and 10-14.

Figure 16 below shows the rate (per 1000 population) of suspected perpetrators residing in Charnwood involved in serious violence.

Serious violence perpetrators represent 1.2% of the Charnwood population

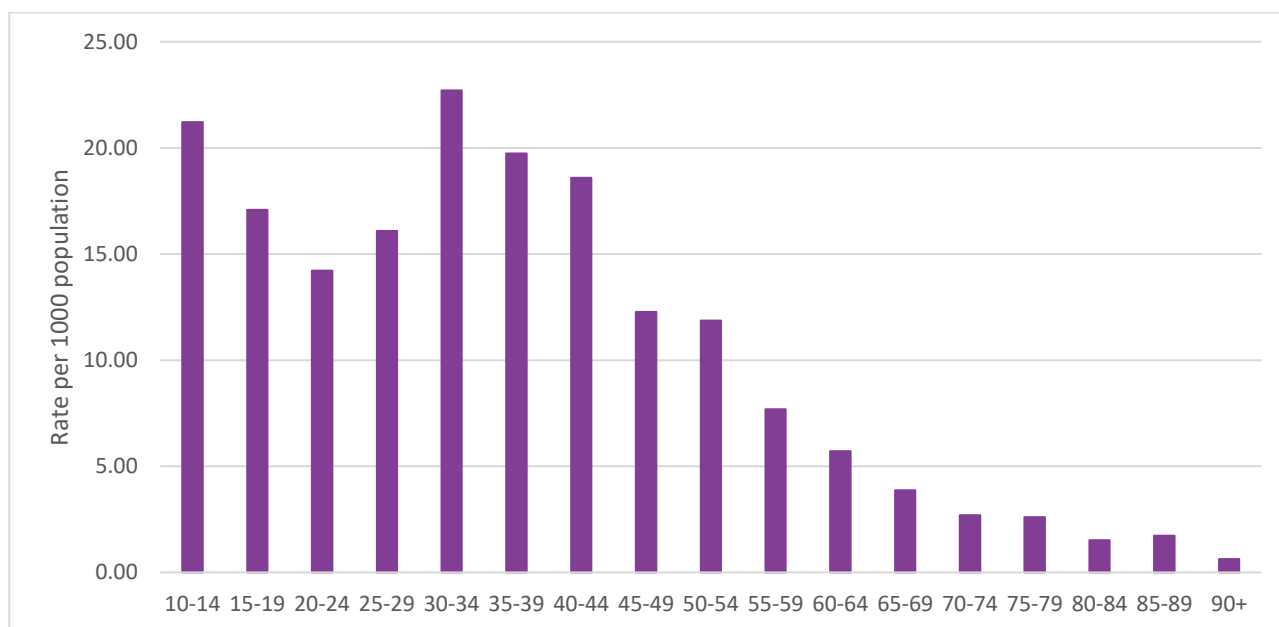


Figure 16 - Rate (per 1000 population) of offences by suspected perpetrator age (at date of offence) of serious violence based on those residing in Charnwood (April 2022 – March 2023) (Source: Leicestershire Police)

**32% of offences by residents of Charnwood were committed by those aged under 25**

Analysing the gender of suspected perpetrators shows that males are more likely to be involved in serious violence as a suspect or offender, making up 67.5% of the cohort.

When looking at the residency of the suspected perpetrator by Leicestershire Police beats, the greatest proportion of

suspected perpetrators reside in Syston (19.4%), followed by Loughborough North (16.2%), Shepshed (13.7%), Sileby (10.2%), Loughborough Town (9.9%), Loughborough South (8.3%), Woodhouse Eaves (6.8%), Birstall (6.2%), Mountsorrel (5.2%) and Anstey (4.2%).

**77% of offences committed by residents of Charnwood occurred in Charnwood**

Police data provides a breakdown of the ethnicity of suspected perpetrators and it highlights that the vast majority identified as White (86.6%), followed by smaller proportions who were categorised as Asian (7.9%), Black (4.4%) and Other (1.1%) – these percentages reported are proportionate to the Charnwood population. It is important to note that the ethnicity field in both the police and health data is frequently left blank or listed as unknown which means that the data included within this chapter is based upon individuals where an ethnicity has been recorded and care should be taken when interpreting results.

## 2.4.2 Victims of Serious Violence

### Victims:

10-14

10-14-year olds have experienced the highest rates of serious violence based on police data. Health data (attendances) identifies a peak with those aged 25-29.



Females are more likely to be the victim of serious violence.



Vast majority of victims are White and are most likely to reside in Syston, followed by Loughborough North and Shepshed.

Police data suggests that those aged 10-14 are most at risk of being a victim of serious violence in Charnwood. When analysing health data, low volumes were observed, however those aged 25-29 have the highest rates of A&E attendances. Figure 17 below shows the rate (per 1000 population) of serious violence offences and A&E attendances by the age of the victim.

**1.6% of Charnwood residents were a victim of violence in the last 12 months**

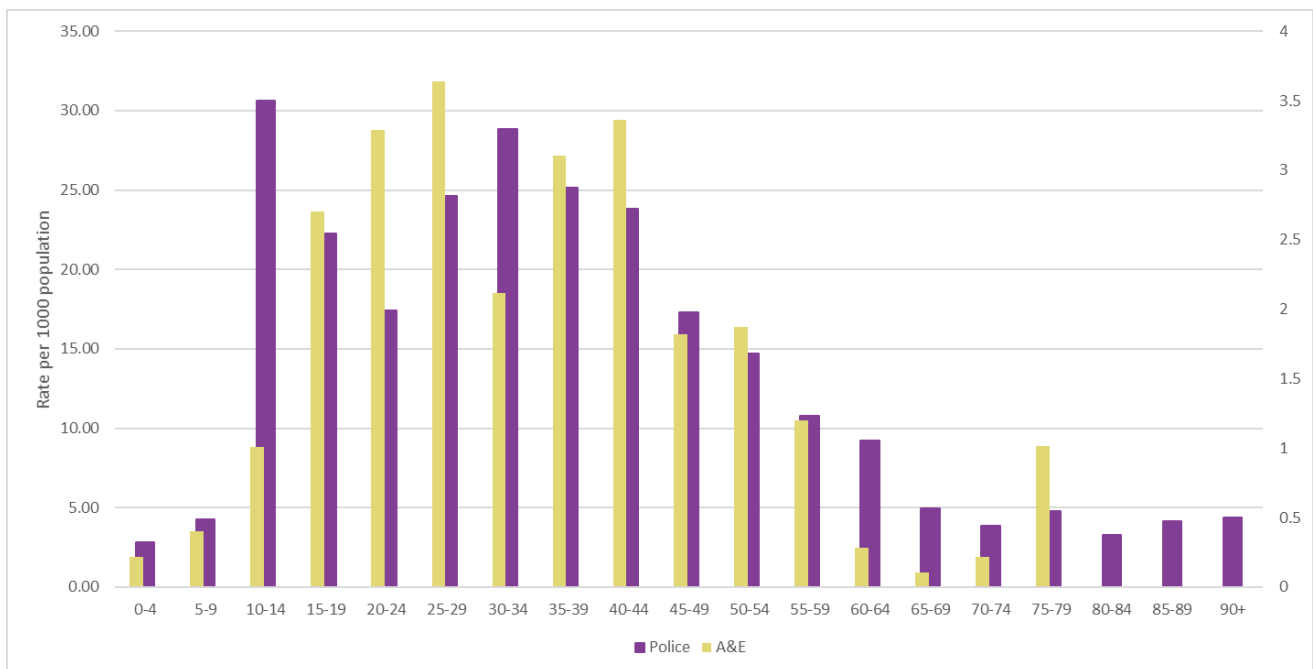


Figure 17 - Rate (per 1000 population) of victims of serious violence offences or assault-related injuries and A&E attendances based on Charnwood residents by age (April 2022 – March 2023) (Source: Leicestershire Police and Midlands and Lancashire Commissioning Support Unit)

Table 1 below shows the proportion of serious violence offences or injuries resulting from serious violence by the gender of the victim. Police data shows that females were most likely to be a victim of serious violence over the past 12-month period.

When analysing the A&E data, the data shows that males experienced the highest proportion of A&E attendances and hospital admissions for assault-related injuries.

Data	% Male	% Female
Police	40.2%	59.8%
A&E	73.2%	26.8%
Hospital Admissions	80.0%	20.0%

Table 1 - Proportion of victims of serious violence offences or assault-related injuries based on Charnwood residents by gender - police recorded crime, assault-related A&E attendances and hospital admissions (April 2022 – March 2023) (Source: Leicestershire Police and Midlands and Lancashire Commissioning Support Unit)

When analysing A&E data for the ethnicity of the patient, 76.7% are recorded as White, followed in much smaller proportions by Other (14.7%), Asian (6.7%) and Black (1.9%). For hospital admissions data, 72% of patients were White, followed by Other (24%) and Asian (4%).

Police data highlights a similar pattern in the ethnic make-up of victims of serious violence with 86.3% being identified as White, 9.4% Asian, 3.0% Black and 1.4% Other.

When looking at the residency of the victim by Leicestershire Police beats, the greatest proportion of victims reside in Syston (20.3%) followed by Loughborough North (15.4%) and Shepshed (13.0%).

## Violence Involving Females

While males make up the greatest proportion of suspected perpetrators, 32% of the offending cohort are female. Key findings for female perpetrators include:

- The peak age ranges for those committing serious violence is 30-34, 10-14 and 40-44 years old
- Females are more likely to commit violence against the same sex (62.5% of victims were female)
- The vast majority of female perpetrators are White (90.6%)
- Females are less likely to be involved in higher harm offences when compared to males and the three most common offence types are: 'Assault – S47 – assault occasioning actual bodily harm' (30.9%), 'S2 – Harassment without Violence' (22.6%) and 'sending letters etc with intent to cause distress or anxiety' (18.3%)

In 2022/23, females made up the majority of victims of serious violence across Charnwood. Key findings for female victims include:

- Females aged 30-34 in Charnwood are most likely to be a victim of serious violence
- Where the victim is female, 69% of suspected perpetrators are male
- The vast majority of female victims are White (88.4%)
- The three offence types experienced in the greatest volumes by females are: 'Assault – S47 – assault occasioning actual bodily harm' (24.9%), 'S2 – Harassment without Violence' (17.4%) and 'sending letters etc with intent to cause distress or anxiety' (13.9%)
- When focusing on domestic abuse related serious violence, the proportion of female victims increases to 76%

# **Chapter 3: Risk and Protective Factors Associated with Serious Violence**



### 3. Risk and Protective Factors Associated with Serious Violence

There is no single cause of serious violence but rather it arises from a complex interplay between a wide range of risk factors operating within and across individual, relationship, community and societal domains. The World Health Organization (2011) provides a framework (see Figure 7) for understanding these factors and the interplay between them – each domain is covered in greater detail below.

A risk factor is a characteristic that increases the likelihood of a person becoming a victim or perpetrator of violence involving young people.

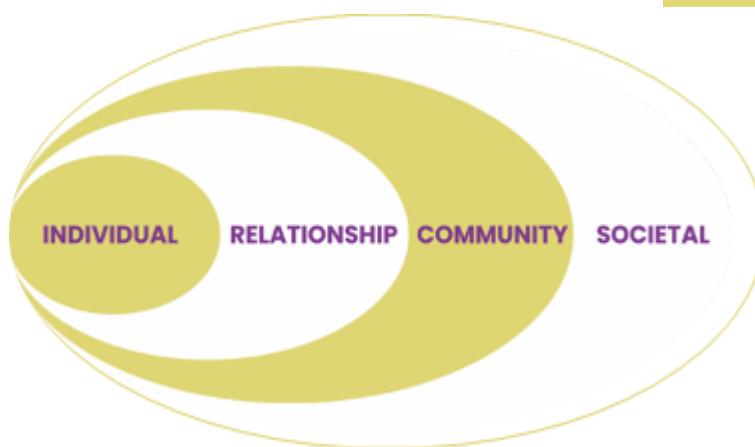


Figure 7 - The Ecological Model for understanding violence

Individual and contextual risk factors occur across an individual’s life course and are subject to change. They can be cumulative, additive and sometimes multiplicative in impact. The more risk factors that accumulate in an individual or in a particular setting, the higher the likelihood that the individual will become involved in violence as a victim and/or perpetrator. Accumulation of a higher number of risk factors and an absence of protective factors increases individuals’ levels of vulnerability. The vulnerability of young people is the key factor that increases the likelihood that they may become involved in behaviours and activities that put them at risk.

A protective factor is a characteristic that decreases the likelihood of a person becoming a victim or perpetrator of violence or buffers against the effects of risk factors.

Protective factors have been shown to have a ‘buffering effect’ on risk factors. Having higher levels of protective factors in childhood, adolescence and young adulthood can reduce the risk and likelihood of involvement in violence. As the number of protective factors increases, the probability of violence decreases (the dose-response relationship). Figure 8 outlines the known risk and protective factors linked to violence.



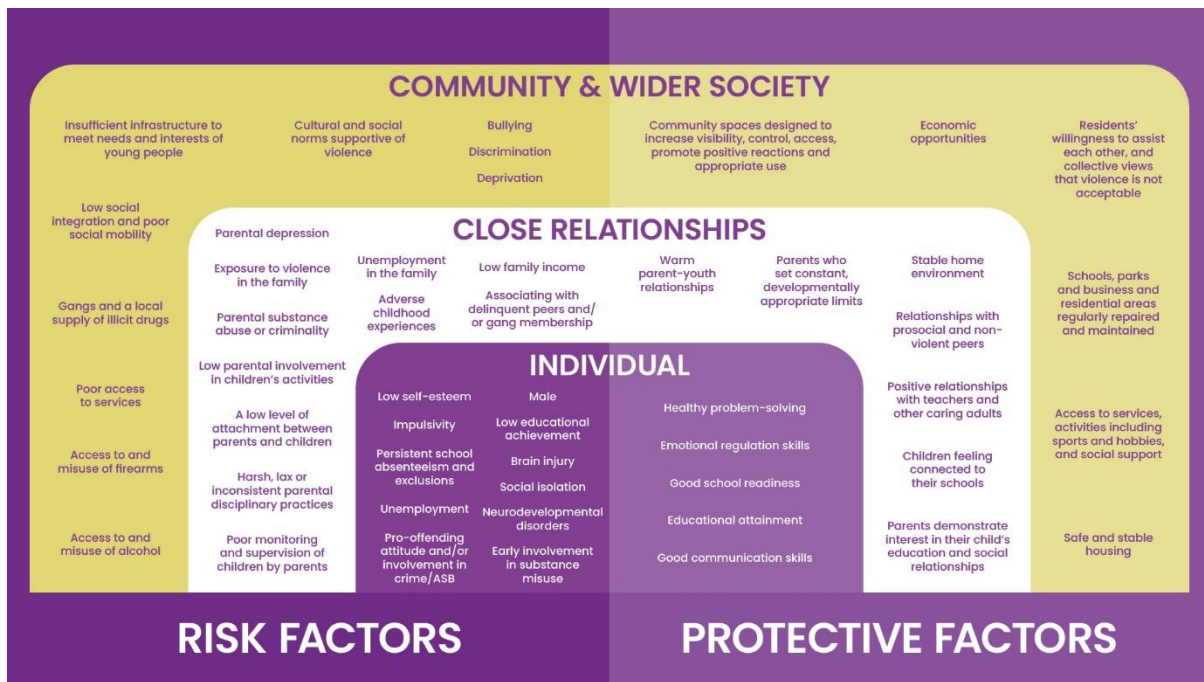


Figure 8 - Risk and protective factors for violence

In order to improve our assessment of serious violence, we need to understand the local landscape of these risk and protective factors and how prevalent these are within the communities of Leicester, Leicestershire and Rutland. As covered in the introduction, this section can be used alongside the Violence Reduction Network's LLR-wide Strategic Needs Assessment and Serious Violence Dashboard to further explore local risk factor data.

Analysing available national data, the following provides a comparison of the prevalence of key risk factors in Charnwood against the national average. Charnwood has:

- Lower rates of pupil absence
- Similar rates of deaths from drugs misuse
- Lower rates of hospital admissions for alcohol-related conditions
- Lower rates of hospital admissions for intentional self-harm
- Similar rates of unemployment
- Similar rates of 15-16-year olds achieving an average attainment 8 score
- Fewer areas of deprivation compared to the England average, with Charnwood appearing in the 2<sup>nd</sup> best quintile compared to all other district areas

# Chapter 4: Preventing Serious Violence

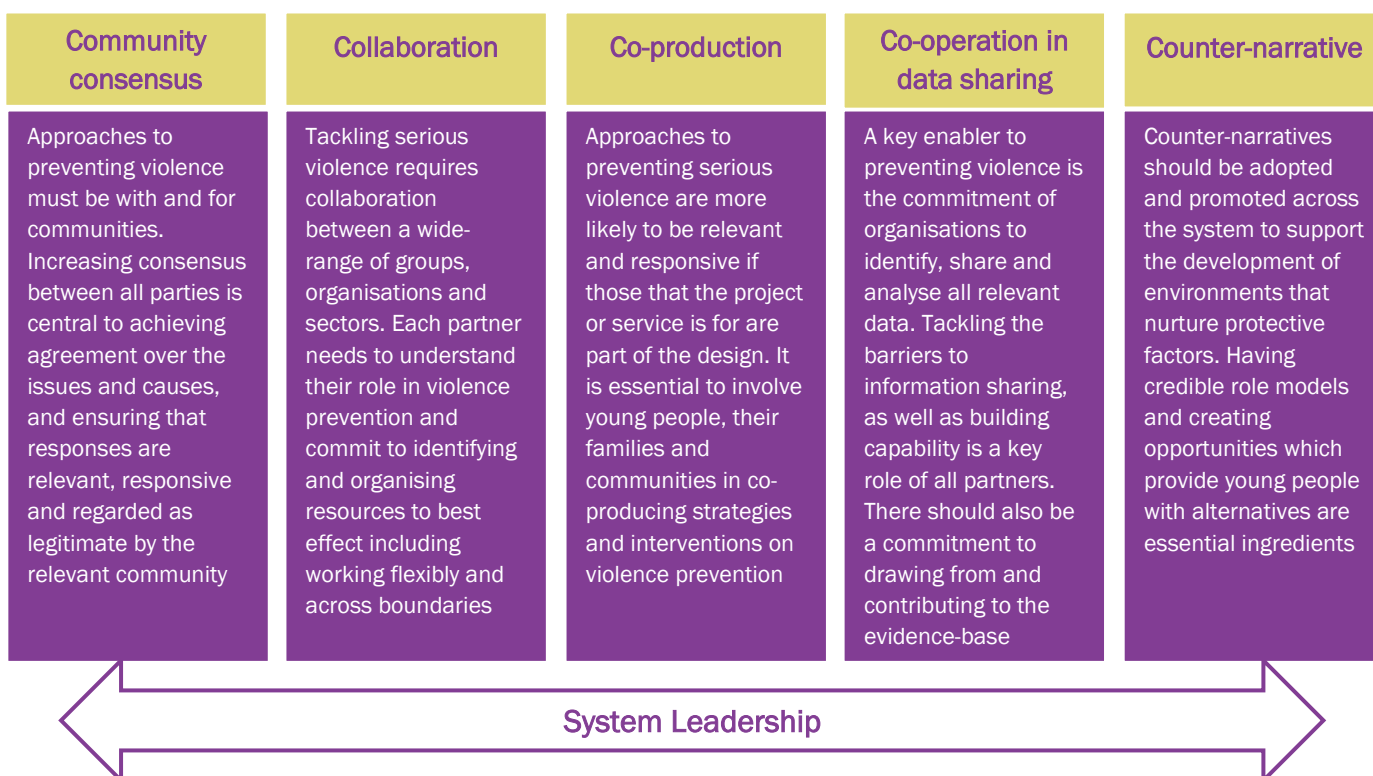
# 4. Preventing Serious Violence

Central to a public health approach is the core belief that violence is preventable; that it is possible to prevent and reduce modifiable risk factors and to strengthen protective factors. Like with other complex issues, the causes of violence are multifaceted which means that solutions need to address a multitude of individual and contextual risk factors.

This chapter aims to synthesise the growing body of evidence on effective interventions and approaches for preventing serious violence. It begins by providing an overview of the Centre for Disease Control and Prevention’s six strategies and the associated interventions and approaches for preventing violence. The chapter then considers the findings from a systematic review commissioned by the Youth Endowment Fund which brings together the best available evidence on approaches which focus specifically on diverting young people away from crime and violence. The chapter concludes by providing some good practice guidance for designing or reviewing existing interventions.

## 4.1 Public health frameworks for preventing serious violence

Public health approaches provide a framework to support the design and delivery of comprehensive, evidence-based prevention programmes which tackle the complex and multi-layered nature of risk and protective factors. As advocated by the Office for Health Improvement and Disparities, it is important to locate any prevention activity within a whole-system approach to serious violence. By adopting a place-based focus, silo working can be reduced and replaced by collaborative working between partners and communities which leads to improved long-term outcomes for the ‘whole place’ (a defined population) rather than just the individual. The 5 C’s framework represents the critical building blocks of a violence prevention system and includes:



For prevention activity to be effective in the long-term, it should adopt a life-course approach which considers the critical stages, transitions and settings in which there are opportunities to reduce and

manage risk factors and strengthen protective factors. The propensity towards violence has a long gestation period and the foundations are laid in early childhood. It therefore follows that upstream investment is vital to prevent the onset of risk factors and to ensure protective factors are in place.

The following Framework (see Figure 15) embodies the life-course approach and is routinely used by the VRN to understand, plan and take action to prevent and reduce serious violence. It is an adaptable model which can be used as a guide for communities and partner organisations when developing local and organisational responses to serious violence.

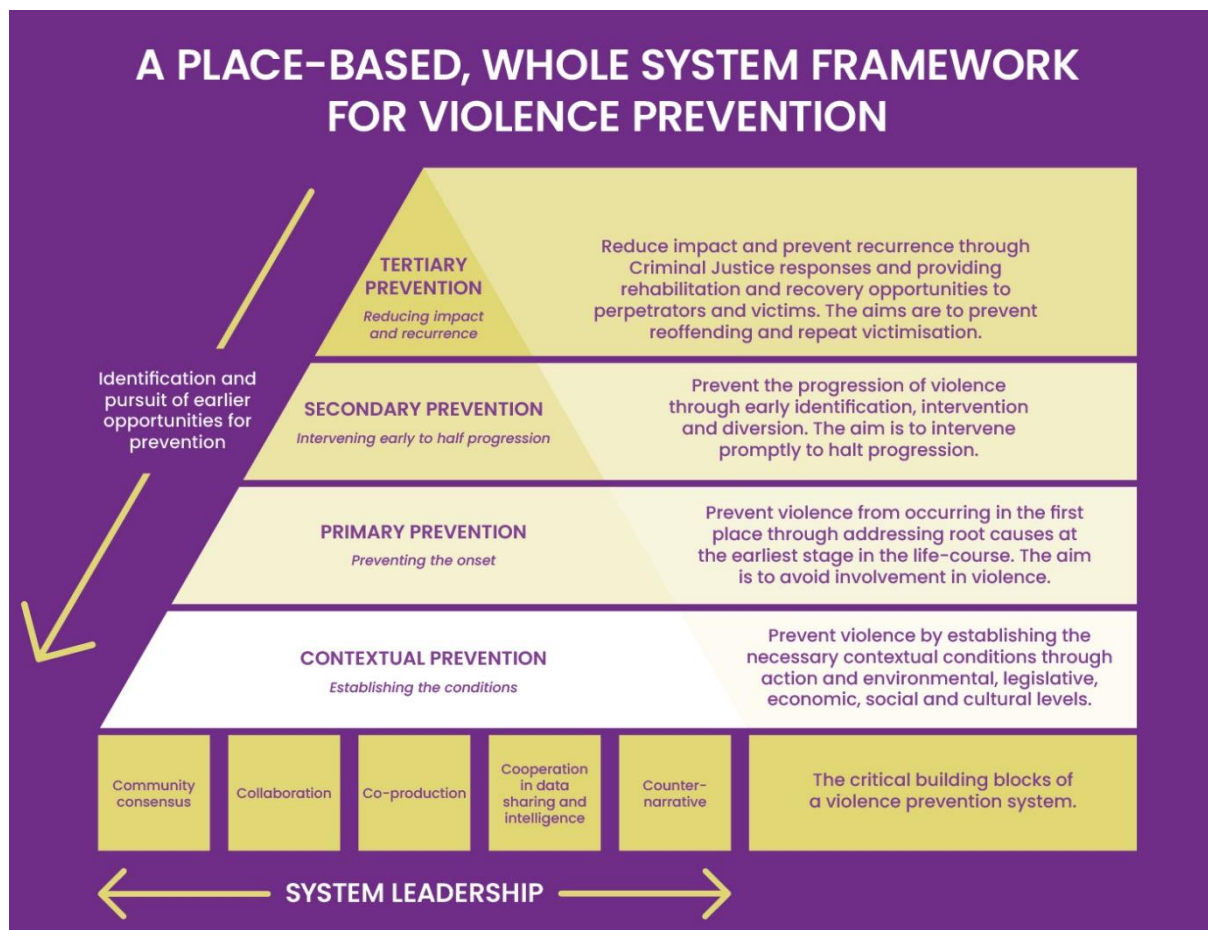


Figure 9 - A whole system multi-agency approach to violence prevention

In terms of how the Framework translates into prevention activity, **contextual prevention** has the potential to achieve the most far-reaching impact due to its focus on ensuring civic-level policy and strategy and on creating the conditions and environments that are most likely to prevent violence. The **primary, secondary and tertiary levels of prevention** focus on different populations starting with a universal ‘for all’ focus and becoming more targeted and specialist as the risks and development of violence increases:

- **Universal** (primary prevention): aimed at the whole population
- **Targeted** (primary and secondary prevention): aimed at populations which can be identified as greatest risk
- **Specialist** (tertiary prevention): aimed at populations who have committed violence and/or experienced victimisation

The evidence-base suggests that it is possible to identify populations for intervention in the early years (as in primary prevention), but identification becomes increasingly accurate as individuals get older and more can be learned about their behaviour (as in secondary prevention). However, there is a trade-off in

relying solely on this approach as the more risk factors that are used to identify the most at-risk groups, the smaller the percentage of individuals that are likely to be positively impacted an intervention.

Ultimately, there needs to be a broad programme of violence prevention activity which spans all four levels of prevention in order to provide the whole population with needs matched support. This involves an approach which strikes the balance between doing something for everyone (universal) but also doing more for those that need it the most (targeted). A valuable strategic objective would be to support a paradigm shift towards increased investment upstream and within primary prevention territory with a particular focus on early year's development and other significant developmental stages in life. Strategies within each level of prevention should also give due regard to developing a combination of civic-level, service-based and community-centred interventions with joint working across all three elements within the setting of place.

## 4.2 Interventions and approaches

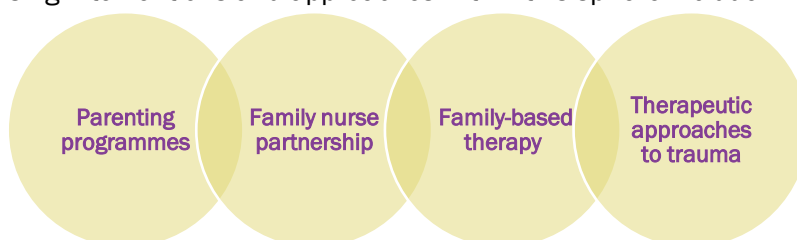
Implementing high quality, evidenced-based interventions is key to preventing and reducing serious violence. Before covering some of the most promising approaches in detail, this section provides a summary of what the evidence-base suggests is likely to achieve positive outcomes across the various prevention levels.

To have the greatest impact, research has indicated that whilst individual change (for example, improved skills) is important, this needs to be combined with approaches that also seek to address relationships with parents, peers, siblings and significant adults and to positively influence a young person's environment (e.g. at school or in their neighbourhood) as well as tackle structural issues such as poverty and inequality. To maximise impact, approaches should also seek to address the causes of multiple forms of violence, including closely related issues such as exploitation, rather than deploying single-issue interventions. It is important to note that because many risk and protective factors for violence overlap with those for other harmful behaviours and health concerns, the impact of prevention activity is likely to extend beyond violence to achieve other positive outcomes for children and young people.

Below are a select group of strategies identified by Centre for Disease Control and Prevention (2016) as being underpinned by the best available evidence. The six strategies are presented alongside the level of prevention that they align with and focus predominantly on preventing violence from happening in the first place, and reducing the immediate and long-term harms of violence. Preventing violence requires multiple, complementary strategies, and those shown below reflect the established and emerging research-base about how to strengthen a young person's skills and relationships to prevent involvement in violence.

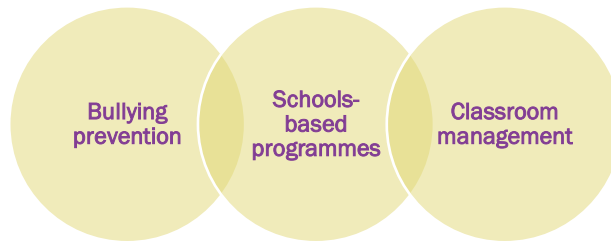
### Promote Family Environments that Support Healthy Development – Primary Prevention

The family environment plays a significant role in shaping young people's physical, emotional and social health and their behaviours. This influence extends from early childhood through to late adolescence and beyond. Promising interventions and approaches within this sphere include:



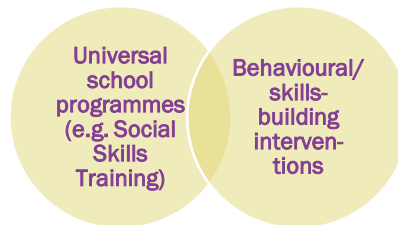
## Provide Quality Education Early in Life – Primary Prevention

High quality early childhood education can improve cognitive, social and emotional development. In turn, this increases the likelihood that children will experience safe, stable, nurturing relationships and environments and long-term academic achievement. Key approaches and interventions include:



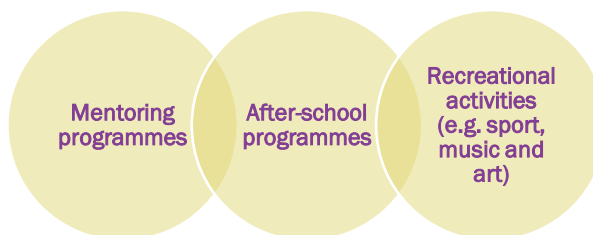
## Strengthen Young People's Skills – Primary, Secondary and Tertiary Prevention

A comprehensive approach to preventing violence is developing and strengthening young people's skills. In particular, having proficient skills in communication, problem-solving, conflict management, empathy, impulse control, and emotional regulation and management is a protective factor. Effective interventions and approaches include:



## Connect Young People to Trusted Adults and Activities – Primary, Secondary and Tertiary Prevention

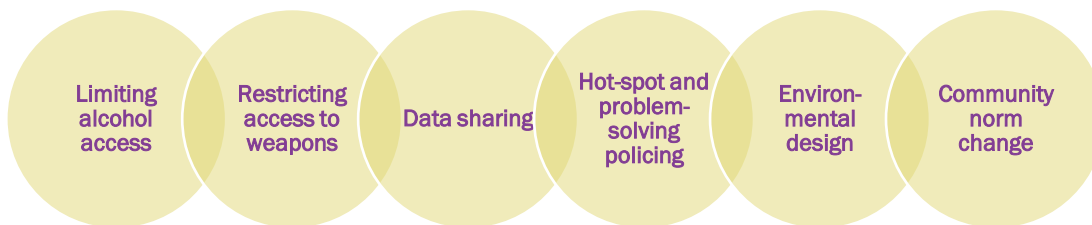
Another important protective factor is having a strong connection to caring and trusting adults. Similarly, access to and involvement in pro-social and positive activities can help young people develop and apply new skills. Key interventions and approaches include:



## Create Protective Community Environments – Contextual Prevention

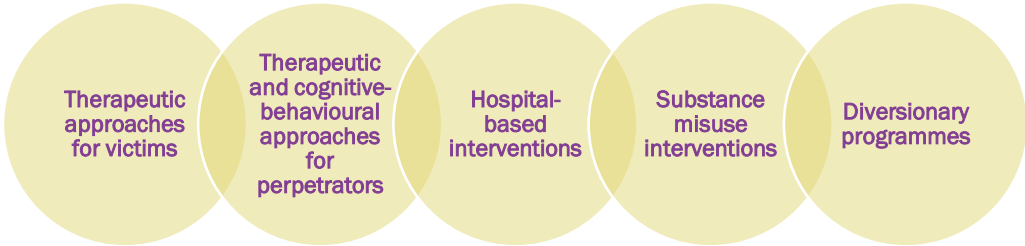
Establishing safe environments in which young people can grow is a critical step towards achieving population-level reductions in violence. This includes spaces with any defined population with a common characteristic or share environment such as neighbourhoods, schools, youth groups and places where young people and adults regularly interact (e.g. parks, public transportation hubs). Promising interventions and approaches include:





**Intervene to Lessen Harms and Prevent Future Risk – Secondary and Tertiary Prevention**

Criminal justice and enforcement responses alone have limited impact upon young people’s future involvement in criminal behaviour particularly as the causes of violence are complex and multi-layered. Approaches which attempt to understand and address risk factors and strengthen protective factors have the potential to interrupt the continuation and escalation of violence. Effective interventions and approaches include:



As mentioned in the previous chapter, one of the most significant developments in the field of violence prevention has been the publication of the Youth Endowment Fund’s (YEF) Toolkit which aims to ensure that research findings are:

- **Available:** Relevant research is often spread over different disciplines and journals. The Toolkit brings it together in one place to make it easily available.
- **Accessible:** The Toolkit presents findings without jargon and in plain English.
- **Actionable:** The Toolkit focuses on the practical implications of research findings.

The Toolkit summarises the best available research evidence about different approaches to preventing young people from becoming involved in serious violence. It is based on robust data about what has happened when these approaches have been used before. Currently it focuses on 22 different approaches and for each approach it explains what it is, how effective it is likely to be, how confident you can be in the evidence of its impact, as well as indicative costs of delivery. Importantly, **the Toolkit also provides guidance on how the intervention or approach can be implemented well**, along with links to resources for further information.

**Access the Toolkit**

Table 2 shows the 24 approaches which are currently included in the toolkit alongside their estimated impact on preventing violence and the quality of evidence underpinning this assessment.

ESTIMATED IMPACT ON VIOLENCE	APPROACHES	EVIDENCE QUALITY	
		Low	High
High	Focused deterrence	High	High
	Social skills training	High	High
	Cognitive behaviour therapy	High	High
	Sport programmes	High	High
	A&E navigators	High	High
	Trauma-specific therapies	High	High
Moderate	Pre-court diversion	High	High
	Relationship violence prevention lessons and activities	High	High
	Mentoring	High	High
	Restorative justice	High	High
	Hot spots policing	High	High
	Bystander interventions to prevent sexual assault	High	High
	Multi-systemic therapy	High	High
Low	After-school programmes	High	High
	Interventions to prevent school exclusions	High	High
	Anti-bullying programmes	High	High
	Adventure and wilderness therapy	High	High
	Parenting programmes	High	High
Unclear	Police in schools	High	High
	Knife surrender schemes	High	High
	Media campaigns	High	High
	Trauma-informed training and service redesign	High	High
Harmful	Boot camps	High	High
	Prison awareness programmes	High	High

Table 2 - Effectiveness of interventions (Source: Youth Endowment Fund Toolkit)

It is important to note that when an intervention is estimated as having a low or unclear impact on violence, it does not necessarily mean that it's not effective but rather that it has not yet been subject to a high-quality evaluation in relation to violence prevention. For instance, there is a lack of research which directly measures the impact of anti-bullying programmes on violence. However, there is strong evidence that anti-bullying programmes can be effective at reducing bullying in school and that bullying is associated with later involvement in violence.

What is clear from the YEF's evidence review is that **interventions which incorporate scare tactics or harsh disciplinary approaches – such as boot camps – are not effective**. In fact, research suggests that such interventions may actually cause harm with young people who participate in a boot camp being 6% more likely to become involved in future violent and non-violent crime.



As indicated by Table 2, there are three interventions which are estimated as being likely to have a high impact on violence and which are underpinned by a strong evidence-base:

### Focused Deterrence

Focused deterrence is an approach to violence reduction that was developed in Boston (USA) in the mid-1990s. It recognises that most serious violence is associated with a small group of people who are themselves very likely to be victims of violence, trauma, and extremely challenging circumstances. Focused deterrence attempts to identify the people most likely to be involved in violence and support them to desist.

Focused deterrence usually includes a combination of the following steps:

1. Forming a dedicated project team from a range of sectors and organisations.
2. Identifying the specific violence problem (e.g. knife crime) and the people involved.
3. Directly and frequently communicating with the people involved in the violence problem and the surrounding community. Involves communicating that the affected community needs violence to stop.
4. Developing ongoing and trusting relationships with the people involved. Offering support and access to positive and credible opportunities and service to the people involved (e.g. education or employment, housing, health care and treatment).
5. Enforcing sanctions if the people involved do not desist from violence which could include increased police presence, and arrest and swift prosecution.

### Social Skills Training

Social skills training supports children to think before they act, understand other people's perspectives, communicate effectively, and use strategies for managing impulsiveness or aggression. It can be delivered through universal programmes, which work with all children, or through programmes which work in a targeted way with children who could benefit from more support.

Activities can include:

- Role play which might involve children taking on different roles in a potential conflict and practise strategies for resolving the conflict peacefully.
- Video demonstrations of positive behaviours so that children can be shown examples of other children playing together and finding ways to resolve conflict.
- Specific activities to reinforce effective delayed gratification.
- Relaxation and deep breathing techniques which children could use to calm down if they become angry.
- Teacher observations of children playing to monitor their development of these skills.

## Cognitive Behaviour Therapy

Cognitive Behavioural Therapy (CBT) is a type of talking therapy that has been used to address a range of psychological difficulties. CBT aims to help children and young people become more aware of negative thoughts and learn to change or manage them. The therapist might work with a child to explore how their assumptions relate to reality, better understand other people's behaviour and motivations, and use problem-solving skills to cope with difficult situations.

CBT can be used with children who are demonstrating challenging behaviour, children in custody, or their families. It can be delivered in a range of community or custody settings, usually by trained psychologists who have post-graduate training or professional certification. It is typically an intensive intervention which takes place over a short period of time. On average, interventions last for 15 weeks with about 3 hours per week of support.

There are three additional approaches – A&E Navigators, Sports Programmes and Trauma-specific Therapies – which the YEF have assessed as having a high impact on serious violence but which need further research because to date, few impact evaluations have been conducted on these interventions. In summary:

- **A&E Navigator Programmes** – Involves placing a case worker in hospital emergency rooms to support children and young people with a violence-related injury. Case workers try to develop trusting relationships with the young person, provide informal mentoring and facilitate access to services.
- **Sports Programmes** – Involves engaging young people in regular, organised sport and physical activity. They could involve both team sports (e.g. football, basketball) or individual sports and physical activity (e.g. gym, boxing). Programmes will often use sport as a 'hook' to engage young people in other activities, such as mentoring or counselling.
- **Trauma-specific Therapies** – Involves supporting children to recover from trauma. They typically involve forms of psychological therapy where a therapist provides support to individuals or small groups such as trauma-focused CBT, Cognitive Processing Therapy and Eye Movement Desensitisation and Reprocessing.

The YEF Toolkit also shows that a number of other approaches or components of interventions are likely to have a moderate impact on violence. For instance, research evidence suggests that **pre-court diversion** – an approach to preventing re-offending by finding an alternative to formal criminal justice proceedings – has the potential to protect a child against future involvement in violence. This is because offering support through Youth Justice Teams at the point of arrest or via an out-of-court disposal can support reintegration, prevent labelling and avoid experience of the criminal justice system. Research suggests that pre-court diversion reduces reoffending by 13% and even for those children who do go on to commit another offence, it is likely to be less serious.

Similarly, there is evidence to suggest that **mentoring** is effective in both reducing crime and the behaviours associated with crime and violence. Mentoring involves matching a young person with a mentor who acts as a role model, who listens and asks questions to help the mentee gain insights into their own thoughts and behaviours, and who provides guidance on education, employment and training and support to access services.

**Hot spots policing** has also been rated as having a moderate impact on serious violence. Research suggests that hot spots policing can reduce violent crime by 14%, overall offending by 17%, drug offences by 30% and property crime by 16%. The below provides a brief summary of this intervention.

## Hot spots policing

Locations with higher levels of crime and violence are known as 'hot spots'. Hot spots tend to form in small locations such as sections of streets or parks, areas around train stations, and shops, pubs or clubs. Research shows that 58% of all crime happens in the top 10% of places with the most serious crime. Hot spots policing identifies locations where crime is most concentrated and focuses policing resources and activities on them. There are two main approaches to policing hot spots:

- Problem-oriented policing (POP), which aims to understand the root causes of crime in hot spot locations. It involves designing and implementing tailored interventions to reduce crime.
- Increased police presence, which aims to deter offenders from committing crimes in hot spot areas by increasing either the number of visits or the amount of time police officers spend in the hot spots.

Of specific relevance to preventing domestic and sexual violence are the following two interventions:

## Relationship Violence Prevention Lessons and Activities

Dating and relationship violence prevention programmes are often delivered by trained schoolteachers during existing relationship and sex education (RSE) lessons or personal, social, health and economic (PSHE) lessons. Activities may include education and awareness sessions, case studies, role-playing and interactive theatre, reflection and discussion activities, awareness campaigns and training.

This approach is thought to be effective because it challenges unhealthy norms and perceptions, improve self-regulation, communication skills and conflict resolution skills, and helps young people to identify warning signs early on. It can be implemented well by:

- Tackling perceptions that 'violence isn't a problem here' in school
- Finding the right facilitators
- Making sessions interactive
- Matching the programme to the local context
- Having a dedicated behavioural policy in place
- Having the necessary time, equipment and space

## Bystander Interventions to Prevent Sexual Assault

Bystander interventions aim to empower people to intervene in situations of potential sexual assault. They teach participants to identify early warning signs and safely intervene to prevent sexual assault from occurring.

Activities could involve educational sessions delivered by a trained facilitator, role-play or discussion exercises, online educational videos, and school or university-based media campaigns, such as posters and leaflets. It can be implemented well by:

- Well trained facilitators
- Age appropriate content
- More than one session
- Participant feedback

Recently a systematic evidence assessment of what works in preventing domestic abuse and sexual violence was conducted by Wales Violence Prevention Unit and an overview of the findings can be accessed [here](#).

## 5. Recommendations

This year's LLR-wide partnership SNA made 14 recommendations for the core membership to consider when refreshing the VRN's Response Strategy (see SNA). These build on previous SNA recommendations and do not represent a change in focus or direction but rather a strengthening of work underway. However, as our understanding of the data improves and the evidence-base evolves, it is important to ensure that there is sufficient focus on the populations most at risk and that all interventions are developed and delivered in a way which is consistent with the evidence base.

While CSP's should consider the recommendations set out within the SNA, this problem profile should also support CSP's with forming recommendations for their area. Based on the data within this profile, CSP's should:

- adopt a public health approach to preventing and reducing serious violence and it's associated risk factors
- use the data within this profile to set your strategic priorities to prevent and reduce the most prevalent forms of violence identified within your local area. This includes:
  - domestic abuse (*particularly in the Syston and Loughborough North areas, involving those aged 30-34 and male perpetrators*)
  - public place serious violence (*particularly in the Loughborough Town, Syston and Loughborough North areas, in the afternoon-evening with a particular focus on those aged 20-24*)
  - night-time economy related serious violence (*particularly in the Loughborough Town and Loughborough North areas, on Saturday evenings, with a focus on those aged 20-24 and 30-34*)
  - violence involving young people (*particularly perpetrators aged 10-19 who observed the second greatest rate of offences compared to all other age groups*)
  - sexual violence (*while a smaller volume of offences is observed compared to other forms of violence, CSPs should consider preventative activity involving young people*)
- ensure that strategic and operational activity is data-driven and rooted in evidence of effectiveness
- review your CSP membership to ensure that there is appropriate representation for all relevant partners to delivery an effective multi-agency response
- consider how new strategies and interventions can be designed and delivered in partnership with relevant communities

## 6. Appendices

Data Source	Explanation and Caveats
<p><b>Leicestershire Police data</b></p>	<ul style="list-style-type: none"> <li>▪ Police recorded crime are not designated as National Statistics<sup>1</sup>.</li> <li>▪ Police recorded crime is considered a better source of data for high-harm low-violent crimes that are not well measured by the CSEW due to their low frequency</li> <li>▪ Police recorded crime statistics are affected by changes in police activity (for example, an increase in stop and search may lead to an increase in knife-possession offences)</li> <li>▪ A renewed focus on the quality of crime recording by the police since 2014 is thought to have led to a greater proportion of reported crimes being recorded by the police, which means caution must be taken when interpreting the data</li> <li>▪ The data analysed and reported in this needs assessment was extracted from Leicestershire Police’s NICHE system. It is important to acknowledge that the data stored within NICHE is not static and is subject to change.</li> <li>▪ Data can only be drawn from NICHE from 2015, when the NICHE system commenced being used by Leicestershire Police.</li> <li>▪ The quality of the data is reliant on information availability and input to NICHE. Any errors, lack of details or blank data fields will reduce the accuracy of the analysis.</li> <li>▪ When referring to suspected perpetrators, it should be noted that this includes both named suspects which may have remained as suspects and some which have been proven to have committed the offence.</li> <li>▪ Analysis relating to the characteristics of the suspected perpetrator relate only to offences where a suspect has been identified and therefore, the data presented could be an underrepresentation of the under 25 cohort.</li> <li>▪ A number of fields, including location and alcohol related offences, are not mandatory on NICHE and therefore are not always completed when every offence is recorded. Caution is therefore recommended when interpreting the data as the accuracy of completion is unknown.</li> <li>▪ There are specific types of violence frequently referred to such as county lines, knife crime and gang violence these are not specific offence categories. Instead, such crime can be ‘flagged’ as county line related, knife crime related and gang-related and / or specific offences are defined as falling within such crime types. This can require a different analysis approach. As with the above, these flags are not mandatory and may not represent the whole picture.</li> <li>▪ Where applicable pooled data has been used in order to determine a more accurate representation across LLR.</li> </ul>

<sup>1</sup> [National Statistics](https://www.statisticsauthority.gov.uk/code-of-practice/) are produced to high professional standards set out in the [Code of Practice for Statistics](https://www.statisticsauthority.gov.uk/code-of-practice/) (<https://www.statisticsauthority.gov.uk/code-of-practice/>). They undergo regular quality assurance reviews to ensure that they meet customer needs. They are produced free from any political interference.

Data Source	Explanation and Caveats
	<ul style="list-style-type: none"> <li>▪ In March 2020, the Neighbourhood Policing Areas (NPAs) within LLR were remodelled, any charts using NPA data prior to this time have been re-assigned to fit the new model.</li> </ul>
<b>Healthcare data</b>	<ul style="list-style-type: none"> <li>▪ Healthcare data is considered an integral part of a public health approach to violence prevention. Health settings are particularly important because many people injured through violence will seek medical treatment but may not report what has happened to them to the police. Studies suggest that only 23% of people attending hospital due to violent assault report such incidents to the police (Department of Health, 2012).</li> <li>▪ There is no information on whether incidents have occurred in domestic or non-domestic dwellings or whether the perpetrator was under the age of 25 years.</li> <li>▪ The data is based on LLR Commissioners only - Leicester City (04C00), West Leicestershire (04V00) and East Leicestershire &amp; Rutland (03W00).</li> <li>▪ The data will only capture patients who were recorded as having been assaulted. This will not include patients who may have been assaulted but did not wish to disclose this, i.e. recorded as accidental injury</li> </ul>

*Table 3 - Overview of data sources and caveats*