Maximizing the role of emergency departments in the prevention of violence: Developing an approach in South London

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Recent years have witnessed increasing concern about rising levels of youth-on-youth violence across the UK. A series of high-profile murders of young people across London have prompted widespread policy and civil society activity aimed at preventing youth violence, such as the Tackling Knives Action Plan, Positive Activities for Young People and Families United. In 2009–2010, 120 young people (aged 13–24 years) died of homicide in England.

Issues of community and youth violence have increasingly come on to the agenda of emergency departments (EDs) as they have sought ways to contribute to the prevention of illness and harm. In recent years, brief interventions around drugs and alcohol, advice on risk behaviours for people with human immunodeficiency virus (HIV), accident prevention and interventions around domestic violence have all been developed. In areas characterized by significant levels of violence-associated harm, health professionals are eager to reduce the likelihood of victims of violence experiencing future harm, and to contribute to the wider locality strategies.

The South London violence prevention project is being developed in an area of significant diversity and disadvantage. There is a large visiting population of tourists and employees. The resident population has witnessed ongoing change with high levels of inward migration from overseas and significant population mobility. The population is relatively young, with a high proportion living in social housing and significant levels of deprivation.

The area is among those with the highest levels of violence, both in London and England as a whole. In recent years, the problem of youth violence and the relationship to gangs has gained significant public profile.

Overall responsibility for violence prevention is the domain of statutory crime and disorder reduction partnerships. These are bodies formed by the Crime and Disorder Act 1998 consisting of the police service, local authority, probation service and fire brigade. Since 2004, primary care trusts have also been ‘responsible authorities’ within this partnership, recognizing the contribution that a ‘health’ perspective should make in any systemic approach to prevention.

In the UK, work in Cardiff has pioneered the contribution of EDs to violence prevention. Shepherd outlined a wide range of potential roles that EDs can take including: the use of ED data on location and types of violent incidents to inform crime prevention services, referring relevant offenders and victims of violence to other agencies relevant to their needs, and contributing an informed health and public health perspective to wider discussion about violence prevention. The sharing of anonymized ED data on violent incidents is now being implemented in many parts of the UK.
One approach where there is an emerging evidence base from North America is in the use of EDs as loci for outreach support casework with people involved in violence. There is evidence that young people who visit EDs as a result of a violent incident are disproportionately likely to return to EDs in the future as a consequence of violent incidents. EDs may therefore be appropriate places to situate secondary prevention interventions, because they may provide both ‘teachable moments’ and ‘reachable moments’.

The concept of a ‘teachable moment’ is based on the principle that there are particular moments when individuals are most predisposed to challenging their existing behaviour (e.g. a heart attack, diagnosis of HIV). The experience of being injured may act as a catalyst for the young person to reflect on the level of risk in which they are engaged.

One study has sought to assess the effectiveness of the concept of ‘teachable moments’ within EDs for assault-injured youth and their parents by assessing the salience of the experience for children and their parents through concepts such as self-efficacy to prevent another injury, and attitudes to the seriousness of the injury. The authors concluded that the ‘teachable moment’ is a meaningful concept within this context. However, their evidence also suggests that violent incidents are not a ‘universal wake-up call’. In particular, they found that children vary in their responses to the incident, that incidents may be more salient for parents than for some children, and that there is a decaying effect (i.e. as time elapses from the incident, the less salient it becomes).

‘Reachable moments’ refers to the belief that many young people who are victims of violence may be ‘hard to reach’. If they lead generally excluded lives but are compelled by injury to engage with formal services, this may represent a unique opportunity for public services to engage with them. Moreover, it is likely that EDs will be the best location for such a service within a hospital. In a study of more than 4000 young people who went to EDs as a result of violent incidents in Canada over 2 years, 90% were discharged straight back into the community rather than being admitted.

One systematic review of the small number of available studies of youth violence secondary prevention initiatives in EDs concluded that most showed positive results but with small sample sizes and only a small number of significant results. A more recent randomized controlled study from Michigan also showed positive results from referrals of young people to therapeutic brief interventions.

The South East London Violence Prevention Model is a 3-year pilot with three strands. The first strand, data collection, aims to build a core anonymized dataset on patients who come to EDs with injuries due to violence. This dataset is shared with the crime and disorder reduction partnership to inform crime prevention policies. The data, collected by receptionists on all victims of violence, is both demographic (such as age, sex, ethnicity, location of residence) and incident related (including location, time, nature of injury and type of weapon). This activity is taking place in two EDs that cover most violent incidents occurring in the two London boroughs concerned.

The pilot youth outreach element of the project will be based at the ED of one local hospital. It will be delivered by a voluntary sector organization with expertise in working on violence prevention among young people. This will draw on the charity’s expertise in engaging young people involved in violence, the expertise of the worker and the supervision he/she will receive. It will also rely on the knowledge and understanding of the opportunities and services available to young people in the area, as a significant element of the work is anticipated to involve signpost and referral. The service will work alongside the Safeguarding Children Team within the acute trust.

The third strand involves building capacity within the system for dealing better with youth violence. This has two elements. The first relates to the skills and understanding of staff within the ED. The charity providing the outreach function will also work with staff over time to improve the quality of care offered to victims of violence. Key aspects of this may be identification of risk, and knowledge of avenues of potential support and skill around referral. The second element is to increase the influence of an evidence-based health perspective on the wider locality strategies to reduce violence. As statutory partners in the crime and disorder reduction partnership, there is a responsibility for the health sector to engage in this area, which has not been an area of substantial involvement in the UK in the past.

There is an emerging evidence base to support an increased focus of EDs on violence prevention. However, EDs are busy places and unless such investment is seen to make a significant contribution to violence reduction, the interventions are unlikely to become part of their mainstream practice. An independent evaluation of the work in South London is shortly to get underway, which will assess the impact over the next 3 years. However, it is recognized that these projects are small pieces of the overall ‘jigsaw’ of violence prevention activity taking place in the boroughs, and overall levels of violence are likely to be driven by factors beyond the realm of activities in EDs. One of the initial challenges of the evaluation team will be to identify meaningful indicators to assess the relative contribution of the overall programme and its constituent parts.

Acknowledgements

Ethical approval

None sought.

Funding

The pilot elements of the violence prevention programme including the evaluation have been supported by a grant from the Guys and St Thomas’ Charity. The charity had no involvement in the submission of this article.

Competing interests

None declared.
REFERENCES