



ScotPHN r e p o r t

VIOLENCE PREVENTION: A PUBLIC HEALTH PRIORITY

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PREFACE

How do you prevent violence?

How do you prevent something that we know takes many forms and can harm people in many ways? How can we prevent a behaviour that can be created by social inequality and create new inequalities in its wake? How do we act to prevent what is a violation of basic human rights, yet has become almost normalised in some parts of society and in many communities?

These are not idle questions. We need to take action to prevent the sorts of violence and its consequences that are an ugly reality for many people in Scotland.

In this ScotPHN report, I am grateful that my colleagues Philip Conaglen and Annette Gallimore have provided an excellent starting point for the public health community in Scotland to understand why violence is a public health issue and what is needed from concerted public health action to prevent it.

I say the “public health community” with some care; in many respects some within Public Health in Scotland are arriving at this conclusion somewhat later than our statutory and community planning partners. They have already recognised the need for a public health approach and acted accordingly. Whilst this may mean we have a little catching up to do, this report helps clarify the needs which have to be met and an initial scope for our contribution to this public health approach.

In tracing the history of violence as a public health priority, Dahlberg & Mercy (2009)ⁱ highlighted the importance of the United States Surgeon-General’s 1979 “Call for Action” to the public health community to address violence prevention as part of the *Healthy People* initiative. In creating this report, we have sought to emulate this notion of a “Call for Action” in Scotland.

We are in an excellent starting place. We have an epidemiological basis on which to work and to develop further. We have existing actions on which to build. We have willing and keen partners wanting to collaborate with us in violence prevention.

How do we prevent violence? We do what we are best at: the business of public health.

Susan Webb
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ⁱ Dahlberg LL, Mercy JA. History of violence as a public health issue. *AMA Virtual Mentor*, February 2009. Volume 11, No. 2: 167-172. (Available on-line at <http://virtualmentor.ama-assn.org/2009/02/mhst1-0902.html>. Last accessed 21/11/2014)

EXECUTIVE SUMMARY

'Violence is the intentional use of physical force or power, threatened or actual, against oneself, another person, or against a group or community that either results in or has a high likelihood of resulting in injury, death, psychological harm, maldevelopment, or deprivation.'

World Health Organisation (WHO) definition of violence

Violence is a public health priority in Scotland

There are an estimated 236,000 violent crimes committed against adults in Scotland each year. In a large NHS Board, annual emergency department attendance rates relating to interpersonal violence were 3.6 per 1,000 population. In 2012–13 there were 3,386 emergency hospital admissions in Scotland as a result of assault.

Beyond physical harm, violence also causes psychological, economic and social harms and its impact extends well beyond the victim and perpetrator into their relationships, communities and society. Scottish Government modelling indicates that the economic and social costs of violent crimes far outweigh the costs of all other types of crime combined, with estimated costs running into many thousands of millions of pounds. Violence and its risk factors are often both the cause and effect of health, gender, economic and social inequalities.

Can there be any doubt that violence is a public health priority, requiring concerted public health action?

Violence is preventable

Risk and protective factors for violence exist across individual, relationship, community and societal levels. Research shows that these include such things as: being the victim of abuse, experiencing violent parental conflict, poverty and high unemployment and cultural norms which support violence.

This paper provides an overview of the evidence base – the wide range of international evidence summaries and briefing papers which relate to violence and (most importantly) to violence prevention. While gaps do remain in the literature, what is there helps shape our understanding of: the scale and impact of violence; what causes violence; and what works to prevent violence and to extend better care and support to affected populations.

A range of Scottish Government strategies and initiatives, for example those relating to intimate partner violence, alcohol abuse, child abuse, suicide and knife crime, aim to address the causes of violence. Violence prevention is also incorporated within a range of broader government strategies and policies as the risk and protective factors for violence are experienced across different life stages. These all provide opportunities to renew efforts to prevent violence.

There is a growing evidence base to guide public health action and existing mechanisms can be strengthened in their potential to prevent violence. We can and should be maximising these approaches.

There are many forms and contexts of violence

This report presents an overview of key literature relating to each of the following forms and contexts of interpersonal and self-directed violence:

Youth violence	Sexual violence
Intimate partner violence	Violence against disabled people
Child abuse	Substance use and violence
Suicide	Other forms of violence
Elder abuse	

It is clear from the results of a Scottish Public Health Network (ScotPHN) survey of current violence prevention practice and interventions amongst a wide range of statutory and voluntary sector stakeholders in Scotland that there is significant work already taking place across Scotland (summarised in Appendix B). The resulting summary is only a snap-shot but it describes the breadth of ongoing work and provides a resource of promising, evaluated interventions in Scotland on which to base local public health action.

With so much already happening, the public health challenge is to ensure that ‘what works’ is implemented, scaled up and shared across Scotland.

Violence prevention needs a public health approach

With wide-ranging impact and with risk and protective factors existing across the life-course, it is unsurprising that a multiagency population-level approach to violence prevention is required. For this reason, both the World Health Organization (WHO) and the Violence Reduction Unit (VRU) promote a public health approach to violence prevention.

Improvements in violence prevention in Scotland require input at each of the steps of the public health approach: understanding the extent of the problem; identifying its causes; developing and testing means of resolving the problem and implementing those measures which work at a wider scale.

One example is that Scotland has no routine source of national emergency department data pertaining to violence. Public health professionals are perfectly placed to work with partners to establish the collection, collation and interpretation of emergency department injury surveillance data across Scotland. Improved data linkage, needs analysis and evaluation are other areas where public health experts could provide much needed support to this agenda.

However this is only one example and there are many others. The violence prevention interventions identified demonstrate the wide range of work being conducted by various stakeholders throughout Scotland.

Whilst an effective approach to preventing violence in Scotland will require the involvement of many disciplines, it is the health sector which carries the major care responsibilities resulting from the physical and psychological consequences of violence. Many of the needs identified by this report align closely with core public health skills including: partnership working, health intelligence and leadership in a multidisciplinary setting. Crucially violence prevention is an important part of making Scotland healthier and reducing inequalities.

In the very near future, the World Health Organization is due to publish its Global Status Report on Violence Prevention and the Scottish Violence Reduction Unit is expected to publish their next five-year plan. This offers the perfect opportunity for Scottish Directors of Public Health to ensure that public health is working with key stakeholders to prevent and reduce violence.

RECOMMENDATIONS

As an initial step, the authors of this report recommend:

1. That Scottish Directors of Public Health agree violence prevention is a public health priority.
2. That Scottish Directors of Public Health identify a named person(s) to provide public health leadership and strategic input into all forms of violence prevention in their NHS Board area.

Recommendations for these individuals include:

- a) To co-ordinate public health input into all forms of violence prevention in their NHS Board area – working with key partners (e.g. Violence Reduction Unit (VRU), Police Scotland, local authorities, third sector) and structures (e.g. Community Planning Partnerships, Community Safety Partnerships, Health and Social Care Partnerships).
- b) Work to improve data collection, sharing and linkage to increase our understanding of the burden of violence and to facilitate evaluation of interventions to prevent violence. As a minimum, these leads should aim to establish an emergency department violence surveillance programme in each NHS Board by no later than January 2016 (subject to ensuring the appropriate data sharing permissions are obtained at national and local levels).
- c) To link with other Violence Prevention Public Health leads around Scotland to facilitate effective sharing of experience and expertise.

Together, these leads should work with local and national stakeholders to explore the need for a national plan of action to co-ordinate violence prevention activities.

- d) To advocate for the inclusion of inbuilt evaluation in all violence prevention interventions in Scotland to build the evidence base in Scotland to guide the effective use of resources in the future.
3. That a request be made to the Scottish Public Health Observatory to add a separate section on violence to the website www.scotpho.org.uk. Violence is currently included under 'Crime' however a distinct section would provide more comprehensive information and data across all forms of violence as well as underline the importance of the public health approach and current gaps in knowledge.

1. INTRODUCTION

Preventing violence in Scotland is a public health priority. The impact of any given violent event extends well beyond the victim and the perpetrator as individuals. Psychological, physical and social harms frequently extend through relationships, into surrounding communities and ultimately to society as a whole. The associated financial costs also extend well beyond those of initial healthcare, justice and social care provision.

The role of this report is to raise awareness of violence prevention in Scotland and to inform the role of public health in stimulating and supporting further work. It was commissioned by, and intended for, the Scottish Directors of Public Health however it will be of interest to strategic leads for violence reduction in the NHS, partner agencies and the third sector. It signposts relevant research and policy documents; provides an overview of work to prevent violence in Scotland and elsewhere; and highlights future research and evaluation needs.

Defining violence

Violence is complex and difficult to define due to the influence of social norms, behaviour and cultural attitudes. The World Health Organisation (WHO) defines violence as:

“the intentional use of physical force or power, threatened or actual, against oneself, another person, or against a group or community, that either results in or has a high likelihood of resulting in injury, death, psychological harm, maldevelopment, or deprivation.”¹

The WHO further divides violence into three broad categories: self-directed; interpersonal; and collective. Collective violence (inflicted by states, organised political groups and terrorist groups) is beyond the scope of this report.ⁱⁱ

2. THE INCIDENCE AND IMPACT OF VIOLENCE IN SCOTLAND

Intelligence from health and justice sources can quantify the incidence and consequences of some forms of violence (see below) although such measures are usually underestimated as not all violence is detected, reported or recorded by state services. Many of the wider social, psychological and financial consequences are unmeasured.

The Scottish Crime and Justice Survey (SCJS) asks a representative sample of the population about their experiences and perceptions of crime in Scotland. The SCJS 2012–13² estimated that there are 236,000 violent crimes committed against adults

ⁱⁱ Workplace violence has been excluded from interpersonal violence. See Appendix C: Methodology for inclusion and exclusion criteria

in Scotland each year (29% of all crimes committed against adults). This is equivalent to an annual rate of 543 violent crimes against adults per 10,000 households in Scotland (29% higher than a comparable estimate in England and Wales of 420 per 10,000 households)ⁱⁱⁱ.

Of those violent crimes identified in the 2012–13 SCJS, 52% were not reported to the police. The most common reasons given for non-reporting were: ‘the victim felt the police could not have done anything about it’ (24%) and that the victim ‘dealt with the matter themselves’ (23%).

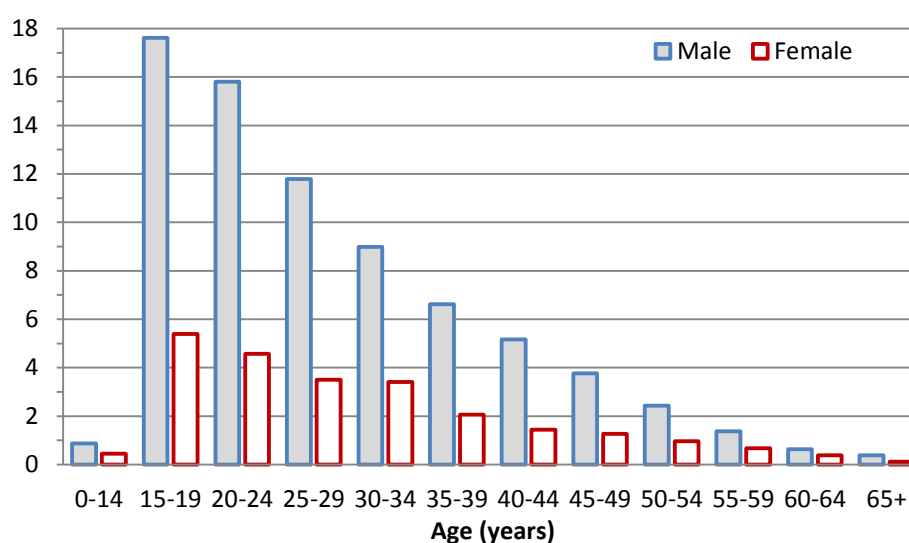
Police records from 2012–13 describe 76,178 police recorded violent crimes and offences in Scotland (7,530 non-sexual crimes of violence; 7,693 sexual offences and 60,955 common assaults)³. Non-reporting accounts for some of the differences between SCJS figures and police recorded crime however it should be noted that there are also technical differences between the populations, time period and crimes covered by these two data sources. Broad comparisons with the SCJS can be made when comparable subsets of police recorded crime data are selected.

In the SCJS, 58% of violent crime resulted in physical injury. Whilst the most common injuries were relatively mild, e.g.: minor bruising or black eye (60%); scratches, minor cuts (33%), a significant proportion of incidents involved more significant injuries: severe cuts, gashes, tears, punctures to the skin (11%); head injury (10%); broken, cracked, fractured bones (8%); broken / chipped / lost teeth (3%); severe concussion or loss of consciousness (3%). Many such injuries result in attendance at emergency departments (ED).

Scotland has no reliable routine source of national ED data pertaining to violence, nor is national data available around primary healthcare contacts associated with violence. Local ED surveillance in NHS Lothian identified 3,035 ED attendances for interpersonal violence in NHS Lothian in 2013⁴. Figure 1 presents these by sex and age band. The highest rates of ED attendance were for young men and were higher in those living in the most deprived two quartiles by SIMD⁵. ED attendance rates for interpersonal violence were 3.6 per 1,000 population and accounted for 1.2% of all ED attendances in NHS Lothian that year. Whilst there will be regional variation in the incidence of violence, if NHS Lothian rates are applied nationwide they would estimate more than 19,000 ED attendances in Scotland each year as a result of interpersonal violence.

ⁱⁱⁱ Note: there are the small number of differences in the coding of offences in Scotland compared with England and Wales (primarily reflecting differing legal systems) – see Annex 6 of the SCJS 2012-13.

Figure 1 NHS Lothian interpersonal violence emergency department attendance rates per 1,000 population in 2013 by age and sex



Data source: NHS Lothian⁴

In 2012–13 there were 3,386 emergency hospital admissions in Scotland as a result of assault, a rate of 63.7 admissions per 100,000 population. 641 admissions (19%) involved assault with a sharp object. The large majority of admissions were men (85%). 65 admissions (1.9%) were in children under 15 years old.

Homicide^{iv}

In 2012–13 there were 62 victims of homicide in Scotland; a rate of 12 victims per million population. These represent 0.1% of all crimes of violence recorded by the police. Most of the victims were male (n=50). The most prevalent methods of homicide were by sharp instrument (n=26); hitting and kicking (n=15); and blunt instrument (n=10). The majority of homicide cases occurred in residential dwellings (n=43) with the next most common location being streets or footpaths (n=11).

There has been a downward trend in homicide in Scotland over the last decade. In the ten years from 2003–4 to 2012–13, the highest rate of male homicide victims per population was in the 21–30 year age group. Men in the two surrounding age bands (16–20 years and 31–50 years) had the next highest rates. The fourth highest rate for male victims was in the under one year group. This age group had the highest rate of homicide victims for females (29 victims per million population). Adult male victims were most commonly killed by acquaintances, adult females by partners or ex-partners. In homicides of children aged under 16 years, 56% were killed by their parents³.

^{iv} Homicide includes both murder and culpable homicide (common law)

Suicide

The World Health Organisation considers suicide to be self-directed violence. In the 2010–11 Scottish Health Survey, 5% of adults reported having attempted suicide at some point in their life. In 2013 a total of 795 suicides were registered in Scotland (611 males and 184 females)⁶.

Psychological impact of violence

The most common emotional responses amongst victims of violent crime in the SCJS 2012–13 (n=340) were feeling angry (50%), annoyed (47%) or shocked (38%). Significant numbers also reported feeling fear (22%), lost confidence/felt vulnerable (19%), crying/tearful (13%), anxious/panic attacks (13%), difficulty sleeping (11%), depressed (9%)². These and other consequences have significant implications for the social and mental wellbeing of victims and the communities around them. For example SCJS respondents who had experienced partner abuse reported: a loss of trust in other people and difficulty in other relationships (20%) and isolation from family or friends (11%). Women are more likely than men to report psychological or emotional effects after a violent incident.

Trends over time

Comparisons between the 2008–09 and the 2012–13 SCJS² estimate that the overall numbers of violent crimes in Scotland have decreased by 25%, from 317,000 to 236,000 crimes annually. This represents a statistically significant decrease and is consistent with the broad trends seen in police recorded crime figures over the same period (see Table 1).

Table 1: Comparison of various police reported violent crimes in Scotland. Numbers in 2008/09 and 2012/13 and percentage change.

	2008–09	2012–13	Percentage change
Homicide etc^v	134	91	–32%
Attempted murder & serious assault	6,472	3,643	–43%
Robbery	2,963	1,832	–38%
Rape and attempted rape	963	1,462	+52% ^{vi}
Sexual assault	3,297	3,008	–9%

Data source: Scottish Government³

^v Homicide etc category includes: murder, culpable homicide (common law), causing death by dangerous driving, death by careless driving when under influence of drink or drugs, causing death by careless driving, illegal driver involved in fatal accident and corporate homicide.

^{vi} Implementation of the Sexual Offences (Scotland) Act 2009 will have an effect on comparability of breakdown of sexual offences over time. In particular this Act changed the definition of rape (including widening it to be non-gender specific). This and the increased reporting of rape are likely to account for much of the observed increase.

Within the subset of recorded violent crimes which are most comparable with SCJS estimates, police recorded violent crime figures decreased by 20% between 2008–09 and 2012–13.

Fear of violence

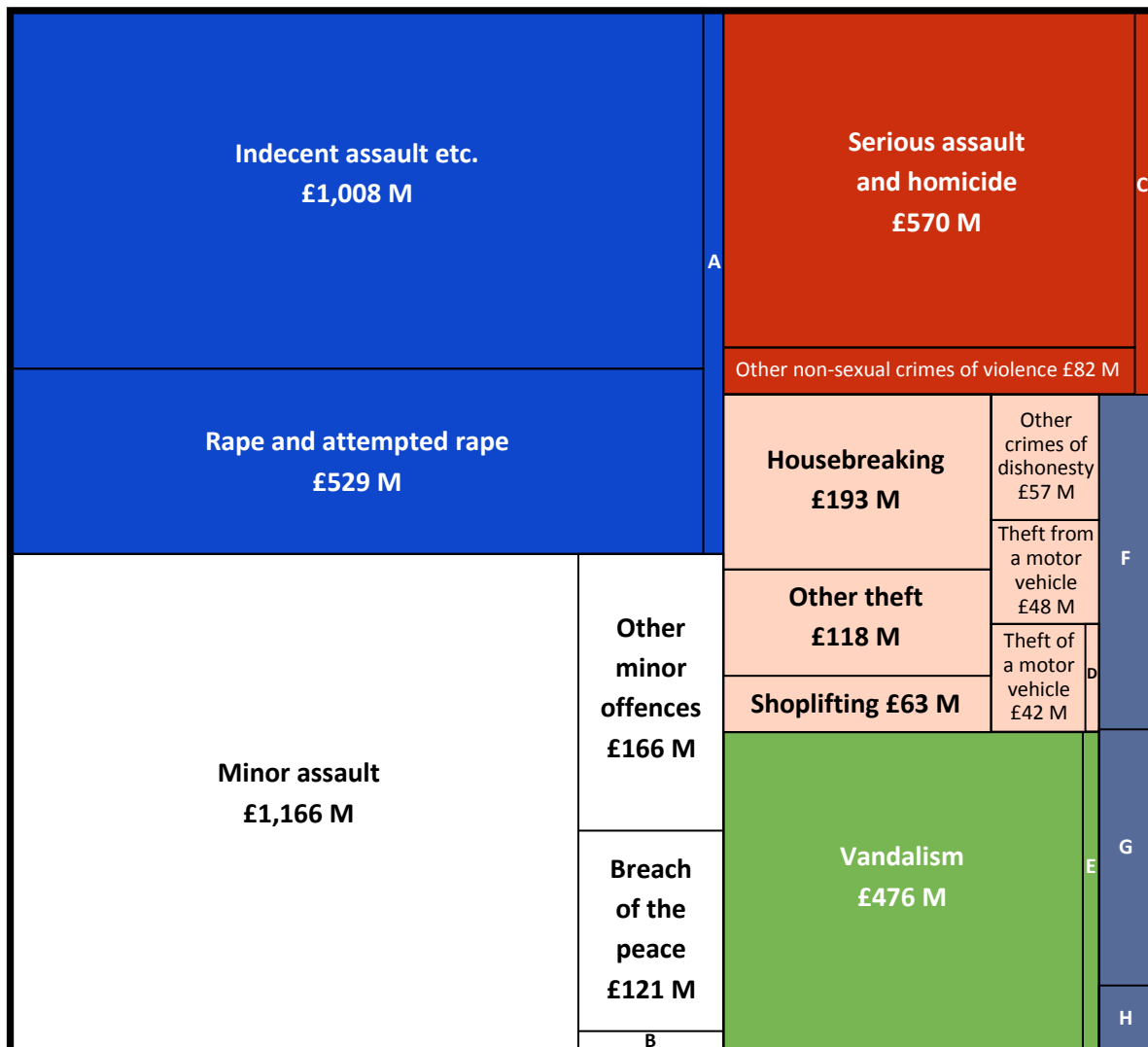
Fear of violence in communities may be exacerbated by being directly involved with or by observing violence. In the 2012 Scottish Household Survey 17% of adults in Scotland said that they feel very or a bit unsafe while walking alone in the neighbourhood after dark. Women were more likely than men to say they would not feel safe (24% women vs. 9% men). Those living within the 15% most deprived areas of Scotland (by SIMD) were more than twice as likely as others to feel unsafe (33% in most deprived vs. 14% in the rest of Scotland)⁷.

In the 2013 SCJS, 76% of adults perceived the crime rate in their local area to have stayed the same or reduced in the past two years, while 20% thought it had increased². Declining trends in survey-estimated and police-reported violence suggest that public perceptions of risk community and home safety may not always be aligned with the actual risk.

Financial and social cost of violence

Few data are available around the financial and social cost of violence in Scotland. Whilst breach of the peace, vandalism and minor offences dominate a simple count of recorded crimes, the Scottish Government has produced adjusted estimates of their social and economic costs of reported crimes (Figure 2)⁸. Following this adjustment, crimes of violence can be seen to dominate in terms of economic and social cost.

Figure 2: Reported crime in Scotland 2010–11 adjusted for estimated economic and social cost



Total cost = £4.9 billion

NB: does not include fraud or motoring offences

A Other crimes of indecency: £46 M

E Fire raising: £24 M

B Drunkenness: £11 M

F Drugs: £73 M

C Robbery: £29 M

G Crimes against public justice: £56 M

D Theft by OLP^{vii}: £7 M

H Handling an offensive weapon: £13 M

Sexual offences	Non-sexual crimes of violence	Miscellaneous offences
Crimes of dishonesty	Fire raising, vandalism etc.	Other crimes

Data source: Scottish Government⁸

^{vii} OLP = opening a lock-fast place

3. POLICY BACKGROUND

The public health approach

The public health approach to violence and its prevention was set out by the World Health Organisation in 2002 in its *World Report on Violence and Health* which defines violence, its typology, forms and contexts, risk behaviours and causes¹. This approach moves the focus from dealing with the consequences of violence to preventing violence through addressing its causes. This requires a multidisciplinary approach across the population with a focus on those most at risk. Key elements of this approach are:

- definition and monitoring of the extent of the problem;
- identification of its causes;
- developing and testing means of dealing with or resolving the problem; and
- implementing those measures that are found to work on a wider scale¹.

There are three levels of violence prevention: primary prevention (preventing violence before it happens); secondary prevention (an immediate response to instances of violence) and tertiary prevention (focusing on long term care e.g. rehabilitation). Interventions to address violence are defined as: universal (aimed at a general population); selected (targeted at those more at risk); and indicated (targeted at those who use violence). The WHO report¹ sets out an international response to violence and while it covers cultural and other issues that are often less relevant to Scotland it provides a useful structure for violence prevention.

The public health approach also separates violence into a range of forms and contexts¹. These differ in delineation and name across literature but broadly consist of: youth violence; child abuse and neglect; violence by intimate partners; abuse of the elderly; sexual violence; self-directed violence; and collective violence. When considering risk factors and interventions for the forms and contexts of violence, overlap between them should be noted, for example, some violence by intimate partners may also be classified as youth violence.

Causes of violence

The WHO describes a simple ecological model which highlights the different levels at which risk and protective factors for violence exist: individual; relationship; community; and societal. Factors from each of these levels (from wider societal determinants down to individual characteristics and experiences) can accumulate and interact, resulting in an episode of violence being more or less likely to occur¹. Mental trauma from exposure to violence can increase the risk of an individual becoming violent themselves. In particular, exposure to violence has been found to alter neurological function in children and young adults⁹. Violence can be seen as behaving like an infectious disease in how it manifests itself and spreads through the

lives of individuals and communities and to the next generation¹⁰. Interventions to prevent violence across risk factors will help to break the cycle of violence. Risk and protective factors may be limited to specific types of violence but many are shared across different forms and contexts. Examples of these shared risk factors are shown in Table 1. Risk and preventative factors are discussed in more detail in Appendix A.

Table 1: Examples of shared risk factors of violence at each ecological level¹¹

		Ecological level			
		Individual	Relationship	Community	Society
Risk factors for violence	Victim of child abuse	Poor parenting practices	Poverty	Economic inequality	
	Psychological/personality disorder	Marital discord	High unemployment	Gender inequality	
	Delinquent behaviour	Violent parental conflict	High crime levels	Cultural norms that support violence	
	Alcohol consumption/drug use	Low socioeconomic household	Local illicit drug trade	High firearm availability	
		Delinquent peers	Inadequate victim care services	Weak economic safety nets	

Source: Adapted from Bellis *et al*¹¹ and WHO¹²

Inequalities and violence

Many of the risk factors for violence are linked to health and social inequalities hence preventing violence makes an important contribution to reducing inequalities and vice versa. Being a victim of violence has a negative impact on many areas of life including health and social wellbeing and economic participation¹³. The increased risk of long term ill health includes mental health problems, obesity, ischaemic heart disease and alcohol and drug use⁹.

Conduct disorders and associated antisocial behaviour in children are more prevalent in children living in deprived areas and are associated with poor educational performance, social isolation, substance misuse, increased contact with the criminal justice system through adolescence into adulthood, and a significantly increased rate of mental health problems in adulthood. However, stable and protective households can develop resilience against adverse childhood experiences⁹.

Suicide is more prevalent in areas of high deprivation, as is violent crime. In 2012–13 the risk of violent crime in Scotland was 5% in the 15% most deprived areas compared with 3% in the rest of Scotland^{2, 14}. Incidents of indoor violence tend to happen in areas where high levels of other forms of violence, disorder and anti-social behaviour are reported, often areas of significant social deprivation¹⁵.

Gender inequality is also linked to violence. Social and cultural norms define appropriate behaviour and attitudes for men, women, boys and girls and can perpetuate gender stereotypes and condone certain behaviour e.g. where men are seen as more powerful and dominant and able to control women. While the majority of men are not violent and it is recognised that women can be perpetrators of violence too, most of the violence in Scotland is carried out by men. Creating an equal society includes ensuring that society rejects all forms of violence against women and children; legislation holds perpetrators of violence responsible for their actions; interventions are early and effective, and negative attitudes towards gender are addressed and challenged at an early age before they become fixed.

3.1. Scotland

Prevention and reduction of violence is fundamental to a healthy future for Scotland. Violence has a profound effect on physical and mental health and quality of life, not only for the victims but also for families, friends and communities. National policy and evidence on the prevention of violence in Scotland predominantly focuses on violence against children, intimate partner violence, gender based violence, suicide, youth violence and knife crime.

National policy and strategies

A range of Scottish Government strategies and initiatives aim to address the causes of violence, for example those relating to intimate partner violence, alcohol abuse, child abuse, suicide and knife crime. On a broader scale the complexity and breadth of risk factors means that violence prevention is woven within a range of government strategies and policies as many of the risk factors for violence (both as a victim and perpetrator) are experienced at different life stages. While work is required across the life course, interventions in early years work is fundamental in preventing violence. For example, for young children, interventions that support good parenting, healthy relationships, self-esteem and confidence, and work to reduce health inequalities and deprivation can help protect against violence in both early and later years^{1, 16, 17}. Key strategies contributing to violence prevention include:

- *Curriculum for Excellence*¹⁸
- *Building Safer Communities*¹⁹
- *Equally Safe: Scotland's strategy for preventing the causes and consequences of violence against women and girls*²⁰
- *Suicide Prevention Strategy: 2013–2016*²¹
- *Offensive Behaviour at Football and Threatening Communication (Scotland) Act 2012*²²
- *National Parenting Strategy*²³

- *Early Years Framework*¹⁷
- *Safer Lives, Changed Lives – A Shared Approach to Tackling Violence Against Women in Scotland*²⁴
- *Changing Scotland’s relationship with alcohol: A framework for action*²⁵
- *Getting it right for every child*²⁶
- *Equally Well: Report of the Ministerial Task Force on Health Inequalities*²⁷
- *Preventing Domestic Abuse: A National Strategy*²⁸

Current violence prevention work in Scotland

A range of organisations including Police Scotland, NHS, the voluntary sector, and local authorities are working to prevent violence across Scotland. Organisations such as the Violence Reduction Unit and Medics Against Violence are delivering work to prevent and reduce violence while a number of Scottish academic institutions are leading work to evaluate (and sometimes deliver) interventions. Other organisations and agencies are working in partnership to deliver actions towards national policies, for example, the National Network of Violence Against Women Partnerships.

Some initiatives are nationally driven while others are set up and implemented at a local level in response to local needs. Local violence prevention work amongst statutory bodies tends to be led by Community Planning Partnerships (often, but not exclusively, by their subsidiary Community Safety Partnerships).

Overview of literature

An overview of the literature on the public health approach is given below. It focuses on key documents relevant to Scotland and systematic and literature reviews of interventions potentially transferable to Scotland.

International and UK evidence and briefings

The WHO report on violence and health¹ has been followed by a number of WHO publications including: *Preventing violence. A guide to implementing the recommendations of the World report on violence and health*²⁹; *Violence prevention the evidence. A series of briefings on violence prevention*¹³; and factsheets www.who.int/violence_injury_prevention/publications/violence/en³⁰⁻³⁵.

The WHO briefings on violence prevention¹³ break down the approach to seven areas related to life stages, cultural and behavioural issues. These are:

- preventing violence through the development of safe, stable and nurturing relationships between children and parents and caregivers;
- preventing violence by developing life skills in children and adolescents;
- preventing violence by reducing the availability and harmful use of alcohol;
- guns, knives and pesticides: reducing access to lethal means;
- promoting gender equality to prevent violence against women;
- changing cultural and social norms that support violence; and
- reducing violence through victim identification, care and support programmes.

While not all the issues from an international perspective apply to Scotland, namely some of the cultural and social norms and self-directed harm using guns and pesticides, the key messages and recommendations are relevant as much of the evidence on effective interventions and practices comes from evaluations of interventions applied in high income, developed countries. Specific interventions for preventing violence are highlighted and categorised as ‘well supported by evidence’ or as ‘emerging evidence’ and an overview indicates which interventions are effective across more than one of these areas¹.

UK and international evidence and data on prevalence, impact and risk factors for interpersonal violence: youth violence; intimate partner violence; child abuse; elder abuse; and sexual violence are presented in a UK overview of the public health approach in *Violent Britain. People, Prevention and Public Health*³⁶. The focus is on a partnership approach to preventing violence, however, data presented is either UK wide, or specific to England and Wales, there are no Scotland specific data. While useful as a general guide on the risk factors, impact and preventative strategies on violence, it should be borne in mind that the context of violence in Scotland can differ due to the extent of specific types of violence and the cultural and social environment within which they occur. Preventative strategies are presented for individual risk factors; relationship factors; reduction of community risk factors; and societal risk factors³⁶.

Likewise, while the data on prevalence and the economic impact of violence presented in *Protecting People, Promoting Health. A public health approach to violence prevention for England*¹¹ are specific to England and Wales, some of the risk factors, impact and multi-agency prevention approaches are clearly relevant to Scotland. Self-directed violence is not included in McVeigh *et al* (2005)³⁶ nor in Bellis *et al* (2012)¹¹.

A series of evidence reviews for prevention of violence and injury from the UK focal point covers:

- intimate partner violence³⁰
- sexual violence³¹
- elder abuse³²
- suicide³³
- child abuse³⁴
- youth violence.³⁵

These factsheets present some of the more common interventions to address each form or context of violence based on a mix of UK and international evidence. The interventions are grouped within type e.g. family support.

In December 2014 the WHO/UNDP^{viii}/UNODC^{ix} *Global status report on violence prevention 2014* will be launched. This report will assess national efforts to address interpersonal violence in 133 participating countries, identify gaps in violence prevention and suggests how to fill them.

^{viii} UNDP: United Nations Development Programme

^{ix} UNOC: United Nations Office on Drugs and Crime

Evidence of effectiveness of interventions to prevent and reduce violence

Evidence of effectiveness of interventions implemented in Scotland or which may be transferable to Scotland is briefly summarised below within the forms and contexts of violence. The examples of promising interventions in Scotland are from a survey of approaches to violence prevention and reduction carried out specifically for this report (see Section 4 'Preventing and Reducing Violence'). It was not possible to assess the quality of each of the examples given the remit of this report. Not all of the programmes collected by the survey have been evaluated and others, while not formally evaluated, may collect and analyse data or collect informal feedback or involve service user evaluation. The interventions are grouped as either 'primary' or 'secondary/tertiary' prevention as defined above in Section 3, 'The Public Health approach'.

Youth violence

The definition of violence as perceived by young people is complex and can depend on context (e.g. some forms of fighting may be perceived as 'play'). Low level violence may occur frequently and young people are vulnerable to victimisation by older young people or adults³⁷. Youth violence may be limited to adolescence, not all violent youths become violent adults. Young men who are violent are less likely to become violent adults in contrast to young women who are violent³⁶.

In the 2012–13 SCJS males aged 16–24 years had the highest risk of being a victim of violent crime (11%) followed by males aged 25–44 years (5%) and females aged 16–24 years (5%)². Where victims were able to say something about the offender, 38% of perpetrators of violent crimes were thought to be aged 16–24 years and 12% of 'school age'. Gang membership is associated with high levels of psychiatric morbidity, with use of mental health services linked to trauma and fear of violence³⁸.

Self-reported studies indicate that violent offending by young people is higher than reported in official data³⁷.

Evidence of promising interventions includes:

Primary prevention: managing nightlife environments; modifying school environments (mixed effectiveness); reduction in availability of alcohol.

Secondary or tertiary prevention: Pre-school, parenting and family therapy programmes; social development programmes; behavioural change for adolescent dating violence; cognitive behavioural therapy; youth mentoring schemes to reduce bullying and fighting in childhood; diversionary activities and education based programmes to address knife crime; community enforcement programmes; multi-approach programmes^{16, 35, 38-41}.

Promising interventions in Scotland include:

The Mentors in Violence Prevention Programme (MVP) piloted in three Scottish high schools 2012–13, uses mentoring to shift pupils' attitudes to violence and encourage non-violent intervention.^{42 43}

Intimate partner violence

Preventing intimate partner violence has been a key priority in Scotland. *Equally Safe: Scotland's strategy for preventing the causes and consequences of violence against women and girls*²⁰ aims to tackle the root causes of violence using the public health approach.

60,080 incidents of violence against an intimate partner (classified by Police Scotland as domestic abuse) were recorded by police in Scotland in 2012–13. 44,916 (80%) had a female victim and a male perpetrator⁴⁴.

Evidence of promising interventions to prevent abuse against intimate partners includes:

Primary prevention: Early years and parental support interventions; treatment for substance misuse; and reducing alcohol-related harm by decreasing consumption through reducing availability, affordability, and marketing of alcohol.

Secondary or tertiary prevention: school based education programmes that address attitudes to gender and promote healthy relationships; screening and enquiries in health care settings to identify intimate partner violence; protection orders to prevent perpetrator contact with victim; specialist domestic violence courts^{30, 45, 46}.

There is a lack of strong evidence for interventions for intimate partner violence in pregnancy^{45, 47}.

It is not clear whether public education media programmes are effective³⁰. The effectiveness of perpetrator programmes is also unclear⁴⁸. Wood, Bellis & Watts (2010)³⁰ state these programmes have better potential if they involve perpetrators addressing substance misuse issues.

It proved difficult to identify systematic reviews or evaluations of interventions to prevent violence within the lesbian, gay, bi-sexual and transgender community. A systematic review on health issues among men who have sex with men highlighted the need for research into effective interventions in this area⁴⁹. No systematic reviews of interventions to prevent female on male violence were identified.

It is also difficult to identify evidence on interventions to prevent forced marriage. Education and training of staff that come into contact with potential victims of forced marriage is considered good practice. This includes the opportunity to prevent a forced marriage taking place⁵⁰.

Promising interventions in Scotland include:

Third party reporting of intimate partner violence can be made through a secure link on the Police Scotland website. This enables members of the public to report intimate partner violence safely out with the scope of normal police reporting⁴³.

Child abuse

Child abuse not only includes physical, emotional and sexual violence but also neglect and exploitation. Child abuse is linked to an individual becoming a victim or perpetrator of violence in later life. The effects of violence early in life are profound, affecting physical and emotional health from childhood into adult life¹.

As of 31 July 2013 there were 2,681 children on the Scottish child protection register⁵¹. Many of the concerns identified at case conferences for these children related to violence including: intimate partner violence (33%), sexual abuse (8%), physical abuse (20%) and emotional abuse (38%).

Evidence on effective interventions for protecting children at risk of abuse includes:
Primary prevention: Pre-school enrichment programmes; and parenting programmes e.g. Family Nurse Partnership^{52, 34, 53}.

There is some evidence for potential effectiveness for protecting children at risk of abuse:

Primary prevention: Support within primary care of families with children at high risk of assault; reduced alcohol-related harm by decreasing consumption through reducing availability, affordability and marketing of alcohol³⁴.

Secondary or tertiary prevention: safety education programmes for children to encourage disclosure of abuse; health professional training to improve management of child abuse cases; and cognitive behavioural interventions for children who have been sexually abused⁵⁴.

There is uncertainty over the effectiveness of screening in health care settings for child abuse due to the potential for false identification of child abuse³⁴.

No evidence of effective interventions to prevent female genital mutilation (FGM) was identified. The public health approach to prevent FGM involves prevention messages, engaging with at-risk communities and raising awareness of NHS and other public sector staff⁵⁰.

Promising interventions in Scotland include:

The Family Nurse Partnership targets young new mothers (and fathers) who are more likely to be vulnerable to the risk factors for violence for both them and their children. A family nurse delivers a home based intervention covering a range of aspects of their life from pregnancy until their child is two years old⁵². This scheme was piloted in NHS Lothian and is being rolled out across Scotland over the next couple of years.

Suicide

Suicide is categorised as self-directed violence under the public health approach used by the WHO in its violence prevention guidance and evidence^{1, 13}. Suicide rates have fallen in Scotland since 2001 but are still a troubling cause of death. Suicide rates are higher in men than in women with men aged 35–54 years being most at risk^{14, 55}. Suicide rates are higher in areas of deprivation compared to more affluent areas, underlining the need to address suicide as an issue of inequalities as well as mental health. While there is a lack of research on reducing inequalities in suicide, interventions that address social and environmental inequalities on a broader scale and target the most disadvantaged and vulnerable are likely to be beneficial^{6, 14, 55}.

Evidence of promising interventions to prevent suicide includes:

Primary prevention: Signposting to direct suicidal individuals to help at locations of concern and reducing access to the means of suicide e.g. safety fences/barriers, firearm ownership restrictions, restrictions on the packaging and purchase of paracetamol; reduction of ligature points in prisons and psychiatric hospitals; drug treatment for mood disorders and schizophrenia; identification and treatment of mental disorders, alcohol and substance misuse problems.

Secondary or tertiary prevention: multi-component programmes including education of health professionals; behavioural therapy and psychotherapy; identification and support of victims of child abuse or intimate partner violence^{1, 33, 55-57}.

There is limited evidence for the effectiveness of the following interventions and more research is needed:

Primary prevention: school based education programmes to improve knowledge and help seeking behaviours and provide ‘gatekeeper’ training as part of a wider programme.

Secondary or tertiary prevention: Telephone helplines, counselling and outreach provided by suicide prevention centres; media campaigns and guidelines; contacting patients who have made a suicide attempt shortly after their discharge from hospital^{1, 33, 55, 58-62}.

Promising interventions in Scotland include:

Choose Life, North Lanarkshire: Raising awareness of suicide prevention through working in partnership with taxi companies, Motherwell Football Club, 5-a-side football, and zumba, and bus, rail and washroom advertising⁴³.

Choose Life, Highland: identifying locations of concern and working with partners to reduce risk and opportunity for suicide behaviour associated with them⁴³.

Elder abuse

Elder abuse can be defined as:

*'A single or repeated act or inappropriate action, occurring within any relationship where there is an expectation of trust, which causes harm or distress to an older person'*⁶³.

Elder abuse can occur in the home or in institutional settings such as nursing or care homes. The perpetrators can be family, friends, carers, home helps or professional health care staff³². Individuals may be victim to one or more type of abuse. These can be financial, verbal, physical, denial of basic needs, emotional, psychological or mental abuse, sexual abuse, or institutional abuse⁶⁴.

Approximately 20,000 people are affected by elder abuse in Scotland each year.^{x, 64} Women are more likely to be victims than men, and reports of abuse are higher in those aged 85 years or older³². While the prevalence of intimate partner violence appears lower in older women, it does occur⁶⁵.

There is a lack of evidence regarding the effectiveness of interventions to reduce and prevent elder abuse. However, there are promising interventions. These include:

Primary prevention: peer and professional support groups for carers; respite care for carers; anger and depression management programmes for carers.

Secondary or tertiary prevention: Training for health professionals to challenge negative attitudes, increase positive experiences, develop appropriate skills for working with older people, and increase identification and referral of abuse to appropriate services; screening for elder abuse (although there are concerns that this may lead to false identification of abuse)³².

There is a need for more research on the effectiveness of elder abuse helplines, mandatory reporting, and media campaigns³².

Promising interventions in Scotland include:

Police Scotland operations to target doorstep crime (victims are often elderly and vulnerable adults)⁴³.

North Lanarkshire Council: Third party reporting centres for individuals led by Police Scotland who may be fearful of reporting a hate crime⁴³.

^x Estimate by Age Scotland, 2014. www.ageuk.org.uk/scotland

Sexual violence

Sexual violence is defined by the WHO as:

'any sexual act, attempt to obtain a sexual act, unwanted sexual comments or advances, or acts to traffic, or otherwise directed, against a person's sexuality using coercion, by any person regardless of their relationship to the victim, in any setting, including but not limited to home and work¹.'

Sexual violence is not just directed against women and girls but can be against men, and perpetrators can be of either sex although are more likely to be male³¹. The SCJS 2012–13² found that 3% of adults had experienced at least one form of sexual assault since the age of 16. 83% stated they knew the offender in some way.

Evidence of promising interventions includes:

Primary prevention: Public education to raise awareness and reinforce the message that sexual violence is wrong⁶⁶.

Secondary or tertiary prevention: education programmes in schools which focus on concepts of consent, relationships, gender and address taboos around disclosing sexual assault, including recognition of victim and perpetrator^{31, 66}; bystander education programmes to teach students how to protect peers from sexual abuse are promising³¹. However, the majority of bystander programmes and strategies for young people (students at school or college) do not address the discrimination and bullying experienced by lesbian, gay, bisexual and transgender (LGBT) students⁶⁷.

There is a lack of studies focusing on the effectiveness of interventions that restrict the availability of alcohol in reducing sexual violence³¹.

While it is challenging to evaluate the effectiveness of mass media campaigns challenging cultural and social norms of sexual (and other) violence, these are seen as effective in encouraging discussion of this issue³¹.

Research on the experience of violence by people who have been trafficked is very limited and therefore evidence on their needs and on effective interventions to prevent or reduce violence against this group is extremely limited. Identification of potential victims of trafficking is complex⁶⁸.

Pharmacological interventions for sex offenders are not discussed here as this is a clinical, not a public health approach. There is insufficient evidence that psychological interventions can reduce recidivism in adults who are sex offenders or at risk of being sex offenders⁶⁹.

Promising interventions in Scotland include:

Youth Café – Love Bug programme for 15–21 year olds, led by NHS Orkney, explores what constitutes positive and healthy relationships, and includes self-image, self-esteem, coercion and consent⁴³.

The Rape Crisis Scotland Prevention Project involves Prevention Workers based in nine local rape crisis centres across Scotland who work with young people in schools and other community settings to prevent sexual violence⁴³.

Who are you? led by Police Scotland aims to raise awareness across the night time economy, licensed trade and groups who socialise, about the 'bystander' approach, how to identify vulnerability and how to prevent alcohol related sexual violence⁴³.

Violence against disabled people

Disabled adults and children are more likely to be victims of violence than their non-disabled peers^{70, 71}. Adults with mental health problems are at a higher risk than other disabled adults⁷¹. It is not clear in some circumstances whether violence precedes the development of disability or is a cause^{70, 72}. A recent estimate (2011–12) indicates there are one million disabled people (long standing illness, disability or infirmity, and a significant difficulty with day to day activities) in Scotland⁷³.

The incidence of violence against disabled people in the UK is unclear, partly due to a lack of confidence in reporting incidents to the police⁷⁴.

There is very little evidence internationally or in Scotland on effective or promising interventions to prevent or reduce violence against disabled people. As a result, testing existing violence prevention initiatives to see if they are effective for disabled people has been suggested⁷⁵. Targeting interventions at the most deprived communities has also been suggested due to emerging evidence that the risk of violence increases for disabled people as deprivation increases⁷⁶. The establishment of third party reporting centres may help resolve under-reporting of hate crime and violence against disabled people which some groups are concerned may be due to a lack of confidence in the police⁷⁴.

Promising interventions in Scotland include:

Respectful relationships, led by NHS Borders, aims to support people with learning disabilities and their carers to enjoy respectful relationships, and to develop community initiatives that promote positive attitudes and respect and reduce discrimination, enabling people with learning disabilities to keep safe⁴³.

Substance misuse and violence

Substance misuse, particularly alcohol use, is a factor in many types of violence including being a victim or perpetrator of intimate partner violence, youth violence, child abuse, sexual violence and night-time economy violence^{31, 77-80}.

In 59% of violent crime in Scotland in 2012–13, victims stated the offender was under the influence of alcohol². In the same year, 71% of those accused of homicide

(and where the alcohol and drug status was known), were either drunk and under the influence of drugs, or drunk at the time of the offence⁸¹.

Evidence of promising interventions includes:

Primary prevention: reducing the affordability, availability and marketing of alcohol including by regulation of prices, opening hours, number of alcohol sales outlets and exposure to alcohol marketing; improving access to late night transport; demand reduction programmes aimed at drug misusers; multi-systemic therapy for drug users; improving environments where drink is sold e.g. reducing crowding, increasing comfort, improved physical design.

Secondary or tertiary prevention: surveillance work involving comparing emergency department (ED) and police data to identify assaults not reported to the police and enable targeting of 'hot spots'; brief interventions for hazardous drinkers; longer term interventions for problem drinkers; multi-component programmes in drinking environments which include community mobilisation, house policies and stricter enforcement of licensing laws, training staff in environments where drink is sold to manage and reduce aggressive behaviour; school and community based programmes to reduce risky behaviours; and diversionary programmes for young people^{77, 79, 80, 82}.

Promising interventions in Scotland include:

The introduction of a minimum price for alcohol will set a baseline price for a unit of alcohol in Scotland (the preferred minimum price is 50p per unit). This follows on from the Alcohol (Minimum Pricing) (Scotland) Act 2012 passed in June 2012 (www.scotland.gov.uk).

Safer Streets work in some Scottish cities uses additional police patrols to tackle alcohol related violence and disorder at specific times of the year e.g. Christmas⁴³.

University of Glasgow: Alcohol brief interventions to help facial trauma patients reduce the amount of alcohol they drink (one of the main causes of injury in young men)⁴³.

Injury surveillance work: compares police data on reported non-accidental injuries to data from emergency departments to get a fuller picture of violence prevalence in an area through identification of assaults that are not reported to the police. This information is beneficial to NHS violence reduction work and can enable the police to identify violence hot spots such as bars and clubs and target them with violence reduction and prevention action and to identify potential trends in demographics, weapon use and geography⁴³.

Other forms of violence

Honour based violence can be physical or psychological violence. It is a fluid term which covers a violent incident or crime in response to perceived immoral behaviour seen as bringing shame on an individual's family or community. In Scotland and the UK it exists primarily (although not exclusively) in immigrants and descendants from the Middle East and South Asia^{50, 83}.

No effective interventions were identified for honour based violence.

No public health interventions to prevent stalking and harassment were identified however legislative approaches exist, such as the Criminal Justice and Licensing (Scotland) Act 2010⁸⁴.

4. PREVENTING AND REDUCING VIOLENCE

4.1. Examples of work to prevent and reduce violence in Scotland

NHS Boards, Community Planning Partnerships, the Scottish Community Safety Network, Police Scotland and the Violence Reduction Unit were asked to provide examples of current practice in violence prevention and reduction and to ask relevant partner organisations to do the same. These examples contribute to an overview of ongoing work that in Scotland and suggest areas which may be gaps in our approach to violence (see Appendix B and the ScotPHN website http://www.scotphn.net/projects/previous_projects/violence_prevention).

It should be noted that the request was for examples of current practice. This was not a stocktake and therefore does not cover all work in Scotland to prevent and reduce violence. A full list and further details of these examples (including whether they have been evaluated) are available on the ScotPHN website: http://www.scotphn.net/projects/previous_projects/violence_prevention

An email was sent to 60 key individuals from the above organisations with the request to forward the email onto colleagues involved in violence prevention work. Responses were received with examples of work from 33 organisations including the Violence Reduction Unit; Police Scotland; local authorities; Community Planning Partnerships; Scottish Community Safety Network; NHS Boards; Rape Crisis; Scotland; University of St Andrews; and Barnado's.

Around 190 examples of work to prevent or reduce violence were provided. The examples listed are not an exhaustive list of all the programmes in Scotland on violence prevention and reduction (see Appendix B for details). Ninety-eight of a total of 188 initiatives have been evaluated or an evaluation is in progress. 52 have not been evaluated and of the remaining 38, no information was given for 33 and there were five where respondents were unsure.

Range and breadth of examples

The examples of work to prevent or reduce violence in Scotland range from work with children and young people e.g. Blue Disco, Mentors in Violence Prevention, and Move the Goal Posts; to work in the community e.g. Community Initiative to Reduce Violence, Campus Cops, Operation Perrygold, and SOS buses; work with offenders e.g. sobriety testing using transdermal alcohol monitors and the Lanarkshire Persistent Offenders Project; and others e.g. EVA (Ending Violence and Abuse) Services and identification of suicide hotspots.

Respondents were asked to identify the type of violence each initiative aims to prevent. Some examples of work cover more than one of the forms and contexts of violence used in this report so it is difficult to quantify coverage. The most frequently mentioned initiatives focus on young people and violence, followed by violence against women and girls, sexual violence and intimate partner violence. Some of the programmes encompass a range rather than target individual forms of violence. For example, elder abuse was covered by 20 projects but no examples were provided of work in Scotland which focuses solely on this area. This perhaps indicates a need to ensure that the different forms and contexts of violence are being targeted sufficiently.

Future research and evaluation needs

Scotland has a variety of existing academic work-streams around violence prevention. The details and future direction of these are beyond the scope of this report. However further research together with evaluation of interventions in a Scottish context will be essential to better understand the risk factors for violence in Scotland and how we can prevent it.

Knowledge transfer

Knowledge transfer is an integral part of transfer of an intervention into a new area. There are a number of key issues to be considered when implementing an intervention that has been successful in one area into another.

The cultural and social context of violence must be considered when introducing an intervention to prevent or reduce violence especially when considering the transfer of an intervention from outside the UK. Attitudes to specific types of violence may differ between countries and communities. An understanding of the local context and how the intervention may need to be adapted is necessary. There is a need for a key individual(s) committed to the new practice to lead its implementation and help build a sense of ownership. Readiness for change and motivation to implement the intervention in the new area are also key along with sufficient resources^{85, 86}.

4.2. Sources of violence data

Routine violence data sources include recorded crime figures, health and public protection data, the Violence Reduction Unit and third sector organisations (including victim support and advocacy groups). Such routine sources will only give a partial picture of violence as not all crime is detected, reported or recorded.

Natural and social science-based research (such as studies into the physical, chemical and social causes of violence) provide more detailed accounts of violence. Quantitative data from surveys (e.g. the Scottish Crime and Justice Survey, Scottish Household Survey, ED admissions surveys and longitudinal studies such as the Edinburgh Study of Youth Transitions and Crime) provide information about the causes of violence, its nature and effects.

Qualitative studies with coverage of violence-relevant subjects provide a more in-depth understanding of the causes and consequences of violence. Numerous examples have been commissioned by the Scottish Government, its partner agencies and other administrations. Such studies are also routinely carried out by academic institutions including the Scottish Centre for Crime and Justice Research (which has a violence research network) and the Scottish Institute of Police Research.

In England police, hospital and deaths from violence data are collated and presented at local authority level in an online resource called VIPER (Violence Indicator Profiles for England Resource)⁸⁷. The various health data sources currently available in Scotland are described below.

4.3. Health data

Primary care data

There is currently no standardised approach to gathering information on violence from primary care settings in Scotland. As more Scottish General Practices contribute to the Scottish Primary Care Information Resource (SPIRE; a national primary care health intelligence project⁸⁸) there is the potential to gather useful data on the epidemiology of violence in community settings.

Ambulance data

As in primary care, violence data from Scottish Ambulance Services could make a useful contribution although, similarly, it is currently not collected at a national level.

Emergency department data

While policies exist relating to mandatory data reporting from Scottish EDs, there is known to be considerable variability in the quality of data recorded and reported. ED data could be an excellent source of data on violence with the potential to describe the demographics of the individual and the type of injury. Other details such as the mechanism, location and circumstances behind the injury could also be collected although, historically, these are poorly recorded in health settings. While a small

number of sites in Scotland are developing local violence surveillance systems (with some sharing anonymised outputs with police partners) these are not linked nationally. Technical barriers persist (e.g. a lack of standardised ED software, and agreed core dataset) which frustrate efforts to link Scottish ED data. Overcoming these barriers is an essential step to enable effective surveillance and to monitor the impact of preventative interventions.

Hospital admissions data

Emergency hospital admissions as a result of assault are routinely available by sex, NHS Board of residence and year⁸⁹.

Deaths data

National Records of Scotland hold data on causes of death for Scotland⁹⁰. Summary headings of the International Classification of Disease (ICD) coding used provide some description of the contribution of violence to deaths at a Scottish national level. The Scottish Government publishes annual statistical bulletins on homicide in Scotland^{xi}. These describe characteristics of police reported homicides in considerable detail. The Scottish Public Health Observatory collates similar routine data on suicide in Scotland⁶.

4.4. Improved violence data collection and linkage

Improving the quality of collection and links between national and local violence data will help build our understanding of the risk factors and causes of violence and enable improved surveillance to monitor the impact of interventions to prevent and reduce violence in Scotland.

Health data quality issues arise along the entire pathway after an assault. The assault may not be reported to healthcare staff or may not be recorded or correctly coded in community healthcare, ambulance, ED or inpatient records. Evidence suggests that the likelihood of assault being correctly recorded diminishes along this pathway⁹¹.

Gathering a national minimum dataset of high quality ED violence data is likely to represent our best opportunity to better understand the changing epidemiology of violence in Scotland. Experience in both Scotland and other countries demonstrates that data quality is higher when such data is easy to collect (i.e. a few key variables, clearly presented) and when it is entered by administrative rather than healthcare staff. The College of Emergency Medicine recommend a simple minimum dataset on incident type, assault type and location⁹². Feeding back aggregate data to front-line operational staff has the potential to reinforce the impact of collecting high quality data.

Linked data sharing between both statutory and non-statutory partners has the potential to inform violence prevention efforts. For example, police data contains rich

^{xi} <http://www.scotland.gov.uk/Publications/2013/10/6416/downloads>

information regarding the circumstances of an injury while hospital data has information on the nature of the resulting injury and consequent outcomes for the individual. The main barriers to such data linkage have tended to relate to information governance issues, although in some circumstances these are being resolved. One example of this has been the sharing of anonymised aggregated ED attendance data for assault between the NHS and police. This has informed tactical police decisions such as the targeting of violence hotspots in public places.

The JAMIE project (Joint Action on Monitoring Injuries in Europe) is working towards a European Union wide exchange of injury data (including violence)⁹³.

5. CONCLUSION

Violence causes physical, psychological, economic and social harms and its impact extends well beyond the victim and perpetrator, into their relationships, communities and society. Violence and its risk factors are often both the cause and effect of health, gender, economic and social inequalities.

Whilst an effective approach to preventing violence in Scotland will require the involvement of many disciplines, it is the health sector which carries the major care responsibilities resulting from the physical and psychological consequences of violence. Many of the needs identified by this report align closely with core public health skills including: partnership working, health intelligence and leadership in a multidisciplinary setting. Despite a wide range of ongoing work in Scotland to prevent and reduce violence there remain significant gaps in work to target specific forms and contexts of violence and in the availability of evidence on effective interventions to prevent violence.

We direct the reader to the recommendations on page 7 of this report.

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APPENDIX A

RISK FACTORS FOR VIOLENCE AND FACTORS THAT MAY PROTECT AGAINST BEING A VICTIM OR PERPETRATOR OF VIOLENCE

The causes of violence are complex. A wide range of factors can combine to increase or decrease an individual's vulnerability to violence. Identification of these factors and targeting interventions to those more at risk can help prevent violence.

A risk factor for violence is a condition, behaviour or other factor that increases the possibility of being a victim or perpetrator. However, experiencing risk factors may not lead to an individual becoming a victim or perpetrator of violence as there are also protective factors that create resilience¹. A protective factor is a condition or quality in individuals, families, communities or society which help people manage stressful experiences more successfully and reduce an individual's or family's risk.

Public health approach to violence: risk factors

Using an ecological model for understanding the public health approach to violence, the WHO¹ explains the public health approach to violence focusing on risk factors at four different levels of life: individual; relationships; community; and society. Work that focuses on reducing or preventing risk factors and increases protective factors can reduce the possibility of violence.

At an individual level, risk factors relate to biological characteristics and personal experiences which contribute towards a person's behaviour. Individual characteristics such as low educational attainment and substance misuse increase the possibility of becoming a victim or perpetrator. However, a stable and protective childhood has been found to be critical to the development of resilience in children against health harming behaviour later in life⁹⁴. At the relationship level we see close family members or friends can increase the risk of an individual becoming a victim or perpetrator of violence, for example, through exposure to intimate partner violence or being abused by a family member or friend. Young people may be exposed to and encouraged to behave violently by a friend. The nature of close relationships means that it is very difficult for the individual to get away from this situation¹.

At a community level, risk factors arise through economic factors such as deprivation, poverty and high unemployment. Areas lacking a sense of social connection, for example where people do not live in one place for long, have been linked to violence. Societal factors refer to the wider aspects of life that can create a society which may be more accepting of violence. How people behave is influenced by social pressures and expectations and what is seen and accepted as normal within their culture and communities. Acceptance of specific types of violence can occur e.g. seeing intimate partner violence as a private matter; the perception that a violent act committed under the influence of alcohol is more admissible; or where

there are health, education, economic and social policies that create or perpetuate inequalities in a society. Cultural and social attitudes may see homophobic related violence, honour killing, female genital mutilation and forced marriage as acceptable.^{1, 13}

Table 1 in the main report shows the common causes of violence that are shared across the forms and contexts of violence. There are also risk factors specifically related to the different forms and contexts of violence which are outlined below.

Youth violence:

Risk factors: Young males are more likely to be violent than females. The WHO report on violence and health¹ defines 'youth' as those aged between 10 and 29 years. Factors that may be present in a child's very early years include maternal stress during pregnancy; having a teenage mother (and therefore exposure to other potential factors such as low educational attainment, low income, mental health problems, single parent household); poor parenting; neglect and abuse in childhood; maternal depression; experience of intimate partner abuse or family conflict at home^{11, 36}.

Personality and behavioural traits linked with youth violence are: low educational attainment; history of early aggressive behaviour including being a perpetrator of bullying; hyperactivity; impulsiveness; poor behavioural control and attention problems^{1, 11, 36}. Other factors later in childhood can include poor parental supervision; gang membership; delinquent friends; problems with relationships; and alcohol^{1, 11, 13}.

While the majority of the risk factors for youth violence given above can be targeted through interventions at an individual or relationship level, wider social and environmental factors need to be targeted at a community and societal level. These include living in a deprived neighbourhood and high crime levels; and a culture that does not provide non-violent alternatives for resolving conflict^{1, 11, 36}.

Protective factors:

Factors that may prevent being a perpetrator of violence in adolescence and early adulthood include positive, secure, stable and caring relationships with parents and families; positive self-esteem; and well developed emotional, social, physical and cognitive skills¹. Strong leadership and clear policy on behaviour in schools are protective factors against violence. An adult role model can also protect against involvement in violence¹³.

Intimate partner violence:

Risk factors: Females are more likely than males to be victims of intimate partner violence, although males can be the victims at the hands of females or males. Young women aged 16 to 25 years have an increased risk of being a victim and pregnancy increases this risk. Other factors include having been a victim of child abuse (also a risk factor for perpetrators of intimate partner violence); having a controlling jealous partner; low income (stress, poverty and potential financial dependence on intimate partner); and a culture where intimate partner violence is accepted^{13, 36}.

Some of these risk factors can be targeted on an individual level, others such as a culture where intimate partner violence is accepted or seen as a private matter, and to an extent, poverty, need to be targeted at a population level.

There is a strong link between alcohol and intimate partner violence, with alcohol appearing to increase its occurrence and severity. However there is debate about whether alcohol is more a contributing factor than a cause of intimate partner violence^{1, 95}.

Protective factors:

There is limited evidence on protective factors for intimate partner violence. Factors that may protect against intimate partner violence include higher educational attainment; having experienced healthy parenting as a child; having a supportive family; living within an extended family; and belonging to an association⁹⁶.

Child abuse:

Risk factors: Very young babies are at the highest risk of physical violence, as are premature babies, babies with physical or learning disabilities, twins, and babies that were unplanned^{13, 36}. Risk factors for individual children are mostly related to parents and adult perpetrators, not the child⁵³. In the UK girls are more likely than boys to experience sexual and emotional abuse while boys are more likely to experience harsh physical abuse and/or neglect^{13, 36}. Children who have low academic attainment and behavioural problems at school are also at a higher risk of abuse as are those who are aggressive and have problems with relationships^{13, 36}.

Many of the other risk factors for abuse of children revolve around parenting stress. These include: substance misuse problems, low income, mental health difficulties, single parents, socially isolated parents, young parents and having more than four children in a family. Violence in the home including intimate partner violence, family conflict and poor family relationships are also risk factors^{13, 36, 96}.

Living on a low income, in a socially and economically deprived community can increase the likelihood of child abuse. Cultural and societal risk factors are those

that support levels of inequality, economic stress and physical punishment of children⁹⁶.

Protective factors: Resilience in children against abuse can vary at different ages or stages of development, or a child can be resilient in one area but not another e.g. behavioural or emotional. Protective factors on individual, family and community levels contribute towards resilience in children. Individual protective factors involve personality traits such as self-esteem; family factors involve supportive relationships, a warm and supporting relationship with a parent (not abusing the child); and community level factors include relationships with peers, social support and religion⁹⁶⁻⁹⁸.

Elder abuse:

Risk factors: Risk factors for abuse of older people include more severely impaired health or mental health difficulties that have led to aggressive behaviour. Financial difficulties may be a cause as economically dependent relatives are more likely to emotionally or financially abuse elders. Carers (both informal and formal) who are struggling to cope with looking after an elder at home are a risk factor for abuse, while elders in institutional settings where there are negative organisational problems are at risk. Social isolation of elders can increase the risk of abuse^{11, 36}.

Protective factors:

There is little evidence on the protective factors for elder abuse. Age Scotland (2014)⁶⁴ state these are the ability to manage money effectively; to make one's own decisions; to look after one's self; and to have a wide network of friends and family.

Sexual violence:

Risk factors: Women are more at risk of being victims of sexual violence than men. Alcohol and drug use are risk factors for both victims and perpetrators^{13, 31}. Low income, multiple sexual partners and involvement in sex work are also risk factors¹³. Cultural and social norms such as acceptance of gender based violence are risk factors as these may deter the victim from seeking help^{13, 36}. Unsupervised use of chat rooms by children is a risk factor for sexual abuse³¹.

There is limited evidence that being a gang member is a risk factor for being a perpetrator of sexual violence. Characteristics of intimate partner relationships such as controlling behaviour and emotional withdrawal may be risk factors for perpetrating sexual violence as is relationship conflict. Where sexual attitudes and behaviour within a peer group support sexual violence, these may support a perception that sexual violence is more acceptable than in the wider social context e.g. blaming the victim^{31, 99}. Other risk factors for perpetration of sexual violence

include poverty, alcohol and drug use, hostility towards women, and having witnessed violence in the family during childhood¹³.

Research by the European Human Rights Commission found that risk factors for women in Scotland who have been trafficked may include low educational attainment, poverty, child abuse or violence in their country¹⁰⁰.

Protective factors:

There is limited evidence on protective factors for sexual violence. Factors that may protect against sexual violence include having a higher education; having experienced healthy parenting as a child; and the ability to recognise risk⁹⁶. Interventions to encourage these protective factors need to focus on individuals and their family. Encouraging higher education for all is also a societal level factor and one that will help reduce inequalities in society.

Suicide:

Risk factors: Evidence relating to suicide risk factors and related interventions from outwith the UK must be interpreted in light of cultural, social and environmental factors which impact upon suicide. In the UK socio-economic deprivation, unemployment and economic recession are linked to higher suicide rates^{1, 55, 101}. A harmful intake of alcohol and severe specific drug misuse also appears to be linked to increased suicide rates^{9, 55}.

Suicidal behaviour amongst parents is associated with an increased risk of suicidal behaviour in their children⁵⁵. Evidence suggests that suicidal behaviour in mothers is a stronger risk factor than in fathers¹⁰². Sexual abuse as a child and sexual assault as an adolescent are linked with increased risk of suicide attempts. Violence and abuse at any age is associated with suicide especially in women^{55, 103}.

Relationship difficulties such as marriage breakdown and life events such as unemployment and financial problems are risk factors for suicide^{55, 101}. UK research has indicated an association between a lack of social contacts and institutions and an increased risk of suicide⁵⁵. Limited social connections are linked to suicide in older adults¹⁰⁴. Mental health problems in combination with other risk factors increase the risk of suicide^{55, 101}.

Availability of, and access to, methods of suicide is a risk factor hence it is important to reduce both of these e.g. restricting access to methods of self-poisoning^{33, 55}.

Suicide is more prevalent in certain groups. These include prisoners, ex-service personnel, some ethnic groups (e.g. women of South Asian origin living in the UK), and young people¹⁰⁵.

Protective factors: Protective factors that may lower the risk of suicide include coping and problem-solving skills, optimism, good relationships with parents, social support, and on a wider societal level, employment and social values¹⁰¹.

Violence against disabled people:

Risk factors: Evidence on risk factors for violence against disabled people is limited. Poverty is a key risk factor with evidence suggesting that the risk of a disabled adult being a victim of violence increases with deprivation, the risk being lowest for the most affluent and highest for the least affluent⁷⁶. However, the relationship between poverty and disability is unclear since disability can be a cause of poverty. Living in an institution or being dependent for support on someone in the home (formal or informal support) is a risk factor⁷².

Protective factors: There is a lack of evidence on preventative factors. As stated above, the most affluent disabled adults are at the lowest risk compared to those living in the most deprived areas⁷⁶.

APPENDIX B

Examples of work to prevent or reduce violence across Scotland ^{a b c}

^a This is not a comprehensive list of all work to prevent or reduce violence in Scotland

^b Contact details and further information of these initiatives can be found on the ScotPHN website

http://www.scotphn.net/projects/previous_projects/violence_prevention

^c Examples of support work are not included in this appendix but can be found on the ScotPHN website

National initiatives

Initiative	Partner organisations	Aim	Evaluation
Adult Support & Protection Training	NHS Grampian	eLearning on Adult Support and Protection is mandatory for staff in NHS Grampian; provide bespoke A&E training package which has been carried out with all minor injury and A&E centres in Grampian.	Unknown
Alcohol Awareness Training	Police Scotland	To raise the awareness of licensing laws and how to prevent intoxication, leading to safer venues and licensed premises and safer communities; to tackle drunkenness associated with town and city centres and change the culture of policing, away from 'dispersal' at the end of the night and look at 'turning off the tap' of alcohol supply earlier in the night	No
Assault Injury Surveillance	Violence Reduction Unit; Police Scotland; NHS	Collation and anonymisation of data collected from people presenting at Emergency Departments who have been assaulted. Data includes date, time and location of assault. This information is shared with Police Scotland to inform tactical policing and licensing activity; to prevent and reduce harm related to violence and assault.	No
bCSI (brave Confident Strong Individuals)	Medics against Violence; Violence Reduction Unit; St Andrew's University	To provide an online resource for primary school pupils (p5–7) resulting from work on the MAV Schools Project which identified that young people in some areas were becoming involved in violence or were at risk of becoming involved from an early age. Aims to build resilience and self-confidence to resist involvement in violence and make positive life choices; to prevent the onset of violent behaviour.	Ongoing
Best Bar None	North Lanarkshire Council Regeneration Service; Trading Standards; Violence Reduction Unit; Alcohol & Drug Partnership; Scottish Business Resilience Centre	A national initiative designed to create a safer drinking environment by raising the standards of licensed premises addressing alcohol related crime, anti-social behaviour and violence. Aims to reduce anti-social behaviour and violence within licensed premises and create a safer environment for patrons using the premises.	No

Initiative	Partner organisations	Aim	Evaluation
Campus Cops	Violence Reduction Unit; Police Scotland; Education Dept	Targets young men in particular as young people are the most victimised and young men are a significant part of the offenders. Police Services across Scotland worked with schools and allocated officers to schools to link young people and the police, and to act as a good male role model. Aim to increase the engagement with law and order by young people; to link up schools with what is happening in the community in relation to pupil families; to provide violence prevention and early intervention for at risk children; to change social norms; to work with education to change the social norms within the school to pro-social.	Yes
Cash & Valuables in Transit (CVIT) Strategy	Police Scotland	To engage all partners to prevent opportunities to commit CVIT crime; to provide enhanced levels of public reassurance to all communities; to reduce the number of CVIT robberies; to arrest and/or disrupt the activities of individuals and criminal groups involved in CVIT robberies.	Crime data
Child Protection	NHS; Association for Mental Health; Police Scotland; Children's Reporter; Children's Panel Counselling & Family Mediation; Action for Children	Joint procedures for child protection, local guidelines and joint agency action plan to safeguard children; to provide training programmes for staff; to raise awareness and to educate across professions, agencies and the wider community; and to identify and designate NHS staff for child protection.	Yes
Domestic Abuse Multi Agency Tasking and Co-ordination (MATAC)	Police Scotland; Women's Aid local housing; advocacy services; Scottish Prison Service; Procurator Fiscal;	To share information, experiences and resources and use prevention and enforcement tactics to target perpetrators who pose the greatest risk of harm to their victims	No
Events & Festivals Licensing	Police Scotland	To open dialogue with festival/event planners and applicants for licences to mitigate the impact of an event on the community, to reduce sexual assaults and serious violence, reduce crime and disorder, making events safer for everyone.	No
Gender based violence	NHS; voluntary sector & others	To improve healthcare identification and management of gender based violence across the NHS in Scotland	Yes
'Getting it right for every child' (GIRFEC)	NHS	National policy framework for children, young people and families.	Unknown
Intervention Process (licensing)	Police Scotland	To review problematic incidents connected to licensed premises; to examine what could have prevented it occurring and consult with the premises management regarding an action plan to prevent recurrence.	No

Initiative	Partner organisations	Aim	Evaluation
Medics Against Violence Schools Project	Medics against Violence;	The School Project takes medics into secondary schools to speak to 2nd–4th year pupils about the consequences of violence from a medical perspective. Strategies for staying safe are also explored. Aims to reduce pro-violent attitudes and later involvement in violent behaviour	Yes
Multi-Agency Risk Assessment Conference (MARAC)	Domestic Abuse Court Support Services; Police Scotland; NHS Children’s Services; Criminal Justice Social Work; housing and others	National approach to share information to increase the safety, health and well-being of victims – adults and their children; to determine whether perpetrator poses a significant risk to any particular individual or to the general community; to jointly construct and implement a risk management plan that provides professional support to all those at risk and that reduces the risk of harm; to reduce repeat victimisation; to improve agency accountability; and to improve support for staff involved in high risk intimate partner violence cases.	No
No Knives Better Lives	Police Scotland; Scottish Government; local authorities	The main aim is to raise awareness of the dangers and consequences of carrying a knife and provide information on local activities and opportunities for young people	No
Operation Monarda	Police Scotland; and others	To reduce the number of victims related to doorstep crime activities and empower local communities; to raise awareness through media campaign on issues surrounding doorstep crime; to adopt a multi-agency approach for the purposes of prevention, intelligence, enforcement and reassurance activities; to interact with vulnerable groups most affected by doorstep crime; to investigate all instances of doorstep crime and use enforcement activities in partnership with other agencies to bring offenders to justice.	Yes
Parental support	Violence Reduction Unit; Parentline Scotland	To reduce violence and neglect to improve parenting skills and outcomes for children. For example: in conjunction with Parentline Scotland, the Gangs Helpline offered support and advice to parents who suspected their child/ren were involved in gangs and violence; supported parenting in HMP environments such as providing advice to young parents about what to say to their children when contacting them from jail and about how to interact with them.	Unknown
Police Scotland Bookmakers Forum	Police Scotland	Aims include: to mitigate the risk of robbery and reduce the number of robberies at bookmaker premises; to arrest and/or disrupt the activities of individuals and criminal groups involved in robberies at bookmakers	Crime and incident analysis only

Initiative	Partner organisations	Aim	Evaluation
Prison programmes	Violence Reduction Unit; Scottish Prison Service	To reduce violence through the establishment of various anti-violence and connected programmes within a prison environment, such as anger management, COVAID, MVP and parenting programmes across the prison estate.	Unknown
Rape Crisis Scotland Prevention Project	Rape Crisis Scotland	To work with young people in schools and community to explore issues relating to consent and sexual violence; to provide safe spaces for young people to explore issues relating to consent and sexual violence; to prevent sexual violence	Yes
Routine enquiry of gender based violence	NHS	To introduce routine enquiry on GBV, including forced marriage and FGM, into key settings across the organisation e.g. maternity, sexual health, community nursing, mental health and addictions services.	Yes
Scottish Prison Service Domestic Abuse Perpetrator Liberation Pilot	Police Scotland; Scottish Prison Service	To disseminate information in relation to the release of a perpetrator of intimate partner violence from a period of imprisonment to relevant divisional Domestic Abuse Investigation Units (DAIU) to allow them to liaise with victims and ensure appropriate victim safety measures are in place in advance of the perpetrators release.	No
Serious & Organised Crime Group Seminars	Police Scotland	To raise awareness across all partners in the public sector about how to identify, evidence and nullify organised crime group involvement across our communities, in particular in relation to the exploitation of licensing regimes	No
Shine Women's Mentoring Service	Barnado's; SACRO; Scottish Government; RRCFPSP	To provide women leaving prison with a mentor who will support them on a one-to-one basis with many of the issues they might face in the community. Aims to reduce reoffending and improve outcomes for women involved in offending	Yes
Sobriety testing using transdermal alcohol monitors	Violence Reduction Unit; Medics against Violence; University of Glasgow; St Andrews University	A criminal justice intervention with a health outcome: Use of SCRAMx alcohol monitoring bracelets with target group offenders with two or more offences of alcohol and violence, with imposed sobriety and wrap around care to support individuals to maintain an alcohol free life for the specified period. Aims to reduce alcohol related offending; to reduce the prison population by offering alternative disposal; to improve health and wellbeing of offender and to examine the wider effects on the family. Currently exploring potential use on perpetrators of intimate partner violence with the express intention of protecting victims.	Yes

Initiative	Partner organisations	Aim	Evaluation
Social norms	Violence Reduction Unit	Changing the social norms in individuals, communities, partnerships, services and governments to reduce violence: to promote messages via techniques including posters, radio, cinema, parking tickets; to engage with the press using all forms of media to change levels of acceptance of and apathy to violence to a feeling that we can change; to campaign and advocate change in working practices moving violence from a justice only issue to an issue for everyone using public health approach to engage partners and different sectors; to use education to stigmatise and de-legitimise the wide spread culture of knife carrying.	Unknown
Suicide prevention (Choose Life)	Choose Life; NHS; Samaritans, voluntary sector and others	National suicide prevention strategy (Choose Life): aims to respond to people in distress; to raise awareness and provide training including ASIST and SafeTALK; and use of evidence and information to prevent suicide. To identify 'hot spots' using non identifiable information of police incidents linked to suicide and self harm; to raise awareness of issues relating to suicide; to increase the resilience of community and partner organisations to target issues and problems	Yes
Violence Against Women Partnership	Scottish Government; local authorities; COSLA; voluntary sector	To respond to needs of those affected by intimate partner and sexual violence; to address the behaviour of perpetrators; to consider interventions with perpetrators pre-sentence in order to ensure compliance with bail conditions and possible interventions; to support overarching outcome of Violence Against Women Partnership, to safeguard women who experience intimate partner violence	Unknown
Violence Reduction Task Force	Police Scotland	To identify and engage with persons who participate in and commit acts of violence, disorder and anti-social behaviour. Is flexible in relation to geographical area to enable immediate deployment in response to emerging crime trends or incidents	Unknown
Vulnerability to Sexual Assault on Campus	St Andrew's University; University of Glasgow;	To assess the prevalence of sexual harassment and assault at Scottish universities, and design interventions to prevent future sexual violence.	Ongoing
Who are you?	Police Scotland	To raise awareness across the night time economy and groups who socialise about the 'bystander' approach; to raise awareness of this as an increasing trend and how to prevent alcohol related sexual violence.	No

Multi-regional initiatives

Initiative	Partner organisations	Aim	Evaluation
Braveheart Industries	Violence Reduction Unit	Braveheart Industries is a new initiative to address a series of social challenges through the creation of profitable and sustainable social enterprises to provide training and support to address the additional needs of people with a criminal record who have made a commitment to change. Aims to break the inter-generational cycle of gang violence, reduce crime, reduce numbers of victims of violence; to make attitudinal change at a personal, inter familial, community level; to transform lives through peer-led self-help and to create a positive movement of like-minded people who support each other; to improve public safety; to create healthier communities through reduction of harm(s) associated with alcohol/drug misuse.	Yes
CIRV	Violence Reduction Unit; St Andrew's University	CIRV was introduced as a way of motivating those involved in gangs out of that lifestyle and thus reducing violence. It relied on the group dynamic to put pressure on members to exit the lifestyle and engage. Three main elements: the violence must stop; community involvement and voice; strong law enforcement to enforce against those intent on continuing. Critical to the exit was the provision of one telephone number covering every service they would need.	Yes
Desistance & employability	Violence Reduction Unit; Royal Edinburgh Military Tattoo; British Army	Aims to prevent violence through employment. In conjunction with the Royal Edinburgh Military Tattoo and the British Army, this programme takes ex-offenders with serious violence histories and no job prospects and through a process of mentoring, regimentation and employment in the Edinburgh Tattoo offers a chance to experience a more stable life with employment prospects. Aim is to reduce violence, increase desistance, increase job prospects for offenders, and to promote community cohesion and community safety	No
Developing assets based communities	St Andrew's University; Violence Reduction Unit; Inspiring Scotland; NHS	Changing community norms and aspirations are critical to achieving stable flourishing communities. To promote community cohesion and reduce violence by working directly with communities to help them make the changes that they want, to empower them to make decisions and take responsibility for their environment and community	Unknown

Initiative	Partner organisations	Aim	Evaluation
Developing responses to hate crime/third party reporting	Community Safety Services; Rape Crisis Centre; local authorities; Police Scotland; NHS; Women's Aid; Victim Support; Alzheimer's Scotland; local colleges; Citizen's Advice Bureau; Advocacy Services & others	To develop a more systematic response to hate incidents; to contribute to targeting of hate reduction work; establishment of third party reporting centres where vulnerable members of the public can report Hate Crime who would otherwise not, and allow the centre staff to report on their behalf. Aims to provide a safe, confidential and supportive environment to people who otherwise might be fearful of reporting the crimes or incidents to the police	Yes
Domestic Abuse Dental Initiative	Medics against Violence; Violence Reduction Unit	Provision of training in the AVDR (Ask Validate Document Refer) intervention to provide dentists with the skills to recognise victims of intimate partner violence in the surgery and refer them to appropriate sources of help.	Yes
Domestic Abuse Veterinary Initiative	Medics against Violence; Violence Reduction Unit	Based on evidence of a link between animal abuse and intimate partner violence. Aims to educate vets and their teams about abuse affecting both animals and humans, to give them some knowledge of intimate partner violence, to make them aware of the role they may have in detection of abuse in animals and humans, to equip them with the skills to ask about abuse and to refer victims on to specialist agencies for help, to increase the number of victims who access help; to increase the number of professionals in Scotland able to help victims	Part evaluated
Mentors in Violence Prevention (MVP) Multi-regional with plans for national programme	Violence Reduction Unit	A gender violence, bullying, and school violence prevention approach that encourages young men and women from all socioeconomic, racial and ethnic backgrounds to take on leadership roles in their schools and communities. MVP uses a creative bystander approach to address a range of behaviours including bullying, sexting, dating abuse, sexual harassment, homophobia as well as issues around alcohol and consent. Seeks to provide bystanders with numerous options, most of which carry no risk of personal injury.	Yes
Partnership approach to violence against women	Local authorities; Police Scotland; Procurator Fiscal	To consider interventions with perpetrators pre-sentence to ensure compliance; to work with perpetrators	No
Positive Relationship Group work	Public Protection Team CJS	A non-offence focused group work programme for adult males looking at all elements of relationships to review & develop appropriate coping mechanisms and challenging previously held beliefs	Yes

Initiative	Partner organisations	Aim	Evaluation
Safe Zone	Police Scotland; British Red Cross; Scottish Ambulance Service; local authorities; alcohol & drug addiction services; Community Safety Partnership; Street Pastors; NHS; voluntary agencies; Neighbourhood Watch; Scottish Crime & Justice; licensed trade; ASDA; Salvation Army	To provide a safe venue for people out socialising over the festive period. Has triage facility and safe area. Aims to contribute to the reduction in calls for ambulance service; reduction in number of crime or violence reports and a reduced impact of A&E service by dealing with minor ailments.	Yes
Safer Streets	NHS; local authorities; Fire Scotland; 3 rd sector; Police Scotland	To provide education messages to the public on safe drinking, domestic abuse, fire safety and health. To reduce alcohol consumption and prevent associated violence and antisocial behaviour; to provide additional police patrols during festive periods. (Note: was nationally funded until 2011)	Yes
SOS Bus	Police Scotland; Working on Wheels; 3 rd sector agencies	Facilities provided in city centre locations in Glasgow, Edinburgh and Dundee, which operate as 'safe havens' for individuals who are intoxicated, keeping them out of custody and casualty departments and keeping them safe whilst vulnerable. Medical staff, street pastors and police provide support. Opportunities to triage individuals, provide water and an alcohol brief intervention	Yes
ss-COVAID	University of Glasgow Violence Reduction Unit	Aim is to bring about change in aggression related to alcohol, alcohol consumption and also re-injury. Has been used with male patients with alcohol related facial trauma sustained in interpersonal violence. A single session motivational intervention based on a cognitive behavioural model. It describes how alcohol and aggression are interconnected and attempts to explain to subjects how violence can arise and escalate and the role alcohol can play.	Yes
Third party reporting domestic violence	Police Scotland	Secure link on Police Scotland website, so members of the public can safely report intimate partner violence outwith the scope of normal police reporting. Aim to increase community resilience in dealing with intimate partner violence and protect vulnerable people	Unknown

Local initiatives

Initiative	Partner organisations	Aim	Evaluation
Ability North East	NHS Greater Glasgow & Clyde	To develop and deliver a Gender Based Violence Programme: to harness existing skills, assets and to encourage women to become involved in their communities	Unknown
Action Against Abuse pack in secondary school	NHS Greater Glasgow & Clyde	The Action Against Abuse (AAA) pack is an educational resource for use within secondary schools in Glasgow City. It aims to support schools to deliver lessons around Gender based violence (GBV) as part of the school curriculum. The pack was developed by a range of specialists and has been in use for a number of years. The pack has been reviewed and updated in light of recent legislation around forced marriage and in terms of cultural issues not previously covered.	Unknown
Active targeting of high risk offenders	Police Scotland; Aberdeenshire Council; Community Safety Services; social work; housing; NHS Grampian; Women's Aid	To deliver victim-based interventions whilst the offender is in police custody	Unknown
Alcohol Brief Interventions in facial trauma patients	University of Glasgow	To use alcohol brief interventions with facial trauma patients over 80% of whom are drinking at the time of injury. Aim to help facial trauma patients reduce the amount of alcohol they drink which is one of the main risk factors for injury particularly among young men	Yes
Alcohol Diversion Scheme	Police Scotland; Community Justice; Alcohol & Drug Partnership; Fife Alcohol Support Service	To deliver brief intervention to prevent repeat offending through the issuing of alcohol related fixed penalty tickets; to reduce chance of being a victim or offender	Yes
Antisocial behaviour response service	Police Scotland; Town Centre Activities	Tackles anti-social behaviour in North Lanarkshire whilst it's happening. Includes a day time and night time hub which include call takers and Antisocial Behaviour Officers. Aims to reduce antisocial behaviour and provide an efficient and effective service	No
Anti-violence against Women Poster Campaign	Dumfries & Galloway Council; Domestic Abuse & Violence against Women Partnership	Young people produce an anti-VAW poster in competition linked to three international campaigns.	No
As it is DVD	NHS Greater Glasgow & Clyde; Community Safety	DVD on gang violence is used in schools in collaboration with Community Safety Glasgow and Police Scotland. Tackles issues of gang fighting, territorialism,	Unknown

Initiative	Partner organisations	Aim	Evaluation
	Glasgow; voluntary sector; Police Scotland	offending behaviour and substance misuse. An early intervention toolkit for use with P7, S1, & S2 pupils.	
Blue Light Disco	Police Scotland; Scottish Fire & Rescue Service; CLAD; North Lanarkshire Council; North Lanarkshire Leisure	Disco offering children a safe and secure environment in which to have fun and meet new friends. Aim to reduce youth offending rates and provide a safe and secure environment.	No
Child Sexual Exploitation	Barnado's, Dundee City Council; Xplore; The Corner; Safe & Sound	User led initiative to empower young people to fight against their own exploitation and that of others; to campaign for national and local awareness of the issues around sexual abuse through exploitation; to raise awareness of the complex issues relating to child sexual exploitation; to educate young people about the risks; to develop effective inter agency approaches to service provision for young people.	Unknown
Coatbridge Peer Education Group	Youthlink Scotland; N Lanarkshire Council; Community Learning & Development	Coatbridge Peer Education Group are young people who work together to deliver information to their peers enabling them to make informed decisions. The group are currently delivering information on knife crime (No Knives Better Lives)	No
Community Film Screenings	Dumfries & Galloway Council; Domestic Abuse & Violence against Women Partnership	Free community film screenings linked to national or international campaigns. Films are about issues relating to violence against women and are usually followed by a discussion or a question and answers session.	Yes
Community Improvement Partnership (housing)	Police Scotland; Greater Glasgow Housing Association; Scottish Fire & Rescue Service	To improve neighbourhoods by reducing anti-social behaviour; enabling tenants to feel safer in their homes and reducing their feeling of fear and vulnerability, through a dedicated Intelligence Unit and Police team and ensuring effective action is taken to address antisocial behaviour and vulnerability issues	Yes
Conflict resolution workshops	Police Scotland; Aberdeenshire Council; SACRO	SACRO to deliver conflict resolution workshops in two secondary schools identified as "hot spots" for antisocial behaviour. To address challenging behaviour within schools; reduce incidents of bullying; enable young people to understand conflict and how to deal with it appropriately.	Unknown
Connect Service	Barnado's; Aberdeen City Council; Police Scotland	Works with young people who are involved in offending and risk taking behaviours, including those who have committed offences relating to violence or at risk from violence	No
Detached Youth Work	Clackmannanshire Council; Police Scotland; Community	Detached youth work team based on the streets in areas identified as higher risk in terms of street drinking, anti-social behaviour and violence related crime	No

Initiative	Partner organisations	Aim	Evaluation
	Wardens		
Diversion from Prosecution Scheme	COPFS; North Lanarkshire Council Criminal Justice Dept; Police Scotland	Aims to identify those persons who have committed offences and for whom it may not be in the public interest to proceed with prosecution and offer alternative disposals. Designed to prevent individuals being prematurely "up-tariffed" into a custodial sentence and to stop the cycle of offending and punishment before it starts. Groups targeted include those with mental health difficulties, learning disabilities, drug and alcohol misusers, women offenders and young accused persons (16&17 year old)	Unknown
Domestic bail checks	Police Scotland	Repeat offenders and victims visited on a regular basis to ensure compliance with conditions of bail	No
Drugs Action/Quay Service	Barnado's; Action Aberdeen	To educate and help prevent violence against female prostitutes	Unknown
Early Intervention Screening Group	Renfrewshire Council; Police Scotland	To reduce use of formal mechanisms of referral and intervention; to respond quickly to minor offending behaviour by referring young people to a multi-agency forum for consideration and quick response	Unknown
East Renfrewshire Domestic Abuse Project	NHS Greater Glasgow & Clyde; Women's Aid	To provide a needs led service including refuge accommodation, support and information. To support and empower women, children and young people who are experience or who have experience intimate partner violence	Unknown
Empowerment Group Work	Women's Aid	A 10 week programme for women who have experienced intimate partner violence and are engaged in the Outreach Service with Women's Aid South Lanarkshire. Aims to increase knowledge and understanding of experiences of intimate partner violence and be prepared for future relationships.	Yes
Fire Reach	North Lanarkshire Council; Police Scotland; British Transport Scotland	Youth diversionary course on fire related anti-social behaviour to tackle issues impacting on young people, the SFRS and partner agencies with respect to anti-social behaviour (candidates selected). Four key aims: reduce deliberate firesetting; reduce hoax calls; reduce incidences of open fire hydrants; reduce attacks on firefighters	No

Initiative	Partner organisations	Aim	Evaluation
Free Play Group Work	Women's Aid; Go2Play Scottish Government	To facilitate free play support sessions (a 8 week programme) for vulnerable children and young people affected by intimate partner violence within South Lanarkshire; to provide a supportive learning environment for children who may not respond positively within a more structured setting	Yes
Friday Night Project	NHS Lanarkshire; North Lanarkshire Council; North Lanarkshire Leisure Trust; ADP; Police Scotland; South Lanarkshire Leisure & Culture	Youth diversionary work initiated in response to antisocial behaviour by young people in areas of deprivation considered to be influenced by limited diversion opportunities. Provides diversionary activities across sites in North & South Lanarkshire on Friday evenings using sports and youth work. Aims to improve the health and wellbeing of participants and encourage positive attitudes towards learning, physical activity and community. Aims to reduce reported youth related anti-social behaviour and reported levels of street drinking in the locations and at the times that the project operates	Yes
Gender based violence amongst people with learning disabilities	NHS Greater Glasgow & Clyde Mental Health Services; Women's Support Project	Improving identification of experiences of GBV amongst service users with learning disabilities	Yes
GP gender based violence pilot	NHS Greater Glasgow & Clyde	To provide training and support to GP practice staff to support pro-active enquiry on intimate partner violence; to improve and speed up access to information and referral into local specialist intimate partner violence support services	No
Health Spot	Clackmannanshire Council; NHS Forth Valley; Women's Aid; Open Secret	A multi-agency confidential health service which aims to engage young people in discussing all aspects of their health and wellbeing; to reduce health inequalities for young people; number of teenage pregnancies; and number of young people using substances	Yes
I am me	Police Scotland; PACE Theatre Company	Community led bespoke drama project working to raise awareness and tackle disability hate crime and to raise awareness of how incidents can be reported	No
InSight Management Plans	HMP Addiewell; Police Scotland	Bespoke plans for each prisoner in HMP Addiewell to significantly reduce violence within the prison and to change culture of violence; to reduce levels of interpersonal violence within HMP Addiewell and impact on future violent offending through a range of interventions to tackle violence and its root causes. Involves rehabilitation of people convicted of violent crime and support for repeat offenders with alcohol and substance misuse.	No

Initiative	Partner organisations	Aim	Evaluation
Keep Safe	Police Scotland	Police Scotland working with network of local shops and businesses in Argyll & Bute to create safe places for disabled people to go if lost, scared or if the victim of crime; to help prevent and tackle disability hate crime and raise awareness of how incidents can be reported	No
Kickstart Theatre Group	Scottish Fire & Rescue Service; North Lanarkshire Council; NHS Lanarkshire; Police Scotland; Landing & Trading Standards	An educational and interactive play delivered by Kickstart Theatre Group to pupils S1–S3 to highlight dangers in topical issues such as Knife Crime, Fire raising, Road Safety, Internet Bullying and alcohol/drug misuse	Yes
Kids in the Street	City of Edinburgh Council; volunteers	To provide free, well managed street sports to the young people of Greater Craigmillar so that their free time is spend positively and thus reduces youth disorder. Also aims to raise awareness of the importance of leading a healthy and active lifestyle and build a respect and understanding for their communities and people within it.	Yes
Male mentoring project	NHS Highland; Women's Aid	Supporting boys and young men with experience of intimate partner violence to have positive male role models: to develop self-esteem and confidence; to promote positive images of male role models; to build and maintain a foundation of what a healthy relationship is; to address issues of fear or mistrust towards male peers; to address issues of gender and inequality; to promote positive relationships	Unknown
Medics Against Violence Society	Medics against Violence	To provide an opportunity to involve medical, dental, nursing and vet students in violence prevention at an early stage in their careers e.g. initiatives such as the Schools Project and attending schools with a more senior clinician, running campus campaigns around sexual violence and vulnerability; to encourage healthcare students to be aware of the issues of violence which may affect their future patients and to encourage them to take an active role in preventing violence	No
Move the Goal Posts	Centrespot Development 301; Police Scotland	To use football as a 'tool' to divert young people with chaotic lifestyles from gang participation, violence, antisocial behaviour and alcohol and drug misuse. To encourage young people, parents and residents to break down barriers and help create an improved sense of wellbeing in their communities; to target known individuals who cause communities the most problems and are classed as 'hard to reach' and mostly 'outside' available support mechanisms; to provide additional support, advice and signposting to a variety of partners	Yes

Initiative	Partner organisations	Aim	Evaluation
Multi-agency community safety play	Scottish Fire & Rescue Service; CLAD; North Lanarkshire Council Education; Road Safety; Trading Standards; Housing ASB Team; British Transport Police; Police Scotland; NHS Smoking Prevention	To educate pupils using theatre/drama/comedy on fire, road and online safety, and dangers and consequences underage smoking/ purchase of cigarettes, cyber bullying	Yes
Pathway Project	NHS Borders, Police Scotland, Scottish Fire & Rescue Service, Adult Protection, Children 1 st , Education, Women's Aid, Criminal Justice, Housing and homelessness	A multi-agency approach to creating a coordinated community response to intimate partner violence; risk is assessed, managed and mitigated whilst providing long term practical and emotional support for victims and their families	Ongoing
Persistent Offender Project	Police Scotland; Lanarkshire Alcohol & Drug Partnership; North Lanarkshire Council; South Lanarkshire Social Work Service and Integrated Addiction Service; South Lanarkshire Council	To reduce reoffending (16 yrs+) by identifying, assessing, managing and referring to services individuals who have committed offences and who suffer from dependency on drugs, alcohol or other substances; to reduce anti-social and violent behaviour, promote community safety and well-being, and reduce the fear of crime. To provide support and treatment and offer a care plan in relation to dependency issues	Yes
Police to primary care (GP notification) scheme	NHS; Police Scotland; Glasgow University	Following attendance at an incident involving a high risk victim of intimate partner violence, a proforma letter is forwarded to the victim's GP to alert them that their patient is experiencing intimate partner violence. To enhance communication across agencies and promote an integrated approach to victim safety and wellbeing; to encourage GPs to raise the issue with the patient and inform assessment and treatment of health concerns.	
Operation Perrygold	Police Scotland	Dedicated patrol of Sauchie area, Clackmannanshire, to tackle youth disorder and prevent violence; to reduce number of complaints of antisocial behaviour; engage with young people and prevent disorder related violence	No

Initiative	Partner organisations	Aim	Evaluation
Operation Tetra	Police Scotland	A two month operation focusing on violent crime and robbery.	No
Overdose Prevention Initiative	NHS Fife; Fife Alcohol & Drug Partnership; Adaction; Clued Up	To identify people who have taken an overdose and provide rapid referral to counselling or GP to prevent any further injury or harm	No
Respectful relationships: people with learning disabilities	NHS Borders, Learning Disabilities Services, Safer Communities Team, Third sector	To support people with learning disabilities and their carers to enjoy respectful relationships; to develop community initiatives promoting positive attitudes and respect and reduce discrimination, enabling people with learning disabilities to keep safe	No
Safe Kids	Renfrewshire Council; St Mirren F.C.; Scottish Fire & Rescue Service	Learning programme which aims to reduce the number of accidents in young people, promote positive behaviour and eliminate risks, provide key education messages to young people. Targeted to primary 6 pupils.	Yes
Safer Lanarkshire	Police Scotland; Lanarkshire Alcohol & Drug Partnership	To provide diversionary activities to young people across various sites within Lanarkshire on Friday evenings using sports and youth work. The projects take place in areas is identified as having the need for diversionary activities on a Friday evening. The initiative is open to all young people 9–21 years and uses a partnership approach to work with young people. Aims to reduce the reported youth related antisocial behaviour and street drinking incidents in the identified areas whilst the project is ongoing, to support young people to explore the issues of health and wellbeing and to highlight other learning opportunities in the local community	
Saturday Sportscene	North Lanarkshire Leisure; Police Scotland; North Lanarkshire Council;	To engage young people in an activity that offers a positive substitute to alcohol or drugs and to provide opportunities to meet young people across North Lanarkshire. To reduce underage drinking on Thursday–Sunday evenings and to provide volunteering and mentoring opportunities to engage young people in sport in the long term	No
School Campus Officers	South Lanarkshire Council	Police officers deployed within secondary schools in South Lanarkshire as Campus Officers for several years. Decision was influenced by spiralling violence between secondary schools within specific areas. This violence was territorially based, linked strongly to a gang culture and was escalating to an extent that its impact across the school community as well as the wider community was significant. The aim is safety and wellbeing of both pupils and the public. Main goals are pro-active and visible deterrence of crimes, offences and violence and disorder; ‘early intervention’ work with potentially and established problematic and disruptive pupils.	Yes

Initiative	Partner organisations	Aim	Evaluation
Schools presentation officer	Police Scotland; North Lanarkshire Council	To deliver a tailored programme to school pupils with topical issues and advice on how to stay safe	No
School Talks	Renfrewshire Council	School talks delivered by our Youth Team to every Primary 7 and First Year pupil; provide information on antisocial behaviour and its effects in the wider community	Unknown
Sexually Harmful Behaviour	Barnado's; Dundee City Council	To reduce incidents of sexually harmful behaviour by the children and young people; to provide services to them and their families/carers through individual and group work to parents/carers; to offer advice, training and support to professionals systems in this area of work; to ensure children and young people are more aware of situations where they put themselves at risk; to help children and young people to cope (safely) with trauma and difficulties; to identify, assess and manage risks for the child/young person; to increase confidence in responding to sexually harmful and concerning behaviour.	Yes
Street Soccer pilot	NHS Lanarkshire; North Lanarkshire Council; North Lanarkshire Leisure Trust; Alcohol & Drug Partnership; Police Scotland; South Lanarkshire Leisure & Culture	Partnership diversionary initiative targeting 'hot spot' areas utilising football as a 'tool' to divert young people with chaotic lifestyles from gang participation, acts of violence, antisocial behaviour and alcohol/ drug misuse. Encourages young people, parents and residents to help create an improved sense of health and wellbeing in their communities	
Street Stuff	Renfrewshire Council; St Mirren F.C.	Diversion away from antisocial behaviour in identified hotspots at key times and venues; reduction in youth disorder; providing key education messages e.g. No Knives Better Lives	Yes
Suicide Prevention Training in Schools	South Lanarkshire Council; Richmond Fellowship	To make schools more suicide aware/safe environments. The aim of this initiative was to improve the number of ASIST trained teachers and provide access to safeTALK to young people about to leave school.	No
Summer Youth Programme	Community Learning & Development; YMCA/ YWCA	To offer youth work activities to a range of communities	No
Transport Marshal Project	City of Edinburgh Council; Police Scotland	Provision of transport marshals at four taxi stances on Friday and Saturday evenings from 11.30pm to 4pm to: ensure a more effective exodus of night time economy users from city centre; increase public reassurance through visible presence (both police and marshals); reduce alcohol related violence and disorder within the city centre night time economy	Unknown

Initiative	Partner organisations	Aim	Evaluation
Violence Interventions Brief	St Andrew's University, University of Glasgow; Violence Reduction Unit	The aim of this project is to design, pilot and evaluate a brief intervention for young men to prevent future involvement in interpersonal violence. The project will deliver a brief intervention (in a randomly controlled trial) with male victims of violence attending a follow-up meeting at an oral and maxillofacial surgery in Glasgow. This will serve to engage with individuals involved in violence at a 'teachable moment', but when they are sober, have time, and are not under legal constraints.	Ongoing
Wonka Land	Dumfries & Galloway Council	An interactive event for young people to explore issues including intimate partner violence, sectarianism, substance misuse, bullying	Yes
Workshops at secondary schools	Dumfries & Galloway Council; Domestic Abuse & Violence against Women Partnership; Young Peoples Support Service	Bespoke workshops run at schools on request. Young people encouraged to think critically about issues relating to VAW and to participate in discussions.	Yes
Youth café – Love Bugs Connect – Love Bugs	NHS Orkney NHS Orkney; Voluntary Action Orkney	Positive relationship, self-esteem and sexual health programme. To explore what constitutes positive and healthy relationships, including self-image, self-esteem, coercion and consent Graded to support young people with additional social/support needs.	Yes Yes
Youth Education Programme	Renfrewshire Council; St Mirren F.C.; Scottish Fire & Rescue Service; British Transport Police	Education workshops to target young offenders; to divert young people away from offending behaviour during peak times; to provide key education messages to targeted audience on knife crime, drugs and alcohol	Yes

Others:

Initiative	Partner organisations	Aim	Evaluation
Legal changes	Violence Reduction Unit; Crown Fiscal Service	A number of legislative and procedural changes to reduce violence including: increase in maximum sentence from 2 to 4 years for possession of a knife; automatic prison remand for knife possession for second time; those charged with weapons possession go on petition as opposed to being dealt with at a lower level; those caught with a knife are DNA'd, photographed and fingerprinted.	Unknown
White Ribbon	NHS Fife; Fife Council; White Ribbon Scotland;	NHS Fife has enshrined the concepts of 'White Ribbon' into its over-arching strategy towards violence.	No

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