Final Report: Evidence Review on Knife Crime

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Executive summary

This report presents the findings from a quasi-systematic review, or Rapid Evidence Assessment (REA), of the international literature in relation to knife crime. The research sought to address a range of questions relating to: how knife crime is measured and the difficulties associated with its measurement; who is involved in knife crime; and what interventions have been deployed to address this form of crime.

In order to provide a comprehensive picture of the available evidence in this area, a range of online databases and government websites were searched using a comprehensive list of research terms. Following de-duplication and recategorisation 171 unique journal articles and 19 government reports relating to knife crime were read. These papers and reports were analysed thematically to form the basis of the report. Key findings are set out below. Due to the tight timescale for the review, it is possible that some relevant evidence has not been referenced within the report, although it is assumed that all of the key studies have been included.

Measurement

It is important to be clear on what exactly is meant when using the term 'knife crime' as this has implications in terms of determining its prevalence. In particular, it is important to differentiate between two forms of behaviour that are often implicit in the term, namely, knife carrying and the use of knives in violent crime. This distinction between possession offences and violent crimes precipitated with a knife should be separated when we analyse data trends.

Official measures of knife crime can be divided into: (a) police-recorded data; (b) victimisation surveys; (c) self-report surveys; and (d) hospital admissions data. All of these sources have their own strengths and limitations and it may be that no one source adequately captures the 'real' levels of knife crime. In England and Wales, police statistics are regarded as a more reliable measure of knife crime than self-report or victimisation surveys, although these are often combined with data showing hospital admissions for assault with sharp weapons. Research suggests that when examining trends in knife crime looking at a number of datasets in the round can give the best indication of what might be happening on the ground.

Risk Factors

Much of the research on knife crime has consistently identified a small number of motivations as important, namely, self-protection, self-presentation, and utility. In particular, research

indicates that many young people report knife carrying (and weapon carrying more generally) because they are motivated to do so by the fear of victimisation.

There is some evidence that the following factors may be associated with increased risk of violence and/or weapon carrying:

- Gender: men are much more likely to commit serious violence and carry knives;
- Age: young men are more likely to be involved in knife crime and there is a positive correlation in the literature between knife crime and adolescence;
- Substance abuse: substance use and binge drinking have been found to correlate strongly with weapon carrying, although the relationship is complex and it should not be assumed that they cause this behaviour;
- Mental health: multiple research papers have identified poor mental health and adverse childhood experiences (ACEs), such as abuse, neglect, parental criminality, as positively associated with knife crime;
- Victimisation: a significant number of studies have found that prior victimisation is positively correlated with weapon crime;
- School exclusion: UK research has shown school exclusion to be positively correlated with weapon carrying;
- Gangs: research suggests that knife crime should not be conflated with gang involvement;
- Community and societal factors: the research provides a strong case for knife crime being deeply rooted in wider social structures and relationships with peers and family, outside the immediate control of the individuals involved.

Research into the risk factors for victims of knife crime suggests considerable overlap with the risk factors for perpetration of knife crime, with the typical victim of knife crime also being a young male who may in turn go on to perpetrate knife crime.

Interventions

The international evidence reviewed above suggests that a public health approach, involving multiple agencies to develop a range of interventions, including prevention work for at-risk groups, as well as law enforcement activity directed at offenders, represents the most promising approach to reducing knife crime. Promising interventions in a hospital setting have also been developed as part of the British Government's Serious Violence Strategy. On the other hand, criminal justice interventions such as knife amnesties, stop and search and enhanced sentences present with limited crime reduction evidence. Evidence suggests that knife amnesties and stop and search will have a limited impact on violent behaviours using weapons and do not address the underlying causes of the behaviour. In particular, international evidence suggests that tougher penalties for knife crime have not had a deterrent effect on the carriage of knives and that increasing the rate of imprisonment merely

increases reoffending on release. While promising, educational programmes in this area suffer from a lack of formal evaluations so that it is difficult to draw firm conclusions about their effectiveness.

1. Introduction

'Knife crime' is a somewhat nebulous term used to refer to a collection of different offences in which a knife is used, as well as knife possession offences. While research would suggest that knife use continues to be only a small proportion of all violence,[1] it is clearly a serious event where those involved may be seriously harmed and has been described as a 'signal' crime – a crime that communicates a powerful 'warning' message to a community that all is not well (Innes, 2004).

The evidence presented in this report is based on a Rapid Evidence Review of the academic literature and relevant 'grey literature' on the phenomenon of knife crime. While the review is international in its focus, in many jurisdictions 'knife crime' is either not viewed as a major issue *per se*, and/or is regarded as but one expression of juvenile violence. The UK stands out, among English-speaking and European countries, both for the media and political attention it devotes to knife-related violence and for the volume of academic and government reports devoted to the issue. This is reflected in the large number of UK reports and articles cited in the discussion below.

As Eades et al. (2007) argue, in order to curb knife crime we must first understand what it is, who is involved and why certain individuals are attracted to it. Adapting this broad structure, and following brief discussion of the methodology used to carry out the literature search, Chapter 3 discusses the difficulties in defining and quantifying knife crime and the means by which other jurisdictions have sought to tackle these difficulties. Chapter 4 moves to discuss the motivations for knife crime and the risk factors associated with both carrying out and being a victim of, knife crime. Chapter 5 builds on this analysis by reviewing the international evidence around what works, what looks promising and what does not work in terms of interventions in this area.

[1] For example, based on police records in the UK, knife crime occurred in less than 3.3 per cent of all violent and weapon crime in 2019.

2. Methodology

A Rapid Evidence Assessment (REA) was carried out over two months. REAs are undertaken where time and resource constraints are not sufficient for a full systematic review, with a view to providing an overview of key findings and conclusions from the reliable evidence available (Davies, 2003). A review protocol outlined the approach to be taken. This protocol sets clear parameters for the project in order to meet the research requirements set out by the Department of Justice. The protocol outlined the specific review questions which guided the researchers. These review questions also shape the final structure of this report.

Review Questions

Measurement *(how can we measure knife crime?)*

> What are the difficulties in measuring knife crime? How have other jurisdictions sought to tackle these difficulties?

Risk Factors and Motivations *(aetiology of involvement, risk of victimisation, motivations to carry/use weapons etc.)*

> Are there any risk factors that have been identified which make it more likely that individuals will be involved in knife crime?
>
> Are there any risk factors that have been identified which make it more likely for individuals to become victims of knife crime?
>
> Are there any variations by social and economic status in terms of those who become involved in knife crime as well as those who are victims?
>
> Is there any research that has conducted interviews with offenders involved in knife crime? If so, what have been the key themes that have emerged from this research?

Interventions *(how can we best respond to knife crime?)*

> What types of interventions have been developed to tackle knife crime? How effective have they been? Are they transferable to an Irish context?

Literature Search Strategy

The search strategy for the current project was designed to locate: all relevant research in the form of peer-reviewed journal articles or government-commissioned research reports or other relevant grey literature, on the subject of knife crime, appearing in the selected databases from 2000 to 2020. This time period was selected to capture the emergence of 'knife crime' as an area of concern in policy-making and the related research on this form of violence. The following databases were utilised: Web of Science (Social Science Citation Index), Scopus, ProQuest, Oxford Journals Online, Sage Journals Online, JSTOR Archive, Taylor & Francis Journals, and Westlaw UK. In addition to database searches, researchers carried out hand searches of the websites of government agencies in key jurisdictions in order to locate relevant grey literature. Table 2.1 below outlines the search terms used. These terms were piloted in Week 1 to ensure effectiveness. Search strategies were developed for each database using these terms (depending on the functionality of each database). Endnote, the citation management software, was used to store, categorise and manage studies during the review including categorisation into sub-fields (general, measurement, risk factors/motivations, interventions).

Table 2.1: Search Terms
("knife crime" OR "knife-enabled crime" OR "knife-carrying" OR "knife-involved crime", "weapon-carrying AND knife")

Inclusion and Exclusion Criteria

Studies identified were assessed for eligibility against pre-determined inclusion and exclusion criteria (outlined below). Dr. Black undertook initial screening of titles and abstracts against inclusion/exclusion criteria. In line with best practice (Dempster, 2003), eligibility assessments were then reviewed by Prof. Hamilton.

Studies were included if they met the following criteria:

1. Study focus must be on knife crime, focusing on either: a) measurement, b) risk factors/motivations, and/or c) interventions. Research on knife crime is often combined with that on guns and other weaponry, gangs and youth offending. The determination of these criteria is based upon the author(s) identifying it as such, or if the author did not do this, it being clearly apparent from the research aims and objectives that knives were a key aspect of the research.

2. Study must aim to examine knife crime as a general category of crime in a justice context.
3. Study must be published within the time period parameters outlined.
4. Study must be published in English.

Studies will be excluded if they met the following criteria:

1. Study does not report its methods or there is insufficient methodological detail for assessing quality.
2. For studies collecting primary data, consideration will be given to the sample size and how representative the sample can be considered to be. While generalisability does not need to extend to all-encompassing populations, some level of extrapolation beyond the research sample is a prerequisite for inclusion.
3. Study is not published as a government-commissioned report or in a peer-reviewed journal.

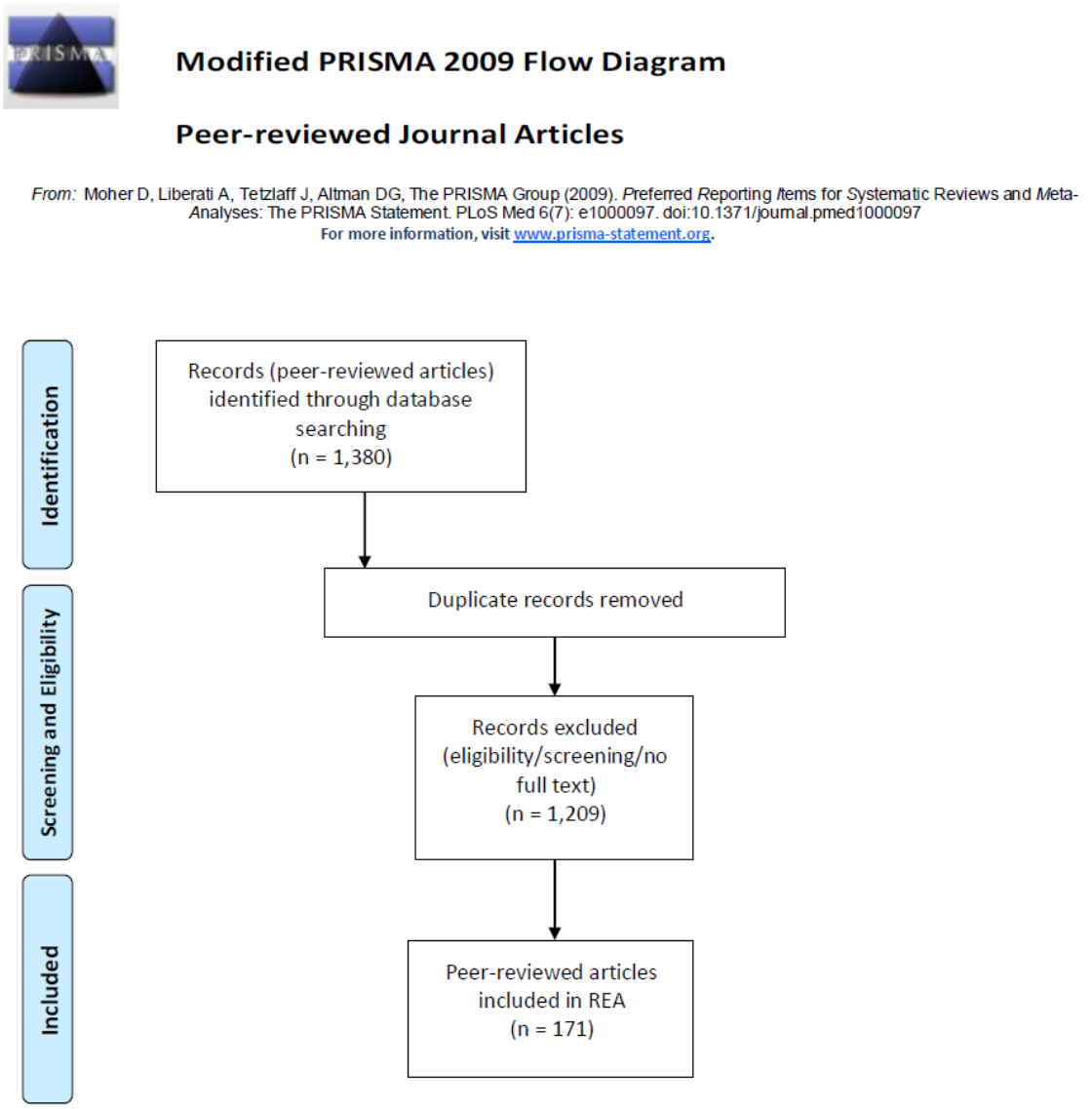
Studies which did not meet the inclusion/exclusion criteria but were deemed of use were consulted for informational purposes. A summary of the search hits returned by database is provided in Table 2.2 below.

Table 2.2: Initial Search Results from Key Databases

Database	Total Results
Web of Science	33
Scopus	278
ProQuest	221
Sage	116
JSTOR	156
Oxford Journals	239
Taylor & Francis	279
Westlaw UK	58
Total	1,380

The final number of peer-reviewed studies reviewed was 171. This number was arrived at after screening which involved the exclusion of duplicate studies and assessments of eligibility (e.g. significant numbers of articles relating to surgery/medical content and articles which did not focus on knife/weapon carrying sufficiently were excluded). The Modified PRISMA Flow Diagram provided in Figure 2.1 below outlines the process of attrition through the screening process.

Figure 2.1: Modified PRISMA Flow Diagram



A search of BASE (Bielefeld Academic Search Engine) generated a very small number of hits (four), of which only one was deemed relevant. A google search was therefore undertaken to pinpoint key jurisdictions where reports had been conducted on knife crime. Aside from a WHO report published in 2010 and a report by the Australian Institute of Criminology in 2011, all of the grey literature used in this report emanates from England and Wales or Scotland. In total, 19 government commissioned reports on knife crime were read.

Analytic Strategy

Dr. Black undertook data extraction on the peer-reviewed studies selected for review. Prof. Hamilton separately undertook data extraction for the grey literature. In line with best

practice, the data extraction process was reviewed by both researchers. Data extraction databases (in Excel) were used to store the necessary information from selected studies, using the data extraction fields outlined below. Quality assessment was undertaken simultaneously with data extraction.

Data Extraction Form Fields

General

- Unique identifier number
- Jurisdiction
- Full Citation (including author/s, year, title, journal, DOI, etc.)
- Descriptive synopsis

Measurement

- Overview of measurement issues, approaches, etc.

Risk factors/Motivations

- Perpetrators
- Victims

Interventions

- Description/type of intervention
- Aims
- Target population
- Delivery (e.g. one agency, multi-agency)
- Evaluation (yes/no)
- Outcome (aims met/aims not met)
- Outcome description
- Issues
- Post-intervention (continue/discontinue/adapt)

3. The Measurement of Knife Crime

Introduction

It is important to be clear on what exactly is meant when using the term 'knife crime' as this has implications in terms of determining its prevalence (Eades et al, 2007). In particular, it is important to differentiate between two forms of behaviour that are often implicit in the term, namely, knife carrying and the use of knives in violent crime. This distinction between possession offences and violent crimes precipitated with a knife should be separated when we analyse data trends (Bailey et al., 2020).

Official measures of knife crime can be divided into: (a) police-recorded data; (b) victimisation surveys; (c) self-report surveys; and (d) hospital admissions data. All of these sources have their own strengths and limitations which are discussed in further detail below. Combined with these limitations is the extent to which published statistics are often seized on by journalists, who are themselves not statistically literate. Brandao (2019), for example, cautions that care should be taken in presenting seemingly objective 'facts' about this type of offending behaviour. Issues of measurement in combination with issues of presentation can distort the picture considerably.

(a) Police-recorded data

Police-recorded crime figures are those most often relied upon by the press as 'proof' of a surge in knife crime. However, data should be interpreted with the caveats that it is far from a perfect reflection of criminal victimisation. On the one hand, it provides a very robust measure of certain violent offences such as homicide (a low volume offence with near complete reporting rates) and certain acquisitive crimes such as robbery where insurance claims are often made. Unlike victimisation surveys, police-recorded crime data also includes crimes committed against children, businesses, etc. However, high levels of underreporting for some offence types[2] mean that caution should be exercised in interpreting police-recorded crime data, particularly for some crimes against the person such as sexual offences and assaults. This makes it difficult to make precise claims about knife carriage and use in violence (Bailey et al, 2020). Underreporting may be due to negative attitudes towards the police, fear of retribution for 'grassing', or a culture of enacting informal retribution (Marshall et al, 2005). This is particularly the case with knife carrying where we don't have good data on the incidence of it.

It is also important to note that data on knife crime (particularly possession offences) are particularly susceptible to distortion due to police proactivity in this area. Indeed, police action has paradoxically been cited as likely to have driven recent increases in recorded knife possession offences in England and Wales (Grimshaw and Ford, 2018). It has also been

[2] For example, estimates from Strathclyde's Violence Reduction Unit suggested that between 50 and 70 per cent of violent crime in the region was not reported to police (Squires, 2009).

acknowledged by the police themselves. In one UK report on knife crime, a spokesman for Lothian and Borders Police, reacting to a newspaper headline that read 'Knife crime soars by 50 per cent in four years', is cited as stating: 'Scottish police have prioritised searching the general public for knives, above just about everything else. The 50 per cent rise is the result of the police being more proactive' (Squires et al, 2008: 20). This issue was recently identified in Ireland in relation to the implementation of a new exhibit recording system (see An Garda Síochána (2021) and discussion in Chapter 5(f) below).

In England and Wales, police-recorded data on offences involving a knife or sharp instrument began to be collected from March 2008 onwards.[3] Aggregate statistics cover violent and sexual offences involving a knife: homicide; attempted murder; threats to kill; assault with injury and assault with intent to cause serious harm; sexual assault; rape; and robbery where a knife or sharp instrument (defined as any instrument that can pierce the skin) has been used. This information, published as part of a dataset on 'offences involving the use of weapons' by the Office for National Statistics, also includes NHS data on hospital admissions in England for assault with sharp weapons (ONS, 2020). In addition, since 2018 the Mayor's Office for Policing and Crime (MOPAC) in London has published a Weapon Enabled Crime dashboard which includes knife crime, knife crime with injury, knife possession, gun crime and acid attacks – to a ward level. Public perceptions of knife and gun crime are also visualised.[4] In this dataset too, simple possession, such as when a police search results in a discovery of possession of a weapon, is excluded from the definition of knife crime. A similar approach has been adopted by the Australian Institute of Criminology in its analysis of the incidence of knife crime in Australia. Bartels (2011) examined jurisdictional data on the use of knives in: murder, attempted murder, assault, sexual assault, kidnapping/abduction, and robbery.

Some research designs incorporate a novel approach to see past the deficiencies in the data. Bailey et al (2020) sought to capture the extent of gang involvement in knife violence. As this represented a low incidence behaviour, they argued that a year-on-year longitudinal review of the data could be misleading. They also cited the differences outlined above on the impact that pro-active policing can have on official figures and differences between police force areas. In order to circumvent the data issues, the researchers plotted a map of interactions, working with the Thames Valley Police Record Management System, which records all non-domestic incidences of knife crime. This approach allowed them to explore the links between victims and offenders and make findings as to group (i.e. 'gang') involvement. Such novel approaches aside, however, police-recorded data is often supplemented with other data sources, such as hospital admissions data, to achieve a more holistic impression.

[3] Owing to differences in recording practices between the various police forces in England and Wales, however, aggregate data are only available from 2011.

[4] https://www.london.gov.uk/what-we-do/mayors-office-policing-and-crime-mopac/data-and-statistics/weapon-enabled-crime-dashboard

(b) Victimisation surveys

Victimisation surveys are often regarded as a more reliable estimate of the number of higher-volume, lower-harm offences because they do not rely on them being reported to the police. However, they are not very effective at measuring high-harm offences such as stabbings, because these crimes are much more unusual and so not many people will report them during a household survey. Victimisation surveys may also omit certain crimes thus clouding the true extent of knife crime in a given jurisdiction (Perpetuity Research, 2007). The British Crime Survey (which morphed into the Crime Survey for England and Wales (CSEW)), for example, does not include: those aged under 16 (until 2009); business crimes; the victims of homicide (since it is a self-victimisation survey they cannot be interviewed); and those who are homeless or living in institutions.

Respondents surveyed for the CSEW are asked questions about violent incidents and the type of weapon used. In 2019/20 knives were the most common type of weapon used, accounting for 9 per cent of all incidents of violence. In addition, since January 2009, the CSEW has asked children aged 10 to 15 living in private households in England and Wales about their experience of crime in the previous 12 months, including questions on whether they carry a knife or know anyone who has carried a knife. This is important given that the under-16s are the social group, particularly young males, experiencing the highest rates of violent victimisation. As averred above, however, the Office for National Statistics (ONS) has confirmed in recent bulletins that, due to their low volume, the CSEW is unable to provide reliable trends for knife crime, and regards police-recorded figures as a better measure (ONS, 2018). The ONS is moving towards a three-year sample to improve the reliability of the estimates (Allen and Kirk-Wade, 2020).

(c) Self-report data

A number of organisations in the UK have conducted self-report surveys asking young people about their carrying and use of knives. As with victimisation surveys, there are heavy limitations to this data, particularly with the smaller sample sizes of these surveys. As noted by Bates et al (2004), self-report surveys may fall victim to such pitfalls as ‘extreme response bias’ (a tendency for some respondents to select the most extreme response options). They cite this issue in the use of one such large-scale survey in the US, the Youth Risk Behavior Surveillance Study, and caution that the use of self-report surveys for purposes other than those for which they were developed may present issues of validity.

Two large self-report surveys of particular interest here were those carried out by the market research group MORI for the Youth Justice Board between 1999 and 2005 (MORI, 2006) and the Home Office Offending Crime and Justice Survey (OCJS) which was conducted in 2004 and

2005 (Wilson et al, 2006).[5] Eades et al (2007) argue that more specific and reliable evidence can be gained from the Home Office's OCJS, owing to the nature of the questions posed. In the first sweep focusing exclusively on young people in 2004, around 5,000 people aged between 10 and 25 living in private households were interviewed about their involvement in various criminal and potentially disruptive activities. It asked respondents whether they had carried a knife or gun in the last 12 months either 'for protection, for use in crimes or in case they got into a fight'. The 2005 survey followed up with more specific questions about frequency, the type of knife usually carried, the main reason for carrying a knife, whether it had been used to threaten someone, and whether it had been used to injure someone. Importantly, the follow up survey included questions on frequency, which as Eades et al (2007) have argued, is clearly a relevant consideration for developing appropriate policy responses to knife use. Such surveys have provided important insights into the motivations for carrying knives, which appear to stem predominantly from concerns about self-protection and status. One issue with self-report studies in this area of research relates to the difficulties of questioning young men about the reasons why they carry knives, and the difficulties around admitting fear. This is explored in more detail below in Chapter 4(a) (Motivations).

The Australian Institute of Criminology (AIC) has also looked at self-report data collected under the Drug Use Monitoring in Australia (DUMA) programme which is Australia's only nationwide survey of drug use and criminal offending among police detainees. It involves the quarterly collection of information on drug use and crime from police detainees in selected police stations and watch houses. DUMA addenda on weapons were administered on three occasions, in 2001, 2002 and 2004. Detainees were asked for information on: *inter alia* possession and ownership of weapons in the previous 12 months; how weapons were obtained; frequency of knife carriage; and main reason for owning or possessing a knife. While the AIC recognised the limitations of the data (not least the fact that people may conceal, exaggerate or forget their offences), it argued 'that this information makes a valuable contribution to the field by providing important quantitative data on detainees' experiences, thoughts and attitudes on weapon carriage and use that could not otherwise be obtained' (Bartels, 2011: 18-19).

(d) Hospital admissions data

In many jurisdictions hospital admissions data are regarded as an important complement to crime statistics in this area (Perpetuity Research, 2007; Squires et al, 2008; Bartels, 2011). Indeed, in the debate over the knife crime 'epidemic' in England and Wales in the late 2000s, while police-recorded and survey data was initially silent on increases in knife crime, hospital admissions data revealed a longer-term increase (Squires, 2009). As with victimisation and self-report surveys, data on admissions to hospital for assault by a sharp object are useful

[5] The Offending, Crime and Justice Survey was carried out annually between 2003 and 2006. This survey followed what is often referred to as an accelerated longitudinal (or 'cohort sequential') design, where a group of different age cohorts are followed for a number of years.

because they do not rely on them coming to the attention of the police and being recorded by them. Such a system can offer some degree of uniformity in recording as well under the categories established by the International Classification of Diseases coding system (see, e.g., Maxwell, et al, 2007). Indeed, as noted above, the ONS in England and Wales publishes NHS data on hospital admissions in England for assault with sharp weapons (ONS, 2020). These are presented as the annual number of finished consultant episodes (FCE) recorded in NHS hospitals in England due to assault by a sharp object. These figures do not include cases where somebody attends an accident and emergency department with stab wounds but is not subsequently admitted to hospital. Other limitations include the fact that the data is reliant to a large degree on the patient disclosing how they came to be injured and the scope for misinterpretation in inputting the data. For example, a nurse presented with a gash to a hand may not regard this as a 'stabbing' and therefore not record it as such (Perpetuity Research, 2007). This data source is therefore likely to be more reliable in relation to more serious stabbings and woundings. Other medically-related datasets also throw up issues. For instance, referring to the Trauma Audit Research Network (TARN), Wright et al (2020) noted that the database 'lost' those patients who made a 'trauma' call but who ultimately did not meet the TARN criteria;[6] they found that younger persons who were the victims of stab wounds were likely to be among this 'lost' cohort. To overcome such difficulties, they recommended the creation of a separate, and more automated, database, which could be developed for specific purposes, such as, inter alia, the recording of stabbing incidents. Malik et al (2020) further noted that TARN, in common with some of the issues of hospital admissions data more broadly, did not routinely include patients admitted for very short periods of time, or those who attended at emergency departments but did not require admission.

Hospital admissions data has also been analysed by Australian academics in order to gain a better understanding of the incidence of knife crime (Bondy et al, 2005; Bartels, 2011). The AIC examined data maintained by the Australian Institute of Health and Welfare and the National Injuries Surveillance Unit indicating that contact with a knife, sword or dagger accounted for 3 per cent (n=3,543) of external causes of morbidity and mortality in Australia in 2005–06 (Kreisfeld & Harrison 2010). As in England and Wales, these data do not include injuries where the victim is released directly from Accident and Emergency with hospital staff agreeing that the number of knife attacks is 'rubbery'. Some go unreported because victims do not tell anyone, or hospital staff do not notify police' (Rule 2010: np). As Pallett et al (2014) observed in their study of a London emergency department over one year, a significant proportion of the injuries reported as accidental injury were likely to be assault (almost 20

[6] (1) Trauma patients: Irrespective of age and (2) Who fulfil one of the following length of stay criteria: ¬ In hospital for >3 overnight stays ¬ Admitted to a Critical care area (regardless of LOS) ¬ Transferred out for specialist care or repatriation* (total LOS >3 overnight stays) ¬ Transferred in for specialist care or repatriation* (total LOS >3 overnight stays) ¬ Deaths and (3) whose isolated injuries meet one of a number of criteria. For further information, see: https://www.tarn.ac.uk/content/downloads/19/2. per cent20Inclusion per cent20Criteria per cent202021.pdf

per cent of persons with multiple injuries did not report an assault). In order to address this problem in England and Wales, there have been calls for the Department of Health to produce guidelines instructing hospitals to share information on A&E patients treated for violent crime with the police (Golding and McClory, 2008). More recently, following the Prime Minister's Summit on Serious Violence in 2019, NHS England has 'written to all trusts to remind them of their responsibilities to record and share data on attendance in accident and emergency departments as a result of violence–and to provide reassurance that this can be done in compliance with data protection laws'. The report from the summit also stated that 'the Government will also consider whether the Crime and Disorder Act could be used to ensure that NHS data is shared with Community Safety Partnerships' (HM Government, 2019). The UK government is also considering the need for additional legislative duties in relation to data sharing among public bodies in order to protect young people from serious violence (House of Commons Home Affairs Committee on Serious Violence, 2019).

Conclusion

In light of the above, it may be that no one source adequately captures the 'real' levels of knife crime and that looking at a number of datasets in the round can give the best indication of what might be happening on the ground (Grimshaw and Ford, 2018). This is well illustrated by the debate over the knife crime 'epidemic' in England and Wales in the late 2000s where hospital admissions data plainly contradicted police and survey data, suggesting that a longer term increase in knife carrying and use was underway. Another important consideration when considering crime trends in this area is that violent and knife-enabled crime are highly localised and concentrated in the most socially and economically disadvantaged areas. More contextualised understandings of localised violence rates and patterns may therefore be more helpful than national totals or averages (Squires et al, 2008). Various studies have looked at overcoming these deficiencies such as the linking of incident location with knife-related assault in the records of ambulance services (Vulliamy et al, 2018). The issues of measurement presented are therefore not insurmountable.

4. Motivations and Risk Factors

Introduction

This chapter begins by examining the motivations for carrying a knife before moving on to consider the risk factors that have been identified which make it more likely that individuals will be involved in knife crime. Risk factors are examined under the headings of individual, relationship, community, and society-level factors, before a separate review of the risk factors for knife crime victimisation is presented.

(a) Motivations

Research into the motivations to carry weapons typically incorporates qualitative interviewing and other methods such as focus groups which can offer rich data on an individual's understanding of their own behaviour. These approaches offer a useful counterpoint to survey research by unearthing the context in which knife carrying and knife use occurs, offering key insights relevant to the delivery of interventions. Much of the work has consistently identified a small number of motivations as important, namely, self-protection, self-presentation, and utility (McNeill and Wheller, 2019; see also Bannister et al, 2010; McVie, 2010; Foster, 2013). Key findings from the literature relating to the motivations of self-protection/fear, and self-presentation/status, are considered in more detail below.[7] The motivation of 'utility' alone is excluded (i.e. persons who carry weapons with the express intention of using them to commit other offences) as this cohort presents a different profile (Bannister et al, 2010).[8]

Self-Protection and Fear

Research has indicated that many young people report knife carrying (and weapon carrying more generally) because they are motivated to do so by the fear of victimisation. Reinforcing this, research has indicated the extent to which young people are victims of crime. For instance, Brown and Sutton (2007) noted that a surprisingly high number of the young people in their Australian study had been subjected to threats and assaults with knives/offensive

[7] Victimisation and peer influences as risk factors increasing a young person's likelihood of involvement in knife crime are considered separately below.

[8] Bannister et al (2010) conducted research, commissioned by the Scottish Government, which included qualitative interviews with key service providers dealing with problematic youth behaviour (n=55) and young people who were associated with gangs and/or knife carrying behaviour (n=95). The principal motivations for knife carrying that emerged were for self-protection (with no intention of use), to promote their reputation (encompassing both use and non-use), and as a weapon (with the intention of use). In this latter group, they found that young people who carried knives with the intention of using them tended to be engaged in serious individual (non-group) and collective violent behaviours. Most of this cohort were aware of the physical and social risks of knife carrying and/or use but recognition of these risks appeared to have a limited impact upon carrying or using knives.

weapons by family and friends.[9] Similarly, Scottish Research (MORI, 2003a), consisting of survey, focus groups, and interviews with young people, found that the dominant reason that young people carried weapons was self-protection (54 per cent). A further 45 per cent said they carried a weapon 'to have on hand in case they need to use it'; the question of 'need' likewise suggesting the potential of victimisation (39 per cent of respondents said that they had been threatened by others, while 18 per cent indicated they had been physically attacked in the past year). Significant numbers of respondents, both males and females, when asked what made them feel unsafe when out and about, cited the presence of 'gangs'. 'Gangs' were perceived as a danger because they entailed large numbers of young people hanging around and therefore posed a potential threat. Respondents did not like passing these groups, fearing 'they could get "*bullied*" or verbally abused or even physically attached' (MORI, 2003a: 16, emphasis in original). This fear grew as children got older (by the age of 16-18, 83 per cent of boys and 80 per cent of girls cited this as something which made them feel unsafe). Beyond the fear of becoming a victim of crime, the report also identified issues of 'status' within young people's motivations to carry. Clearly, these two motivations, while dealt with separately here, are not mutually exclusive. For some young people, self-protection can be re-interpreted not as weakness but as a logical response to risk assessment (Harding, 2020). This re-framing of threat operates as a boost to one's status. For instance, Holligan and McClean (2018) found that 'pre-arming' in response to potential threats was considered a positive behaviour among young men in Glasgow which could boost reputation (e.g. 'I don't leave the house without being tooled up, it's too dangerous man'). Holligan and Deuchar (2015) considered these motivations as a form of 'courage under fire', in which young people could attain esteem by how they reacted to threat. Conversely, failing to adhere to a heterosexual masculine persona and a situationally accepted form of (often toxic) masculinity left young men open to de-masculinising talk and abuse from peers, often positioning them as feminised (Holligan and McClean, 2018).

Related to this is the somewhat tangled relationship between gang involvement and knife carrying. Holligan et al. (2017) conducted research into knife crime in Glasgow with 20 young men, aged at least 16, with some experience or involvement in gang-related or other offending behaviour. Some of the young men had been victims of violent crime and carried scars from previous knife wounds on their bodies, however many had no experience of being confronted with a knife, suggesting that the group assessment of potential threat was pivotal in informing young people's perceptions of and responses to risk. Participants cited issues of territoriality and related risks in their knife carrying behaviour (e.g. referring to feeling safe 'here amongst my own' and 'You canny go about yourself…. That's why you always carry a

[9] They found that 70.6% of the 'street sample' and 37.7% of 'school sample' had been threatened by someone with a knife/offensive implement; 50.7% of the 'street sample' and 17.4% of 'school sample' had been physically assaulted by knife/offensive implement; the perpetrator of the assault was a friend for 49.1% of the 'street sample' and 29.3% of the 'school sample'; large proportions of the 'street sample' reported being assaulted by family, e.g., 64.1% reported assault by parents.

tool [weapon] or go about with your boys'). For some, 'group belonging' itself, in addition to knife carrying, was a response to these potential threats. One small study (two in-depth interviews with young men who have been victims of knife crime) found that the respondents' escalating concerns about their personal safety were formative in pushing them towards criminality and greater identification with 'road life' (street culture) (Bakkali, 2019). Such studies suggest the power of feelings of vulnerability to push young people towards greater identification with groups which may offer protection. Trickett (2011), in response to this felt sense of vulnerability among many knife carriers, argues that such young people should be considered on a continuum, rather than as a binary of 'victim vs. perpetrator'.

The culture of fear described above is very often related to negative perceptions of, and lack of trust in, the police (Foster, 2013). For the young people in Palasinski's (2013) study, for example, personal security and the need to defend themselves was particularly pronounced as many expressed the view that police had abandoned their neighbourhood (e.g., 'The local coppers will just look the other way if it comes to the crunch'). Palasinski and Riggs (2012) similarly identified a perceived withdrawal of police from certain areas as something which moved young people to arm themselves instead, e.g., 'They need to carry 'cos the police just prefer to stroll down the well-lit posh neighbourhoods' and 'Your neighbours will ignore your shouts for help.'

Status and Self-Presentation

Beyond motivations of fear and self-protection, research has also identified the importance of issues of 'status' and self-presentation in young people's reasons for knife carrying. Many of the British studies which explore ideas of status and self-presentation echo Elijah Anderson's (2000) work on the 'Code of the Street', arguing that a search for 'respect' was governed by certain rules relating to the perpetration of violence, especially for young men. Harding (2020), for example, conducted 18 interviews with young men aged 16-25 involved in 'county lines' drug networks, each of which was a weapon carrier. Harding conceptualised their carrying behaviour within a framework of 'street capital' in which actors negotiate their 'stock' and aim to attain greater currency. For some respondents, knife-carrying was a signifier of street 'authenticity', and conceived of as a way of maintaining one's 'stock'. Personal 'stock' is, however, easily deflated (by being stabbed, for example) or inflated (by stabbing someone else). Harding concluded that stabbing incidents were myth-making events for these young people, offering a form of agency that would otherwise be lacking.

As Harding's (2020) work demonstrates, within the literature on motivations, some research considers knife carrying behaviour as related to organised criminal activity or more loosely understood 'gang' involvement. Palasinski's (2013) work with English adolescents suggested the attainment of respect when young people joined local gangs who regularly carried weapons. This pathway was directly contrasted with the alternative of continuing on in education. As one respondent in an earlier study by Palasinski and Riggs (2012: 471) put it, 'If

you found that college is not for you and there are no jobs to be found, then some try to command respect in other ways. Playing a tough guy whose path should not be crossed is one of them'. This context - knife carrying and gang-involvement - structures *some* young people's motivations for knife carrying. However, as Gormally (2015) concludes, an assumption of a link between gang-involvement and wider criminality is problematic, and this point is echoed throughout the literature (McVie, 2010; Bailey et al, 2020). This is particularly the case as 'gang' involvement for some young people may be bound up with friendship ties and area of residence (Trickett, 2011).

Related to this is the idea of 'doing masculinity' which runs throughout much of the qualitative work on motivations for knife carrying. Holligan and McClean (2018) interviewed 34 males aged from 16 to mid-20s in Glasgow, specifically young men who were formerly involved in offending behaviour. They noted the respondents' framing of the 'logic of violence' as integral to delinquent group bonding. The authors identified expressions of masculinity within the negotiation of peer groups, in which fighting was considered a rite of passage, and the 'ability to deliver violence' was equated with social status. Another research paper, also exploring the Glasgow context, saw young men explicitly link knife carrying, and a presumed capacity to defend oneself, to the attainment of respect: 'guys only respect you if you can fight, pull burds [women], or play good footy' (Holligan, et al, 2017). In their research with 40 violent offenders in Scotland, Holligan and Deuchar (2015) similarly found that participants understood their behaviour as part and parcel of 'doing masculinity', linking it to conformity with peer group norms and as a means of self-expression within these networks.

(b) Risk Factors

The risk factors associated with knife carrying have been the subject of considerable research, particularly in the US, with concomitant implications for its application in Ireland. For instance, much of the research carried out in the US context relates to 'weapons' as a general category, reflecting the greater national preoccupation and concern with firearms. While not all studies differentiate by weapon type, it is worth noting that these studies remain relevant because they often consist of samples in which knives actually form the large part of the conversation (e.g. Forrest et al., 2000 who found that 65.7 per cent of those who had carried weapons reported carrying a knife).

Drawing on approaches to categorisation adopted elsewhere (e.g. Haylock, et al., 2020; McNeill and Wheller, 2019), the key risk factors are discussed below under the headings of individual, relationships, community, and society. While the focus is on knife crime or weapon carrying more generally, it is worth noting that knife carrying may often occur with other delinquent behaviours and that the risk factors associated with it could therefore be subsumed into delinquency more generally (Barlas and Egan, 2006; Clayton and Wilcox 2001). For instance, in the first nationally representative cross-sectional sample of England and Wales, Brennan (2019) noted that weapon carriers could be distinguished from non-weapon carriers using relatively few characteristics. Brennan identified these as: male, adolescent, has

committed a violent offence in the past year, engages in illegal drug use, exhibits lack of trust in the police, experience of violent victimisation, and having delinquent peers. Together, these characteristics identified over half of the weapon carriers in the sample (n=13,538). These risk factors and others are explored below.

Individual

Gender

While both males and females have been shown to carry knives, the research consistently finds a gendered profile in this behaviour, with boys more likely to carry and use knives (Bailey et al., 2020; Home Office, 2018; Clubb et al, 2001; Clayton and Wilcox, 2001; Escobar-Chavez, et al, 2002; Campanaro et al, 2002; Marsh et al, 2011). This finding is much to be expected, as one of the abiding truisms of crime and violent crime in particular is that it is disproportionately committed by men, and not women. Epidemiological studies and research drawing on officially recorded crime data have demonstrated the 'maleness' of both the perpetration of knife-related violence and the predominance of males among the victims of knife crime. For example, Scottish survey research found that 31 per cent of boys compared to 8 per cent of girls reported carrying a weapon at least sometimes (MORI, 2003a). Similarly, a Danish study examining homicide from 1992 to 2016, found the majority of perpetrators of sharp-force homicide were male and that males were more likely to be killed in a context of socialising in which alcohol was involved (Thomsen, et al, 2020). The gendered profile of victims is explored further below

Age

Young people are more likely to carry knives, with self-reported weapon carrying peaking around the age of 15 (Home Office, 2018). In particular, young men are more likely to be involved in knife crime, with the age range running from 13 to 24 years (Wells, 2003; Hopper, 2018). In their systematic review of UK research, Haylock et al. (2020) noted the positive correlation found between knife crime and adolescence. Among adolescents and young adults, weapon carrying behaviour increased slightly as children aged through the teenage years. A representative sample of over 14,000 English, Scottish and Welsh school children found that, while one in 10 boys in Year 7 (approximately age 11) had carried a weapon in the past year, almost a quarter of boys in Year 11 (approximately age 16) said they had carried a weapon in the past year (Beinart, et al., 2002). Likewise, Clubb et al (2001) found a 3 per cent increase in weapon carrying prevalence per grade in their study of adolescents. As outlined in the preceding sections on Measurement, the age profile of those involved in knife crime has posed a challenge to the accurate measurement of this issue.

Drugs and Alcohol

A significant body of US and international research has found a strong correlation between weapon carrying and problematic, high-risk behaviours such as drug and alcohol use and

cigarette smoking (see, e.g., Arria et al, 2000; Arheart, et al, 2020; Khubchandani and Price 2018a, 2018b; Cunningham, et al., 2010; Medeiros Melo and Posenato Garcia, 2016; Dowdell and Burgess, 2012). This is particularly the case with binge drinking which has been associated with a five-fold increase in weapon carrying (Caetano et al, 2004). While problematic substance and alcohol use remains a relatively common behavior among adolescents, its stability as a risk factor in weapon carrying behavior merits close attention. For instance, Yang et al. (2020) found, in their test of a number of commonly cited risk factors, that substance use had the strongest direct correlation with weapon carrying and this finding is mirrored in the UK research (see, e.g., McKeganey and Norrie, 2000; Holligan, 2015). Despite its significance as a contributing factor, it is likely that the relationship between drug/alcohol use and weapon carrying and violence is complex and does not follow a simple causal pathway (i.e. it should not be assumed that drug use is the *cause* of such behaviour).

Mental Health and Characteristics

In addition to a range of problematic 'delinquent' behaviours, one key risk factor for knife or weapon carriage is mental health issues in adolescents. Weapon carrying (specifically a knife or a club) has been found to be correlated with suicidal behaviour (Nickerson and Slater, 2009). In their US sample, Baiden et al (2019) found that young people who reported carrying a weapon at school in the past year were more than twice as likely to report attempting suicide. Weapon carrying has also been found to be associated with lower emotional self-efficacy (the ability to cope with life events), higher levels of hopelessness and lower life satisfaction in a number of studies (Valois et al, 2006; Umlauf et al, 2011; Valois et al, 2017). Bolland et al. (2001: 242) attributed higher levels of 'hopelessness' among inner-city adolescents to explanations rooted in strain theory, stating that: 'youths raised in this environment recognize the futility of planning a future because of the hopelessness of escaping from the present. They abandon the conventional view of success embraced by larger society in favor of a definition of success that they perceive to be within their grasp, one that relies on street smarts and physical prowess'. Certain personality characteristics have also been shown to be correlated with weapon carrying, such as aggression (see, e.g., Escobar-Chaves et al, 2002; Cairns et al, 2003). In a systematic review of research on risk factors in the UK, Haylock et al. (2020) found multiple research papers which identified poor mental health and adverse childhood experiences (ACEs) as positively associated with knife crime. It can be argued that trauma and an unstable family life create an environment which is likely to manifest aggression and poor mental health, increasing the risk of violent behaviour. This emerging research on ACEs, particularly when combined with predisposing individual factors (Bolland, et al., 2001), has been shown to play a role in later delinquent behaviours. The literature suggests a clear link between traumatic experiences (including violent victimisation) and later delinquent and criminal behaviour.

Beyond those risk factors identified through research on adolescents and young people, the role of mental health in knife-related homicides in domestic settings has also been suggested.

For instance, Rodway et al. (2009) in a retrospective study of homicide in England and Wales, found that knife-perpetrated domestic killings were more likely to be committed by persons with psychiatric diagnoses. Domestic knife assault represents a starkly different profile to knife violence committed in public and warrants a different intervention approach.

Victimisation

Related to one of the key motivations for knife carrying and knife use explored above, a significant number of studies have found that prior victimisation is positively correlated with this behaviour. Haylock et al.'s (2020) systematic review of UK research, for instance, included a number of studies which found prior victimisation to be correlated with weapon-related crime (Barlas, 2006; Smith et al, 2007; Wood et al, 2017). Much of the research, particularly in the US, relates to school-based victimisation of young people. While Begue et al. (2016) found that past victimisation (but not cyberbullying) was a risk factor, later research from Baker et al. (2020) found that, particularly for males, both 'traditional' bullying and cyberbullying were correlated with weapon carrying. Shelley (2018) reported similar correlations with both forms of bullying. Exploring differential rates of weapon carrying within a cohort of victims of school-based violence, Brockenbrough et al (2002) found that students who had been victims of school-based violence *and* held aggressive attitudes were more likely to carry weapons than students who had been a victim of school-based violence and did not carry weapons (35 per cent of the sample overall reported weapon carrying, the majority of which carried knives). This group also had a greater likelihood of other problem behaviours, such as alcohol/drug use, gang involvement and physical fighting at school. As with drug and alcohol misuse, school-based victimisation is a much more common behaviour than knife or weapon carrying. Various studies have therefore tried to disentangle more specific profiles within victims of school-based victimisation. For instance, Agnich et al (2020) found that while victimisation was a risk factor, actually being threatened with a weapon at school was a more predictive risk factor.

Poor Academic Performance

An individual's academic performance and engagement with education has been shown to be a risk factor for knife carrying (the school context is considered separately below). Research has noted that doing well in school is a protective factor while failing grades is a risk factor, including in the US (e.g., Khubchandani and Price, 2018a, 2018b; Cunningham, et al, 2010) and France (Begue et al, 2016). Marsh and Cornell (2001), in the US, explored three high-risk behaviours among adolescents (weapon carrying, gang involvement, and fighting) and found that certain school experiences rendered students more vulnerable to these behaviours, one of which was low academic grades. Liking school, greater involvement in school activities and perceiving higher levels of support from teachers were also found to be protective factors for boys by Evans and Marsh (2007).

Relationships

Young people cannot be understood in isolation from their relationships and interpersonal contexts. Relationships have been identified as important to understanding the aetiology of knife crime, including both peer relationships and family/parental relationships (Haylock, et al., 2020). For instance, in Sydney, Australia, Brown and Sutton's (2007) sample of 'street youth' (characterised as youths not attending school and with a high degree of independence from parents) indicated carrying knives for, among other reasons, social norms of power and control which were modelled on the influence of others in their lives including family and peers. Rountree (2000) similarly found in her research on adolescents that for weapon carrying generally, family- and peer-based socialisation processes were important.

Peer Relationships

The importance of peer groups and influence on knife-related behaviours has been noted in the literature (Holligan, 2015). Crucially, the research finds that peer delinquency is positively correlated with weapon carrying (Begue et al, 2016). Blumberg et al. (2009) investigated the predictors of weapon carrying for young people attending youth drop-in centres in and around San Diego (in which a knife was found to be the most commonly carried weapon). They found that the main correlations with weapon carrying were peer modelling of weapon carrying, having spent time in jail, and being suspended from school. Similarly, in their study of 4,855 Finnish adolescents aged 15-16, Saukkonen et al. (2016) identified a history of delinquency, victimisation, and antisocial friends as risk factors. Interestingly, Dijkstra et al. (2010) noted that respondents seemed to move towards their friends' weapon carrying patterns suggesting that adolescents tended to imitate friends who carried weapons.

Mundt et al. (2017) surveyed 10,482 young persons, first when aged 12-19 and then again at 18-26, to explore the longer-term effect of friendship groups on weapon-related activity. They found that adolescent friendship group characteristics had a significant and lasting impact beyond this life stage; greater friendship group cohesion was associated with lower weapon-related activity later. The literature has also explored the concept of 'popularity' and weapon carrying. Wallace (2017) explored friendship groups and popularity, building on previous work which found that weapon-carriers had more friends while weapon users had fewer friends (which suggested a limit acceptable conduct) (Young, 2014). Wallace's study did not support this, but found that girls who abstained from all weapon-related activity had more friends. Meanwhile, other research has indicated that having few or no close friends was a risk factor (Medeiros Melo and Posenato Garcia, 2016). While the evidence on this point of friendship groups more broadly may be mixed, the evidence shows that delinquent peer networks are a predictor of knife-related behaviours.

Family Relationships

The family has emerged from the literature on knife crime and weapon carrying as a formative site of influence and modelling. In the UK, the Serious Violence Strategy (2018) found that primarily underprivileged children, or those with four or more siblings, are more likely to be

involved in serious violence, illustrating the importance of studying familial links in the aetiology of violence. Evans and Marsh (2007) investigated home and school settings for risk factors for weapon carrying generally. In the home environment, they found that males who experienced family conflict were more likely to carry weapons, while protective factors were identified as higher levels of parental monitoring and living with both parents. For females, family conflict also presented as a risk factor, while protective factors were listed as parental monitoring. Haegerich et al. (2014) found that, for weapon carrying, one notable protective factor was positive family communication and parental monitoring (of the young person's behaviour).

Holligan (2015) interviewed 37 males aged 16-18 incarcerated for violent offences, specifically for knife-related assault. His study investigated the nature of these young men's relationships, pointing to many commonalities such as: conflict with parents, family incarceration, and parental violence. Holligan noted that for these young men their lives diverged very early into alternative networks, which tended to lie beyond the dominant norms of childhood. The influence of family is therefore significant, particularly the modelling of aggression behaviour (see, e.g., Medeiros Melo and Posenato Garcia, 2016). Mitchell et al. (2015) explored children's exposure to violence and general weapon carrying behaviour. They found that over a quarter of children had been exposed to violence in their lifetime and the likelihood of violent victimisation was higher for boys, those in low socio-economic status households and those living in non-traditional families. This cohort were more likely to be poly-victims and had been exposed to what the authors termed 'weaponised environments'. This exposure to violence impacted on weapon carrying rates, correlating with more personal weapon carrying, and also to greater rates of trauma among this group of young people.

Drawing on the totality of a young person's relationships, Hesketh and Box (2020) identified 'network poverty' as a risk factor in gang involvement (and related behaviours such as knife carrying). They defined network poverty as having a personal network which has few ties to sources of capital such as knowledge, wealth, skills or power. A person's network, and the resources on which they can draw, is imbricated with the community in which they reside, which is examined in the next section.

Community

School Context

Linked with academic performance (mentioned above), the school setting has been shown to be an important risk factor for knife carrying for a number of reasons relating to perceptions of safety, bullying and victimisation, and school exclusion. Barlas and Egan (2006) examined the profile of 121 Scottish and English young people recruited through a diversity of school types and youth clubs. Older school children, those who had chosen to leave school, and those living more independently (in hostels or in their own residences) were found to be more likely to carry weapons. The House of Commons Home Affairs Committee on Serious Youth Violence

(2019) found, in government figures seen by the BBC, that almost a quarter of children in England who said they had carried a knife in the previous year had been expelled or suspended from school, compared with only 3 per cent of children who had not carried a knife. UK research has shown school exclusion to be positively correlated with weapon carrying (46 per cent of excluded young people reported having carried a weapon compared to 16 per cent of students in mainstream school) (Beinart, et al, 2002). Haylock et al. (2020) in their systematic review likewise identified a number of UK studies which found this association (although they noted that not all studies which considered this variable found the correlation). A 2003 study similarly found that 29 per cent of 11 to 16-year-old students in mainstream schools reported carrying a knife compared to 62 per cent of excluded students (MORI, 2003b). Clement (2010) argued that school exclusion powerfully shapes the day-to-day experiences of young people, influencing their peer groups and associated role models, and this finding was echoed in submissions to the House of Commons Home Affairs Committee on Serious Youth Violence (2019), suggesting that it provided young people with more time on the streets and rendered them more vulnerable to exploitation. Overall, the research suggests that school exclusion creates a moment of precarity of young people which can be addressed through wraparound support to keep a child in mainstream education (ibid).

Victimisation at school has been shown to be a further risk factor. Eades et al. (2007) found that prior victimisation was correlated with knife carriage—among children in school, twice as many children who claimed to have been a victim of crime carried a knife compared with those who had claimed not to have experienced victimisation (36 per cent vs 18 per cent). Valdebenito et al. (2017) undertook a meta-analysis of 35 studies, finding that weapon carriage was significantly associated with both bullying perpetration and bullying victimisation. In their nationally representative study of 10,400 school students in Israel, Khoury-Kassabri et al. (2007) found that with each increment reporting of victimisation, the odds of carrying a knife increased by 3.25 times (see also Pham et al., 2017). The effects of victimisation on general weapon carrying may be mediated by the young person's perceptions of school safety. Esselmont (2014) found that young persons who had been victimised at school were more likely to carry a weapon to school but this was most pronounced if this experience had reduced their feelings of school safety. The study also found that young people who had perpetrated bullying were more likely to be weapon carriers, demonstrating the overlap between victimisation and perpetration in the school setting.

Gang Membership

While gang membership is often associated with knife use in the media, research suggests it is therefore useful to distinguish between risk factors for knife crime/carrying and for gang membership. In Scotland, McVie (2010) found that, although there was a strong overlap between the background characteristics and behaviours of gang members and knife carriers (such as poor mental health and parental supervision), there were also some distinct

differences (e.g., social class), suggesting two discrete cohorts. She also determined that deprivation and disadvantage—both at the individual level and the neighbourhood level—proved to be significant in terms of predicting gang membership, but not knife carrying. McVie recommended different interventions for reducing gang membership and reducing knife carrying. For the former group, strategies involving socioeconomic improvement and increased opportunities for groups of young people might be particularly beneficial. For the latter cohort, given that knife carrying appears to be more evenly distributed across the population, educational strategies that demonstrate the dangers and risks of carrying weapons were recommended. McNeill and Wheller (2019) similarly cite data suggesting that gang related knife crime, although more likely to result in injury or fatality, makes up only a small proportion (five per cent) of total knife crime with injury in London (only five per cent in 2016).

The literature therefore suggests that knife crime should not be conflated with gang involvement (a vague concept in itself as noted in the section on 'Motivations'). Drawing on their findings from a study of knife crime in the Thames Valley, Bailey et al. (2020) argue that organised crime groups (OCGs) and 'gangs' actually play a limited role in knife crime so that law enforcement should pivot away from interventions which target gangs to a more generalised approach which discourages carrying knives in public

Poverty and Deprivation

The relationship between knife crime and the levels of poverty and deprivation in an area, as well as in the backgrounds of both victims and perpetrators of knife violence, is complex and far from straightforward. On the one hand, the recent House of Commons Home Affairs Committee Report on Serious Youth Violence (2019) found very strong evidence linking deprivation and vulnerability with knife crime and serious youth violence. Leyland (2006), in his study of Scottish cities has also noted that the high levels of deprivation in Glasgow appeared to be a key factor, while Lam et al. (2019) found that paediatric stabbings in London were associated with areas of high depravity (see also, Goodall, et al, 2019). On the other hand, McAra and McVie (2016) found that, while low socio-economic status constituted one risk factor, it must be considered as one of many variables given that a higher concentration of risk indicators was also associated with increased odds of violence amongst those from more affluent family backgrounds.

Much of the research on this phenomenon of knife crime and weapon carrying more generally focuses on young people living in areas of deprivation and the way in which the community shapes such behaviour. One study found that greater levels of informal social control in a neighbourhood acted as a protective factor (Haegerich et al., 2014). In similar vein, Yang et al. (2020), exploring a number of risk factors, found that neighbourhood problems in particular were correlated with weapon carrying and that, conversely, social cohesion in

communities was a strong protective factor. This finding led to their recommendation that interventions should be targeted at shoring up community cohesion.

Some explanations for knife crime in the UK have focussed on the impact of austerity cuts on the provision of services to areas where they are most needed. Irwin-Rogers et al. (2020), drawing on evidence presented to the UK's Youth Violence Commission, argue that regressive changes in key areas of social policy (notably in education and youth services) have had negative effects on the levels of violence in some neighbourhoods. In particular, they identify budget cuts, increasing school exclusion (especially targeted against certain communities) and a shift from early-stage intervention programmes to late-stage intervention and short-term crisis intervention.

Society

As outlined in the section on 'Measurement', studies of knife crime often benefit from a more granular exacting approach to area as a means of understanding the risk factors underlying this particular behaviour. Nevertheless, a number of higher-level studies have sought to understand such behaviour at the wider societal or national level. Among these, the correlation between income inequality and violence stands out as a consistent finding. For instance, in their comprehensive review of the literature, Sethi et al. (2010) found that income inequality (both between nations and within countries) was an important variable correlated with knife crime across Europe. As Wilkinson (2004: 1) writes, 'More unequal societies tend to be more violent.' International research on weapon carrying which explored the role of national-level factors has also found that corruption and orientation towards violence in a country had a relationship with weapon carrying; analysing data from the second International Self-Report Delinquency Study, countries with lower corruption were associated with decreases in weapon carrying frequency while, counter-intuitively, males in more violent countries were found to be less likely to carry weapons frequently (Wallace, 2018). As the author of the study notes, such findings are difficult to interpret.

(c) Victimisation Risk Factors

Research into the risk factors for victims of knife crime suggest considerable overlap with the risk factors for perpetration of knife crime. This is perhaps unsurprising given the large victim-offender overlap in this area. As Lemos (2004: 10) put it: 'Victims and offenders often come from similar backgrounds and have had similar experiences.' There is a considerable volume of evidence to support such claims with research drawing attention to the importance of gender, age, location and timing within the profile of victims of knife crime. These and other factors are considered below.

Gender

As with the perpetrators of knife crime, a strong majority of knife crime victims are male. A systematic review of 11 studies examining adult penetrating trauma showed the predominance of males (Whittaker, et al., 2017). Similarly, Nair et al. (2011) examined 137

surgical admissions to a north London hospital for deliberate stab wounds from 2006 to 2008 and found that ninety-seven per cent of victims were male. Malik et al. (2020) in their study of 532 patients admitted to an emergency department in a major UK city found that, while the overwhelming majority of victims of knife violence were male (93 per cent), there was a further gendered profile to the context of victimisation – females were much more likely than males to have received the injury in a domestic setting (24 of 37 females in the sample, a disproportionate number of whom were pregnant) (this echoes the study by Thomsen et al, 2020). Cook and Walklate (2020) have noted the starkly different criminal justice and media responses to the nebulous concept of 'knife crime', arguing that as a cipher for unruly youth and 'public' violence it excites great concern, but as a form of domestic violence it rarely attracts the same attention.

Age

There is an emerging body of epidemiological work which looks at the scale of knife crime by analysis of hospital and related datasets to explore victim profile. Maxwell et al. (2007) found hospital admissions for assaults by sharp object were more likely at the weekend, among males, and those aged 15 to 44. A retrospective survey of hospital data for knife-related assaults in Scotland noted greatest risk among younger men (Goodall, et al., 2019). Similarly, in their review of hospital data, Vulliamy et al. (2018) identified the typical victim profile as an adolescent male (with a sharp increase in incidence from age 14 to age 18). Their data also showed a skewing by time of day and age of victim. Younger victims tended to experience injury within 5km of their home, and related to times at which young people were going to, or leaving school. Attempting to assess the scale of the knife crime issue in England and Wales, a large cross-sectional study of a London emergency department over one year revealed that the incidence of such injury was highest in males, younger age groups, with peak incidence rates on a Saturday (Pallett, et al, 2014). Similarly, Apps et al. (2013) looking at London figures for victims of paediatric stabbing over a two-year period noted the greatest likelihood of injury was for males, outside of working hours (9pm to 9am), and with an increasing likelihood with each year of age under 18. Research from Ireland shows comparable patterns (see below section, O'Farrell et al, 2013).

Location

In a study of penetrating assaults in children aged under 16 in a UK city, socio-economically deprived adolescent boys were found to be particularly at risk, with attacks at weekends and in public spaces away from their home and school being more common (Melling, et al, 2012). Vulliamy et al. (2018) undertook an 11-year retrospective study of 1,824 victims of stabbing under the age of 25, analysing the data from a British major trauma centre. The use of ambulance service data helped pinpoint the location of assaults, pointing to a greater likelihood of stabbing in more deprived communities.

Ethnicity

Eades et al. (2007) found that males, children and young people, those living in poor areas and members of Black and Minority Ethnic communities were most likely to be the victims of crimes involving knives. In their English sample of knife-related assaults, Bailey et al. (2020) similarly noted that, although White, Northern European males comprised the majority of victims (as they did the majority of perpetrators), Black and Minority Ethnic persons were over-represented in both these groups. Wood (2010), drawing on findings from a UK Institute of Race Relations analysis of 73 violent teenage deaths, noted that a large majority of the perpetrators were Black or Asian, and a third of victims were refugees or newly arrived migrants. The study noted a strong correlation between deprivation and locations of teenage homicide. This is supported by NHS data which shows that 27 per cent of knife crime victims admitted to hospital in 2017/18 were from a Black, Asian or 'mixed heritage' background, even though they represented approximately 14 per cent of the UK population (House of Commons Home Affairs Committee on Serious Youth Violence, 2019).

Victimisation

Bailey et al.'s (2020) study of knife crime in London found that 16 to 34-year-old white males were at greatest risk of being victims, offenders or victim-offenders of knife crime, with similar relative risks between these three categories. Both knife offenders and knife crime victims were likely to have a criminal record. The researchers therefore concluded that while rare, an incident of knife crime remains predictable, as a substantial ratio of offenders and victims of future knife crime can be found in police records. As noted by Lauritsen and Laub (2007) it is not only an individual's own victimisation that should be considered, but also the victimisation within their social network, which may also be used to determine risk of both future victimisation and offending for this broader network.

Conclusion

As the above brief review of the literature indicates, risk factors for knife crime demonstrate a complex inter-reliance, described in the literature as a 'clustering' of high risk and problem behaviours (Orpinas et al., 2017: 971). Despite such caveats, the evidence does point to a more 'typical' profile in terms of those who most likely to carry out knife crime, namely, male, adolescent, with mental health and adverse childhood experiences (ACEs), engages in illegal drug use, excluded from school, exhibits lack of trust in the police, experience of victimisation, and having delinquent peers (Brennan, 2019). This pattern suggests that more holistic interventions, aimed at the 'whole person' and wider context of knife crime, rather than at isolated problematic behaviours, may be more effective. These will be examined in the next chapter.

5. Interventions: how can we best respond to knife crime?

Introduction

The range of risk factors and motivations outlined above strongly suggests that knife crime cannot be solved by criminal justice measures alone. Unfortunately, however, strong conclusions about 'what works' to reduce knife crime in the educational and public health spheres are hampered by a lack of robust evaluations of programmes and interventions. Moreover, there is no clear evidence confirming the need to tailor interventions specifically to the issue of knives. Indeed, to do so may distract attention from potentially more effective measures addressing the underlying causes of violent crime (Silvestri et al., 2009). With these important caveats and limitations in mind, the best available evidence is presented below.

(a) Knife Amnesties

Knife amnesties, both national and local, have been rolled out across the UK in recent years. While relatively little research has been done to assess their impact, reports suggest that such approaches are ineffective in reducing knife carriage, especially given the wide availability of knives generally (UK House of Commons Home Affairs Committee, 2009). In this regard, Bannister et al. (2010: 73), who carried out research with young people in Scotland, argues that 'the ease with which young people reported gaining access to knives and their ability to substitute a knife for another weapon suggests that knife amnesties will have a limited impact on violent behaviours using weapons.' (Perhaps in response to the wide availability of knives, other studies have recommended a wholescale re-design of pointed-tip knives in favour of rounded-tip knives which cause less damage, see, for example, Hughes et al, 2012; Nichols-Drew et al, 2020).) In addition to issues around availability, amnesties also do not address the motivations underlying an individual's decision to carry knives and police data suggest their impact is short-term. An assessment by the Metropolitan Police of the effects of a five-week national knife amnesty in the summer of 2006 found a marginal decrease in knife-enabled offences which started five weeks into the operation and lasted for eight weeks, before returning to pre-amnesty levels (Metropolitan Police Service, 2006). Similarly, a study in Strathclyde found that a knife amnesty ('Operation Blade', which ran for four weeks in 1993) was followed by a reduction in the number of serious stabbings for ten months during and after the intervention but the rate for subsequent months exceeded the rates prior to the intervention (Bleetman et al., 1997). As Eades at al. (2007: 28) concluded: 'As long as there is unsliced bread, opportunities for "knife crime" will exist. Removing offensive weapons is to be welcomed, as is raising awareness of the issue, but it does not address the underlying causes of the problem.'

(b) Stop and Search

Another problematic response to knife crime is the increased use of stop and search powers. At the beginning of the 'knife crime 'epidemic' in England and Wales these searches (e.g. Metropolitan Police's Operation Blunt II) were significantly stepped up to reach a peak of 1.5

million in 2009 (BBC News, 2021). While one Scottish study found that stop and search policies have successfully deterred *some* young people from choosing to carry a knife (Bannister et al., 2010), most searches yield a very low 'hit rate'[10] and there is limited evidence of their effectiveness in reducing knife crime (Silvestri et al., 2009). One study in England and Wales found that for 6,800 people stopped and searched in 1998/1999, only 249 (approximately 4 per cent) were found to be carrying offensive or dangerous weapons and 110 were ultimately arrested (Wilkins and Addicott, 2000). One Home Office study of intensive search activity in a number of London boroughs found no statistically significant reductions in crime as a result of the intervention after controlling for other factors (McAndless et al., 2016). This finding was echoed by another College of Policing study which found increasing levels of weapon searches were found to sometimes lead to marginally lower-than-expected rates of violent crime in the following week but not beyond (Quinton et al., 2017). In one sense, this is unsurprising, given the large number of knives available to those inclined to use them and the inherent ease with which they may be accessed (Eades et al., 2007).

Aside from questions around effectiveness, the use of stop and search powers has huge potential to create resentment and has been recognised as having detrimental effects on community relations with the police (Keeling, 2017). Young people, the economically disadvantaged, and people from some minority ethnic groups are significantly more likely to be stopped, and to be dissatisfied with police treatment during a stop (Bradford, 2017). Given the links established in the research between a lack of trust in the police and the likelihood of victims of knife crime becoming perpetrators,[11] there is a risk of police stop and search tactics feeding distrust and potentially undermining educational efforts in this regard (see below) (Foster, 2013; Jackson et al., 2012). Murray et al. (2020) examined young persons' experiences with stop and search in Britain, finding that this form of police action had negative effects on young people's perceptions in the trust and legitimacy of the police. Similarly, Clayman and Skinns (2012) argued that such interactions were much more likely to leave young people feeling negatively towards the police. Generally, young people saw no connection between their own fears for their personal security and police stop and search in their area, in large part because they felt that police did not explain the purpose of their action to them.

One of the key government responses to knife crime in the UK is the Tackling Knives Action Programme (TKAP), a Home Office-led intensive, time-limited initiative which brought together a number of different interventions aimed at reducing teenage knife violence in ten police force areas (Bartels, 2011). These included (i) increased use of stop and search powers under Section 60 of the Public Order Act; (ii) fast-tracking the 'knife referral project' in which all young people convicted of a knife offence are taught the consequences of knife crime; and

[10] For example, the House of Commons Home Affairs Committee (2009) found that searches in London yielded only a 2 per cent return on knives seized.

[11] Scottish research has indicated that weapon carrying children aged 11-18 are already more likely to hold negative attitudes towards the police (MORI, 2003a).

(iii) home visits and letters to parents of young people known to carry weapons; (iv) an increase in the number of persons imprisoned; (v) sharing of A&E data; (vi) encouraging retailers to sign a Knife Sales Commitment; (vii) a Crimestoppers Text Message System for Young People; (viii) £3.4 million in school patrols and Safer Schools Partnerships; (ix) a marketing campaign, 'It doesn't have to happen' and (ix) £4 million for local Community Schemes (Hitchcock, 2010). While crime and hospital admissions did appear to decline in the target age group (13-19), monitoring by the Home Office suggested that this actually predated the initiative (Ward and Diamond 2009). A later evaluation by the Home Office also failed to find any discernible effects on teenage knife violence between TKAP and non-TKAP police forces due to the programme (Ward et al., 2011).

(c) Increased Prison Sentences

In England and Wales, a key plank in the government response to knife crime has been the increased use of custodial sanctions in the expectation that this will have a deterrent effect on those who carry and use knives.[12] Tougher legislation has also been introduced in Scotland and certain jurisdictions in Australia in recent years.[13] While the expectation is that such sentences will send out a message to young people that the risks of carrying weapons outweigh the benefits, it is far from clear that they have achieved this aim. Bartels's (2011) review for the Australian Institute of Criminology found that: 'the experience in the United Kingdom suggests that tougher penalties have not had a deterrent effect on the carriage of knives and that increasing the rate of imprisonment merely increases reoffending on release'. Her conclusions chime with research that has long criticised the effectiveness of custody as a solution to crime given the difficulty in establishing what levels of punishment produce what levels of general deterrence (for a review, see Ashworth, 2010). As the Halliday (2001) review of sentencing, carried out on behalf of the British government, found:

> *The evidence shows the importance of certainty of punishment, so that deterrent effects are unlikely to be achieved if the prospects of avoiding detection and conviction are high. It is the prospect of getting caught that has deterrence value, rather than alterations to the 'going rate' for severity of sentences. The lack of correlation between punishment levels and crime levels is in line with the current literature which analyses these trends in other jurisdictions ... There appears to be no statistical correlation between types of sentence and likelihood of desistance, according to Home Office analysis of the Offenders' Index.*

[12] For example, the *Violent Crime Reduction Act 2006* increased the maximum available sentence for carrying a knife in public without lawful reason from two to four years. More recently, the Criminal Justice and Courts Act 2015 introduced a 'two strikes' rule, whereby people over 18 convicted of carrying a knife more than once automatically receive a sentence of between six months and four years, and people aged 16 or 17 receive a minimum four month detention and training order.

[13] Section 84 of the Criminal Justice (Scotland) Act 2016 increases the maximum custodial sentence for unlawful possession of a knife from four to five years. Relevant Australia legislation includes the Weapons and Firearms Legislation Amendment Act 2010 (NSW) and the Control of Weapons Amendment Act 2010 (Victoria).

This is particularly the case with knife crime because such behaviour is most common among children and young people who are less likely to foresee the consequences of their actions (Eades et al., 2007; British Youth Council Youth Select Committee, 2019). For juveniles (10–18 years), prison alone has been found to significantly increase reoffending, compared to non-custodial sanctions such as community supervision with victim reparation, and community surveillance and aftercare (Marsh et al., 2009). Indeed, Silvestri et al. (2009) found that research clearly shows that 'zero tolerance' and deterrent approaches to knife crime not only do not work in reducing violence, but are actually counter-productive. More recently, the British Youth Council Youth Select Committee (2019) also took the view that a custodial sentence should be an absolute last resort for young people who are found to have carried knives. They recommended restorative justice interventions as an effective alternative to shorter custodial sentences or other formal criminal justice interventions, particularly given that it could provide the victim with the closure they need to deter them from future involvement in knife crime.

Punitive approaches to the knife crime problem also fail to distinguish between the different reasons for knife carrying. As outlined above, research has established that young people carry knives predominantly for self-protection. A higher custodial sentence is therefore unlikely to be effective with young people whose fear may overtake any potential deterrent effect. This is well illustrated in an interview with a knife carrier in Scotland: 'They only say four years to stop you but it doesn't. No- cos you can't just stop carrying a knife because you might get four, five years. You've got worries. I'd rather have a…and flick it out and start wetting man than get stabbed myself…' (Pritchard: 2009). Similar sentiments were expressed by a focus group recently conducted by NACRO with young people in the UK; participants did not think that the current penalties for knife crime offences were a deterrent because young people were more worried about protecting themselves. In one focus group NACRO were told 'it is only when people are arrested that they think of the consequences of what they have done' (British Youth Council Youth Select Committee, 2019). As Foster (2013: 12) argues, '[t]o some extent, lengthier custodial sentences punish those who are most fearful'.

The preceding sections have overviewed the best available evidence on the effectiveness of criminal justice responses. Overall, McAra and McVie (2016) have concluded that criminal justice responses were a counter-intuitive means of tackling young person's involvement in violence. They instead recommended that, as very few of the young people in their Scottish sample involved in violence were known to either juvenile justice or social work agencies, a maximum diversionary approach should be adopted to avoid the toxic effects of contact with the criminal justice system. They argue instead that a wider approach encompassing community-based prevention should be adopted, including victim support, a focus on parental skills, transforming school curricula, and tackling poverty. These recommendations have informed the Scottish government's Whole System Approach and Early and Effective

Intervention initiatives. The below sections overview the evidence on interventions which take a broader educational or public health approach.

(d) Educational Programmes

A number of reports have suggested that educational interventions are best placed to mediate the fear that has been shown to lie behind young people's motivations to carry knives (Lemos, 2003; Brookman and Maguire, 2005; Golding and McClory, 2008; McVie, 2010; Foster, 2013). The UK House of Commons Home Affairs Committee (2009: 3), for example, has called for increased education in schools and measures to help young people feel safer. In particular, the Committee (2009: 53) recommended that all Year Seven school children should participate in an assembly or lesson, delivered by trained individuals to whom children can relate, that focuses on the dangers of knife-carrying and the consequences for victims, their families and offenders. The Committee also suggested a short film about knives should be adapted for local contexts. Other measures which the Committee considered promising included the Safer Schools Partnership, whereby a police officer is stationed in a school or linked with a series of schools, with about 45 per cent of UK high schools covered by the programme. While the Committee noted that the programme had not been evaluated, anecdotally, it appeared to be effective. One issue concerns the piecemeal and short-term nature of many educational interventions in school. Looking to initiatives put in place in Boston, Golding and McClory (2008) advocate for the development of an anti-violence curriculum in primary and secondary schools which would incorporate modules explaining the risks of carrying weapons, anger management and conflict resolution.

In her report for the Scottish Government on knife crime interventions, Foster (2013) similarly argues that educational initiatives should aim to raise awareness about the dangers and consequences of choosing to carry a knife and engaging in knife crime. Reviewing the evidence on such interventions she identifies a number of features of good practice in this area: (i) incorporating recognition of the very real fear many young people have of victimisation and providing reassurances in this regard; (ii) expanding delivery to include both schools and sites used by young people in the community (e.g. youth organisations and community health centres) in order to reach all young people; (iii) ensuring delivery by individuals who are knowledgeable in this area or who have direct experience of knife crime; and (iv) utilising mass media to reinforce the messages from school and community-based programmes on knife crime.

Many of these themes are echoed in the broader literature. McVie (2010), drawing on data collected by the Edinburgh Study of Youth Transitions and Crime (ESYTC), stressed that carrying a knife is a rational choice based on the fear of experiencing violent victimisation and that, in addition to demonstrating the dangers of knife crime, educational strategies should also make available resources and services aimed at helping and supporting very vulnerable young people. The evidence also suggests that who delivers the programmes is crucial,

preferably individuals who can engage well with young people and have direct experience of knife crime, either as a perpetrator, victim, family, or community member (Eades et al., 2007; Golding and McClory, 2008; McVie, 2010; Kinsella, 2011; Foster, 2013). In this regard Kinsella (2011), based on her visits and observations of a number of projects promoting knife crime education and awareness, suggests that a medical professional (e.g., an A&E nurse) discussing the effects of knife crime may make much more of an impact than a teacher or police officer doing the same. A similar argument is made by emergency nurse Johnny Wells (2008), in a personal account of his involvement (see also Davis (2011), reporting on a similar intervention in Liverpool).

A different type of intervention is adopted in 'Street Doctors', a programme of two teaching sessions delivered by medical students equipping 'at risk' young people with first aid and basic life support skills. While this approach did not explicitly aim to tackle the causes of knife crime, a very basic evaluation of participants' feelings on their involvement found most reported feeling more confident in responding to assault situations before an ambulance arrived.
She also praised projects such as Point7 and 4Change in Sheffield where ex-offenders and police officers worked side by side to change young people's attitudes to weapons. More broadly, Kinsella (2011) makes an argument for: anti-knife crime projects to go into schools and young offenders' institutions; early intervention programmes; and initiatives specifically targeted at girls, parents and younger children (she recommends working with children as young as eight). Her report also draws attention to the need to address systemic issues such as criminal records checks, data sharing between agencies and projects, and the need for better funding and information about funding for knife crime projects.

Another problem besetting this area is the fact that most programmes are run by small charities at a local level and haven't been properly evaluated (Eades et al., 2007; Silvestri et al., 2009; Kinsella, 2011; Foster, 2013). As Grimshaw and Ford (2018: 17) write in their recent review of evidence and policy on knife crime, 'recent evidence about the impact of direct awareness-raising sessions delivered in a school context appeared to be scarce' (see also Hamilton et al., (2016) showing the difficulty such programmes face in reaching those most at risk). To date, the most robust evaluations have been carried out on hospital-based interventions which, as discussed below, appeared to have had some success in reducing involvement in violence over time.

(e) Public Health Approach

Most reports into 'what works' with knife crime agree that more attention should be given to the underlying social and economic factors that drive young people to carry weapons and to get involved with gangs, in other words, a public health approach (Eades et al., 2007; Perpetuity Research, 2007; Golding and McClory, 2008; Silvestri et al, 2009; Bartels, 2011). This finding is echoed by the World Health Organization (WHO) in its international review of evidence, which concluded that, compared with criminal justice responses, the evidence for

public health interventions for the reduction of violence was 'much stronger' (Seithi et al., 2010). This approach aims at understanding and addressing the conditions in which weapon carrying and use comes to be considered an option - or a necessity - rather than the symptoms (e.g., knife crime), which, as Silvestri (2009: 49) notes, may prove something of a 'distraction' from the wider context of and reasons for violence among young people. This involves a long-term, multi-faceted and interagency approach, incorporating primary prevention (aimed at the whole population), secondary prevention (for those 'at risk') and tertiary interventions (for those already affected) (Silvestri, 2009; Grimshaw and Ford, 2018). While the WHO noted that evidence for early intervention was superior to that for later programmes, it recommended late interventions should also be pursued (Sethi et al., 2010).

The public health approach appears to have met with some success internationally. Based on their account of international best practice in the reduction of knife crime, Golding and McClory (2008: 6) argue that: 'successful programmes of action in Boston, Chicago and Toronto have one thing in common: practitioners and policymakers have understood that working with other organisations to reduce the demand for guns and knives over a number of years is the only way to turn the tide of youth violence.' A number of US projects have been said to operate a public health approach based on a problem solving and focused deterrence strategy, also known as the 'pulling levers' deterrence strategy. The name is derived from the fact law enforcement officials are said to pull every lever legally available to them when violence occurred. An example is Operation Ceasefire in Boston, a programme to combat youth gun crime, developed by Boston Police Department and Kennedy School of Government in Harvard University. Typically, prolific or high-profile offenders are targeted for attention, warning them directly that they will be the subjects of criminal justice action if they continue their pattern of behaviour, while also offering them opportunities (such as job training) intended to divert them from 'high-risk' activities (Golding and McClory, 2008). This 'carrot and stick' approach appears to have a positive impact on reducing violence (Braga and Weisburd, 2012; Braga et al., 2001). A review for the Campbell Collaboration has concluded that the evidence drawn from several similar projects makes a good case for the approach (Braga and Weisburd, 2011).[14]

Closer to home, the Violence Reduction Unit (VRU) in Scotland has adopted a public health approach in a bid to tackle knife crime in Glasgow. The VRU was founded in 2005 by Strathclyde Police, with the aim of reducing knife and weapon carrying in the city, then branded the murder capital of Europe. It describes the public health approach as treating

[14] Careful programme design and implementation is essential in transplanting any such initiatives. One Manchester intervention, the Manchester Gun Project, which sought to emulate the Boston Gun Project was beset by issues, including change of project focus, definitional issues surrounding which participants to include based on unclear definitions of what constituted a 'gang', and disagreement amongst those leading the project as to its nature and scope. Bullock and Tilley (2008) concluded that it may be more effective and efficient to target specific patterns of violent behaviour rather than gang membership for preventative and enforcement attention.

'violence like a disease', adding: 'We seek to diagnose and analyse the root causes of violence in Scotland, then develop and evaluate solutions which can be scaled-up across the country' (Violence Reduction Unit Website, nd, para. 2, cited in House of Commons Home Affairs Committee on Serious Youth Violence, 2019, para. 50). The Unit has coordinated a range of interventions, offering access to diversionary activity, personal development, and employment preparedness in exchange for adherence to a 'no violence, no weapon' pledge. While significant reductions in violent crime have been attributed by some to the VRU (see, for example, McNeill and Wheller, 2019), as observed by Grimshaw and Ford (2018) evidence of long-term declines in the rate of violence, observable in both recorded statistics and hospital admissions data, make firm conclusions difficult to draw in this area.

The best-evidenced project interventions under the VRU umbrella have been the initiatives under the Community Initiative to Reduce Violence (CIRV) which took place from 2008 to 2011 in the East End of Glasgow (Grimshaw and Ford, 2018). The intervention involved intelligence gathering, sheriff court self-referral sessions in which young men identified by police as being involved in 'gangs' were invited to participate, multiagency individualised client support, and police enforcement. Essentially, 129 street 'gang' members were invited to a public meeting (held at Glasgow Sheriff Court) – and told that '*The violence must stop*'. Participants were asked to sign a written pledge that they would desist from holding weapons and 'gang' activity. Breach of the guarantee given resulted in dismissal from the programme, and breach by one gang member could lead to dismissal of all males in that group. CIRV was led by Strathclyde Police with support from health, education, social services, housing, and community safety, and worked to a public health model which conceptualised violence as preventable. The formal CIRV evaluation focused on outcomes for the young people engaged with the project and took an approach which emphasised diversion, personal activity and employment preparedness. A reduction in police-recorded weapon-carrying was associated with participation in the project. The participation data relate to 167 young men who engaged with the project, out of 700 initially approached. Their police records were followed for up for two years after the intervention and compared with those of a similar group of the same size from another part of Glasgow. It is not clear whether the comparisons factored in any effect of punishments including imprisonment (Williams et al., 2014). Despite these encouraging results, the evaluation's authors warned against a simple transfer of the CIRV model to other contexts. One factor is that it that the emphasis on collective responsibility assumes coherent group identities that can be 'levered' to affect individual members and these may not be present in other settings. Difficulties with implementation have also been observed in similar projects piloted in three London boroughs, with no effect found on violent offending (Davies et al., 2016).

More recently in England and Wales, the Home Secretary and Prime Minister have indicated their commitment to a 'public health approach' to serious violence, inspired by the Violence Reduction Unit (VRU) in Scotland. However, it has been criticised for failing to match its

rhetoric with its actions. For example, the interim report of the Youth Violence Commission (2018) warned of 'an increasing risk that the term "public health model" is being used without a proper understanding of what is actually required to affect lasting change'. Similarly, the House of Commons Home Affairs Committee on Serious Youth Violence (2019) warned of the danger of referring to any non-police intervention as the 'public health' approach. This warning is echoed by Grimshaw and Ford (2018) who argued that law enforcement led approaches should be differentiated from public health programmes like Cure Violence in the USA that adopt a more motivational and non-threatening approach. The authors acknowledge that the evidence for these programmes is no stronger than the evidence for the 'pulling levers' approach but with the advantage that they adopt a more collaborative approach, working 'with' rather than 'on' communities (Butts et al. 2015; Neville et al., 2015).

Hospitals as Sites of Interventions

Promising interventions in a hospital setting have also been developed as part of the British Government's Serious Violence Strategy which aims at providing timely interventions at a 'teachable moment' or 'moment of intense crisis' which 'can be a catalyst for self-reflection and pursuing change' (Redthread cited in British Youth Council Youth Select Committee, 2019: 50). Such moments can be following an injury when a young person has been hospitalised as a result of a knife-crime related incident. An example is the Redthread Youth Violence Intervention Programme (YVIP) run by hospital A&E departments in London which works by delivering a social or youth work intervention alongside the healthcare professionals providing the clinical medical interventions. Evaluations of this intervention to date have been largely positive, with one report showing that nearly half those engaged by the Redthread service had reduced their involvement in violence some months after the intervention (Mayor's Office for Policing and Crime, 2018) and another showing 59 per cent had a reduced involvement with violence (NPC Associates, 2017). The British Youth Council Youth Select Committee (2019) recommended that the government should adopt the use of 'teachable moments' as a national tactic, funding organisations to provide targeted interventions to young people in hospital or police custody following a knife crime related incident (while maintaining the focus on preventative measures).

In similar vein, many studies in the academic literature identify the hospital as a key site of intervention (e.g. Apps et al., 2013). Melling et al. (2012) recommended the identification of 'near miss' events from A&E cases, and targeted interventions at high-risk youth. A number of programmes which take this approach have been subject to some evaluation. Cheng et al. (2008) investigated a randomised control trial of an intervention run in two large urban emergency departments in the US which targeted young people aged 10 to 15 who presented with peer assault injuries. Those young people (87 families) who participated in the intervention were paired up with a mentor (with a history of youth work) who delivered a six-session problem-solving curriculum (including material on violence prevention, communication and conflict scenarios), while their parents received three home visits with a

health educator to discuss family needs and facilitate service use and parental monitoring. The comparison group (79 families) received information on available resources and two follow-up phone calls to facilitate service youth. The evaluation showed promising programme effects including reduced delinquent activity, with the scale of impact associated with the number of intervention sessions received. In qualitative work on young people's involvement with gangs, Thompson (2019) noted that participants identified supportive interventions from trusted professionals as essential, having someone 'on their side', as a means of support to realise employment or educational opportunities. These relationships and capacities can only be built through a longer-term approach.

The provision of hospital 'grab bags' (one component of larger multiagency intervention initiative), which included information leaflets, contact numbers, and information on knife crime, has also been trialled in some hospitals (Salkind, et al, 2017). DeMarco et al. (2016) reported on a UK initiative targeted at youth victims of violent crime who participated in a youth work-led violence intervention programme run by a hospital in partnership with local voluntary organisations. In a quasi-experimental study design, 166 young people who were involved were found to have reductions in lifestyle risk behaviours and psychological problems after participation. The hospital as site of intervention has also been used in domestic knife crime assaults (in which women are much more likely to be injured) such as Redbridge Tackling Knife Crime Programme (Ahsan et al,. 2013).

(f) Transferability to Ireland

The following section provides a brief overview of the applicability of the international evidence base to Ireland, drawing on the limited data that currently exist relating to 'knife crime'.

A 2021 review of 'knife crime' figures (An Garda Síochána, 2021) notes that, as there is no specific offence of 'knife crime' in Ireland, figures are inevitably composites from other offence types and are complicated by, for example, 'surge' policing in this area. The review presents data on 1) number of knives seized, 2) number of crime incidents in which a knife was used, and, 3) number of people discharged from hospital following assault with a knife. On the first measure, there was a decline in overall seizures from 2010-2016, but there has been an increase since 2016. This increase is at least partly attributable to pro-active seizure policies and new recording systems. For example, in 2016, the Garda implemented the Property and Exhibit Management System which ensured better recording of items seized, such as knives. It is likely that this more complete recording system resulted in an increase in the number of knives seized as the new system bedded in. The Garda review notes an increase in the number of knives seized from 2019 to 2020 of 4.7 per cent (2,142 in 2019 and 2,243 in 2020). Again, however, it should be noted that high-visibility Garda presence due to Covid, and a correspondingly greater number of searches, may have contributed to these figures. On the second measure, there was a reduction in the number of crime incidents in which

knives were used from 2019 to 2020 (from 1,534 in 2019 to 1,333 in 2020) (this information is taken from PULSE). Such incidents, in addition to assaults, include cases in which someone may have been found in possession of a knife, or used it to make threats, without causing injury. These figures show a general downward trend (with fluctuations, particularly a slight increase from 2016-2018). On the final measure, HSE data (from 2005 to 2019) shows a general trend of decline in discharges of patients for knife-related assaults. As noted, such data does not take into account assaults which were seen in Accident and Emergency but did not result in admission, and also excludes assaults for which no medical intervention was sought. Crucially, overall, the available Garda data suggests generally declining levels of crime incidences involving knives and assaults with knives involving hospital admittance.

Beyond official figures, there are also some studies which draw on self-report data and hospital admissions. Data derived from the 1997/1998 WHO coordinated survey, Health Behaviour in School-Aged Children, offers some prevalence figures for weapon carrying among children in Ireland. Of a sample of 4,394 children (aged 11, 13 and 15) asked about weapon carrying for self-defence in the past month,[15] the overwhelming majority of respondents (89.6 per cent) had not carried a weapon in the past month, 3.7 per cent reported carrying a weapon on one day, 2.3 per cent had carried a weapon on two to three days, 0.8 per cent on four to five days, and 3.3 per cent had carried a weapon on at least 6 days in the past month (Smith-Khouri et al., 2004). There is also some self-report data from 1,570 respondents surveyed as part of the second International Self-Report Delinquency Study (Breen et al, 2008). The average age of respondents was 14.1 years (over 90 per cent of those surveyed were aged between 13 and 15). Around one in six (16.3 per cent) reported ever carrying a weapon such as a stick, chain or knife (not a pen-knife), 12.4 per cent reported carrying a weapon in the last year (no Irish figures were available were for weapon carriage in the past month). Analysis found small variations between large and medium cities, on the one hand, and small towns on the other hand; slightly more young people reported acts of delinquency in larger urban areas, but many of these differences were small and not statistically significant. The overall prevalence of delinquent behaviours was much higher for males than females (48.9 per cent versus 27.6 per cent). The prevalence rates for delinquent behaviours were also much higher in communities with higher levels of disorder (however, only one-third of young people responded to this question so this correlation must be treated with caution). Children living in two parent families had lower rates of overall delinquency and problem behaviour. Levels of delinquency and problem behaviour were found to be higher for children who attended disadvantaged schools (particularly rates for violent offences of which weapon carriage was a part).

Some data from medical interventions are also available. O'Farrell et al. (2013) reported on serious assaults warranting in-patient care from 2005 to 2010 (Hospital In-Patient Enquiry

[15] Measure: 'During the past 30 days, on how many days did you carry a weapon, such as a gun, knife, or club, for self-defense?'.

data (HIPE)) and emergency department data from 2009-2010 from a large Dublin teaching hospital. These HIPE findings suggest that those suffering assault by a sharp object, including a knife, were significantly more likely to be male than the larger cohort of assault victims (92.8 per cent vs. 86.6 per cent). Such assaults accounted for 15.4 per cent (2,472 cases over six years). While overall incidence of assault causing harm offences reduced from 2005 to 2010, assault with a sharp object including a knife did not decrease over this period. As observed elsewhere also, there was a spike in such incidents at weekends. From the HIPE database, the median age for those presenting with assaults was 26 for men and 28 for women, while of emergency department attendances the median age overall was 29 (with a range of 15 to 93). Those assaulted with a sharp object were 3.5 times more likely to require treatment in the Intensive Care Unit.

Recent years have seen greater resources deployed to the issue of 'knife crime', albeit in the absence of clear data as to prevalence, etc. To date, Irish responses could be said to have predominantly fallen under the general umbrella of 'criminal justice' responses.[16] Some of the key measures are briefly outlined below.

In 2006, a weapons amnesty was announced in Ireland.[17] While this primarily targeted at firearms in advance of the enactment of the Criminal Justice Act 2006, it also included other weapons such as knives. The amnesty resulted in the handing in of 1,002 weapons (at a cost of €331,608.26 (inclusive of VAT) for advertising and promotion).[18] This amnesty required persons to give their name and address, with an understanding that weapons would be forensically tested to ascertain their possible use in past offences. During the two-month period of the amnesty, 108 knives were surrendered.[19] As preceding sections have illustrated, there is a limited evidence base for many of the criminal justice interventions, including amnesties. In relation to stop and search it is worth noting that, while 'surge' policing on this issue has not been adopted in Ireland to date, even a small impact on criminal rates would require a very significant expansion of stop and search powers that would probably not be tolerated by local communities in Ireland.

In respect of sentencing, in Ireland, the Firearms and Offensive Weapons Act 1990 and the Criminal Justice (Miscellaneous Provisions) Act 2009 are the key pieces of legislation which deal with the issue of knives. The maximum prison sentence for carrying a knife is five years, a significant sentence for this offence, and a high sentence compared to other common law jurisdictions. In addition judges may also take knife use/possession into account as an

[16] One exception to this approach was the 'How Big Do You Feel' education campaign. This campaign was launched in 2009 by Gardaí and was particularly targeted at young people. It involved engagement with schools and incorporated well-known sports personalities, etc to raise awareness. The campaign included a website (now defunct) as well as the 'Knife Facts' website (also now defunct).

[17] S.I. No. 451/2006 – Firearms Act 1925 (Surrender of Firearms and Offensive Weapons) Order 2006).

[18] Dáil Debates, vol. 629, no. 5, 14 December 2006.

[19] Dáil Debates, vol. 629, no. 2, 7 December 2006.

aggravating factor when sentencing. At present, there is no collated data on sentences for offences involving knives although there is evidence that judges do have regard to the issue of 'knife crime' in arriving at sentence and this has generally been considered as an aggravating factor (see e.g. *Matthew Dos Santos v The Director of Public Prosecutions* [2020] IEHC 252; *The People (Director of Public Prosecutions) v Patrick McMorrow* [2019] IECA 301; *The Director of Public Prosecutions v Matthew Connick* [2017] IECA 268). There is also evidence that appellate courts have to date resisted a punitive sanctioning approach to knife-related offences. Walsh (2016) notes the case of *People (DPP) v Kelly* [2005] 2 I.R. 321, in which the Court of Criminal Appeal rejected as wrong in principle the application of a minimum sentence of 20 years for a knife crime resulting in a homicide. The original trial judge had cited deterrence in imposing the original sentence and suggested an increase in the prevalence of knife crime. However, the appellate court held the approach taken to be wrong in principle and substituted instead a sentence of eight years' imprisonment. This is in line with international research which, as discussed above, points to increased sentencing not being an effective strategy for reducing knife crime.

Conclusion

The international evidence reviewed above suggests that a public health approach, involving multiple agencies to develop a range of interventions, including prevention work for at-risk groups, as well as law enforcement activity directed at offenders, represents the most promising approach to reducing knife crime. Promising interventions in a hospital setting have also been developed as part of the British Government's Serious Violence Strategy. On the other hand, criminal justice interventions such as knife amnesties, stop and search and enhanced sentences present with limited crime reduction evidence. Evidence suggests that knife amnesties and stop and search will have a limited impact on violent behaviours using weapons and do not address the underlying causes of the behaviour. In particular, international evidence suggests that tougher penalties for knife crime have not had a deterrent effect on the carriage of knives and that increasing the rate of imprisonment merely increases reoffending on release. While promising, educational programmes in this area suffer from a lack of formal evaluations so that it is difficult to draw firm conclusions about their effectiveness.

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