Influential factors for serious violence

Evidence synthesis
January 2025

Content warning

The content of this document contains sensitive, potentially triggering themes from the outset including but not limited to violence, trauma, sexual abuse, and suicide. We appreciate this may lead to negative emotional responses and readers are advised to prioritise their emotional wellbeing when reading this document.

Contents

Foreword

As we continue to navigate our partnership response to serious violence, we must do so with a thorough understanding of what drives it. This means identifying the influential factors that sit behind the experiences of our communities. Only by recognising this, can we be truly effective in supporting those affected. This document identifies the elements, which can both increase the risk of violence occurring, but also prevent it.

As a partnership, we have it within our power to change the lives of individuals, families, and neighbourhoods across West Yorkshire. This can only be achieved by working together and placing our collective resources in the right places at the right times.

Whether it is responding to issues of deprivation, education, societal issues or understanding the implications of trauma, there are many contributory aspects that each require a considered and collaborative approach. Tackling serious violence is a complex and interrelated picture, which has multiple layers and in making this forensic examination of the situation, we can get right to the root causes.

This report therefore delivers the context we need to make informed decisions, relying on the latest research and data. Overlaying this evidence with our annual Strategic Needs Assessment is key to determining our approach, and ensuring young people in particular are protected from harm.

The national introduction of the serious violence duty, places legal requirements on certain partners and brings our work into even sharper focus. As a collective, we can take the information contained in this document and translate it through the lens of our respective organisations. We are equipped with more knowledge and insight than ever before. It is now incumbent upon us all to use this to combat serious violence head on.

**Director of the West Yorkshire
Violence Reduction Partnership**

Detective Chief Superintendent, Lee Berry

Introduction

The aim of this document is to offer insight and increase understanding of factors influencing violence by:

· collating and reviewing appropriate evidence,
· providing a contextual summary of several risk and protective factors,
· highlighting knowledge gaps and,
· offering recommendations for provision or future research, where appropriate.

The document should be read in conjunction with the West Yorkshire strategic needs assessment to provide contextual understanding to the landscape of serious violence in the region. The Violence Reduction Partnership's research portfolio will complement and enhance the findings evidenced in this document; our published research is available here.

For some influential factors, we have included West Yorkshire specific data within the appendix. Where West Yorkshire data is available in the appendix, the relevant section contains a link to the data, and the appendix contains links to allow you to return to the main body of the document.

Whilst we have provided a thorough summary of the factors influencing violence as evidenced in research, we recognise and appreciate that these factors have nuances and that experiences can vary.

Risk and Protective Factors

In this document, we refer to the influential factors for violence, these can also be referred to as risk and protective factors. Risk factors are associated with a higher likelihood of engaging with or experiencing violence and exploitation. Protective factors are the inverse, whereby they can reduce the likelihood of engaging with or experiencing violence and exploitation.

Some risk and protective factors can be conceptualised as being on different ends of the same continuum, for example unemployment has been identified as a risk factor for violence and conversely quality employment may be a protective factor against violence.

It is important to note that neither risk or protective factors directly cause or prevent violence. Having a risk factor does not predict involvement in violence and it is not a predisposition, as such we refer to these collectively as influential factors for violence.

Understanding influential factors

A crucial part of reducing violence, helping communities stay safe as well as improving health and wellbeing is understanding influential factors. At its most fundamental level, the Violence Reduction Partnership (VRP) aims to reduce the frequency and intensity of violence risk factors whilst promoting protective factors.

The VRP use the four-level social-ecological model (individual, relationship, community, and societal) to better understand violence and the effect of potential prevention strategies. It allows an understanding of the range of factors that put people at risk for violence or protect them from experiencing or perpetrating violence. The ecological model emphasises that single risk factors do not directly cause violence, instead it is the interaction amongst different risk factors that influences the level of risk. An interpretation of the ecological model can be found below.

As you will notice, the influential factors discussed in this document will traverse through the four levels of the socio-ecological model and these interactions will be explored.

|	**Risk factors**	**Protective factors**
Society	· Gender and racial inequality · High levels of poverty and socioeconomic inequality · Culture of violence · Difficulties in accessing services	· Gender and racial equality · High standards of living
Community	· Poverty, unemployment, and lack of opportunity · Accessibility/acceptability of weapons and substances · Harmful gender norms and cultural practices · Institutional racism · High levels of discrimination based on protected characteristics · Homelessness and poor housing	· Inclusive institutional and community policies and practices · Meaningful employment and training opportunities · Safe recreational areas and · community environments · School and community inclusion · Low levels of poverty · Sense of belonging and connectedness · Community cohesion
Relationship	· Negative peer group norms and social control · Unequal power dynamics in relationships · Disengagement from education · Lack of nurturing relationships and environment · Emotional or physical neglect · Household offending behaviour	· Positive peer group and family norms and relationships · Stable home environment · Strong and consistent parenting
Individual	· Shame, fear, frustration, low self-esteem · Loneliness · Loss and bereavement · Poor feelings of personal safety/fear · Substance use · Adverse childhood experiences · Exposure to violence media · Disability and related stereotypes · Experiences of problem gambling	· Relationships with a trusted adult · Stable, safe and nurturing childhood · High self-esteem, emotional regulation and good mental health · Prosocial attitude · School readiness
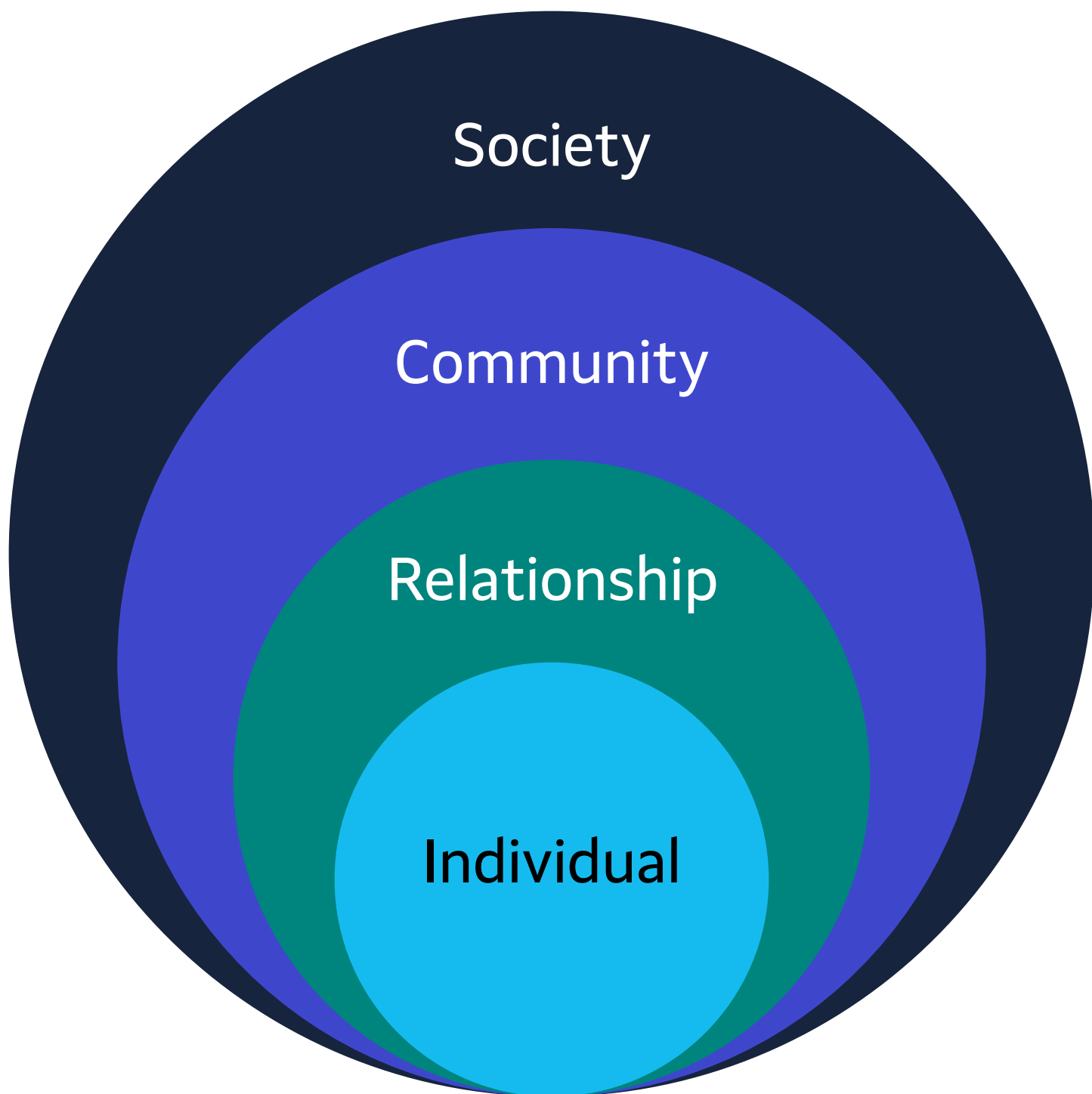
Figure 1
Socio-Ecological Model for Violence

Trauma and resilience

Trauma can be defined as a lasting emotional response that often results from living through a distressing event (CAMH). In 2021, Crest Advisory were commissioned by the Violence Reduction Partnership to investigate the root causes of serious violence in West Yorkshire and how best to address them. They identified early trauma and childhood trauma as factors influencing violence and exploitation (Crest Advisory, 2021). It is, however, important to highlight that experiencing or witnessing a traumatic event does not dictate that you will become a victim or perpetrator of violence as this is influenced by numerous, interlinking factors. Likewise, you could become a victim or perpetrator of violence without having experienced trauma.

Adverse Childhood Experiences refer to potentially traumatic events that have occurred during childhood (Centre for Disease Control & Prevention). There are 10 adverse childhood experiences, split into three categories:

- Abuse
- Emotional abuse
- Physical abuse
- Sexual abuse
- Household Challenges
- Domestic abuse
- Substance abuse in the household
- Mental illness in the household
- Parental separation
- Incarcerated household member
- Neglect
- Emotional neglect
- Physical neglect

However, West Yorkshire take this a step further to include the following categories:

- Hate crime
- Racism
- Climate change

Whilst adverse childhood experiences may not predetermine involvement in violence, intergenerational trauma, in particular, can predict involvement. Research has found adverse childhood experiences to be associated with aggression, violence, criminal behaviour (Liddle et al., 2016) and emotional wellbeing (Fox et al., 2014). However, the effect of these experiences can be mitigated by the presence of protective factors. For instance, having a positive relationship with one trusted adult during childhood can mitigate the impacts of adverse childhood experiences on a child's mental and physical wellbeing. What is predictable, is preventable. When we cannot prevent trauma, we will work towards mitigating the harm it causes through protective factors.

Resilience

When referencing trauma, it is important to discuss resilience also. Resilience is defined as the capacity to successfully adapt and recover even after a traumatic or stressful experience (Wilder Research, 2014). This can be enhanced by strengthening protective factors, which can be individual, family or community based. These will be discussed in further detail throughout this report. Within the context of this report, and the wider adversity, trauma and resilience programme, we recognise that resilience can be grown and nurtured in many ways, often as a result of positive, relational environments and developing protective behaviours to deal with stressful situations.

In keeping with this approach, this document has been written with a trauma informed lens. Some of the topics outlined throughout may be distressing to individuals, but topic headings will clearly identify these allowing readers to use their own discretion.

Inequalities

There are distinct social, economic, commercial, health-related and labour market inequalities present within the north of England. These inequalities are also present within cities, where pockets of affluence and deprivation exist in the same district. Inequalities do not have a singular cause but places are inherently political and are a key hallmark of social divisions with research exploring the North-South divide and levelling up in England evidencing this (Musterd & Ostendorf, 2013; Holman et al, 2022; see Levelling Up White Paper 2022). Social determinants of health research can be used to provide insight into health inequalities and inequities which drive violence and exploitation in West Yorkshire with violence itself being considered a health inequality (see Marmot review 2010 and 2020).

The arguments put forward by Pickett & Wilkinson (2009) in "The Spirit Level" reason that greater income inequality within a country is associated with social and health problems. This includes higher levels of violence, mental illness, drug abuse, obesity, and poor educational achievement. However, income inequality is not the singular cause for inequality as factors such as culture, family structure, and individual behaviour contribute to social outcomes. As a result, spatial and social inequalities do not operate in isolation but they are key drivers of social mobility, productivity, population health, life expectancy and levels of unpaid care (Bambra et al, 2023).

Life chances and opportunities can be significantly impacted by the area in which a person is born and live as people are known to be sensitive to their social environment through social cohesion, trust, segregation, crime and safety (Muggah, 2020; Wilkinson, 2004). These inequalities are then reproduced and subsequently widened across generations, this can also be seen in the transmission of generational trauma, substance use and social attitudes (Betthäuser, 2017; Meulewaeter et al 2019).

The interaction of contextual and compositional factors may generate greater disadvantage for some groups. Contextual factors refer to the structural features of an environment whereas compositional factors can refer to social demographic profile of an area and individual level circumstance (Benson et al, 2003). For instance, households may not have a car which may limit their access to healthcare, employment opportunities and socialising, this issue can be then further compounded if their area has limited or poor public transport links or limited services within walking distance (Macintyre, 2007). This can limit opportunities for positive social mobility and utilisation of services despite individuals possessing the appropriate skills and motivations (Ellen & Turner, 1997).

"Postcode lottery" was a term initially introduced in clinical services to reference the variations in health care between different geographical areas (Graley et al, 2011). More generally, the term can describe how where you live can have differential impacts on your health and wider outcomes (The Health Foundation, 2023). Where you live can provide a source of social identity, belonging, power relationships, stigma or exclusion (Antonsich, 2010). However, experiencing inequality or intersecting inequality can result in reduced opportunities, decreased agency and social mobility.

Individuals with combinations of minority identities often experience more inequality and discrimination, as the oppression they face because of one identity is often compounded with another (St Mungos, 2020). The theory of intersectionality[1] can explain this further, see Crenshaw, 1989. Multiple unmet needs can have greater negative impact when the intersectionality of race, ethnicity, immigration status, sexuality, socio-economic position and experiences of living with disability are included. The societal stigma of having had to face some or all of these issues is an additional challenge of its own (AVA & Agenda, 2021).

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1 The theory of intersectionality, coined by Kimberlé Crenshaw, an American civil rights advocate, critical race and feminist scholar, is now also used to acknowledge and understand how distinct forms of harm, abuse, discrimination and disadvantage are experienced by people when facets of their social identity interact and overlap with each other.

Social Mobility

A correlation exists between inequalities and social mobility but they are not the same, as one can be improved without improving the other (Social Mobility Commission, 2020). Social mobility refers to movement within society, from where individuals start to where they end up. It has been described as the change in a person's socio-economic status. This change can be through their parents, referred to as intergenerational mobility or change in socioeconomic status can occur throughout a person's life, known as intragenerational mobility (OECD, n.d). Low social mobility refers to when a starting point determines where an individual ends up, whereas high social mobility is when individuals from all starting points have a good chance of achieving any outcome.

Equality of opportunity is related to social mobility whereby if there were greater equality of opportunity there would be greater social mobility. Equality of opportunity can be described as the "extent to which people have the same chances to do well in life regardless of the socio-economic background of their parents, their gender, age, sexual orientation, race, ethnicity, birthplace, or other circumstances beyond their control" (OECD, n.d). However, when wealth is unevenly distributed, the opportunities for upward social mobility are skewed, meaning there is limited equality of opportunity.

Previous research has indicated some of the barriers to social mobility facing young Muslims, for example educational successes not directly translating into employment gains (Social Mobility Commission, 2017). Insufficient role models within school, experiencing islamophobia and inequitable access to higher education were highlighted as barriers to academic achievement. Transition into the labour market was noted as being hampered by insufficient careers advice, lack of access to informal networks and discrimination in the recruitment process.

Structural inequities refer to the unfair distribution of opportunities and outcomes including racism, sexism, ableism and homophobia (Bacia et al, 2017). These can contribute to the mental health needs of economically disadvantaged young people and families, young people and families from Black, Asian, or Ethnic Minority communities, LGBT+[1] young people and young women. As will be discussed later in this document, mental health is a significant influential factor for involvement in serious violence. These inequalities also affect their access to and experience of health services. Societal discrimination and lack of trust can shape people's willingness to access services such as Gypsy, Roma and Traveller people and LGBT+ young people (McFadden et al, 2018), with research finding 26% of

LGBT+ young people aged 18-24 have avoided medical treatment for fear of discrimination (Carr & Pezzella, 2017; Stonewall 2018).

Experiencing intersecting inequalities can lead to a reduced resilience and lack of financial safety nets. This means people do not have the ability to leave lower paid, fixed-term, zero-hour employment contracts meaning there are lower opportunities to reskill or upskill to progress in the labour market. In turn, this can limit opportunities for improving social mobility. However, intergenerational mobility through parents or networks allow people to take risks in education, or employment as they have more security and resilience in case of failure. This can lead to the selective migration of younger graduates or those risk adverse to larger metropolitan cities, primarily London (Centre for Cities, 2019). This has been referred to as the social escalator effect and describes how younger and higher educated populations relocate based on perceived job and social opportunities leaving behind older and lower educated population (Gordon et al, 2015). However, as previously noted there are barriers to, and inequity within, education and employment so there is inequality of opportunity to migrate. In addition, internal migration can reduce the number of role models within the community which may contribute to lower aspirations and understanding of future prospects such as attending university and securing employment (Burgess et al, 2018). This can further entrench inequalities and widen inequality of opportunity, reducing potential for upward social mobility.

This section has aimed to provide a broad summary describing the role of inequalities within West Yorkshire. The drivers of inequalities are both structural and societal and can have deep rooted and generational consequences. They are present, pervasive and impact violence through several influential factors such as employment, education, health and social division. It is evident that personal and area level health, social, and structural inequalities are acting as drivers or catalysts in the engagement in criminality and violence (Crest, 2021). It is important to recognise the intersecting inequalities experienced by many within West Yorkshire whether that be intersections of race, ethnicity, gender or sexuality. Inequality will be a subtheme present throughout this document as it is a dominant influential factor in violence prevalence and reduction in inequality and inequity will likely lead to reduced violence within West Yorkshire.

For an in depth exploration of the role of inequalities and serious violence can be found in the 2021 VRP commissioned researched completed by Crest.

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1 More information about LGBT+ terms can be found here.

Deprivation

How are deprivation and poverty linked to violence?

The correlation between deprivation and violence has long been explored (Jones et al, 2011; Jimenez, 2019; Page, 2018). It is worth emphasising that deprivation does not cause violence, instead, it is a contributory factor because of its widespread consequences. Living in a deprived area does not mean an individual will necessarily perpetrate or become a victim of violence.

Deprivation and poverty can often be used interchangeably but there are distinctions between them. Deprivation refers to a general lack of resources and opportunities meaning unmet needs. Whereas, poverty can be viewed as an outcome of deprivation, such as not having adequate money to get by because of limited resources and opportunities (IMD, 2019).

Studies have demonstrated that hospital admissions for violence increase exponentially with increasing deprivation of residence (Bellis et al. 2011) and that injury in violence involving children intensified with increasing deprivation in UK cities (Jones et al 2011). The table below showing Public Health England (PHE) data clearly demonstrates the correlation between violence and deprivation, with the highest numbers of hospital admissions for violence clearly arising from the most deprived areas.

Research has identified that in West Yorkshire, as nationally, deprivation is a strong contributor of recorded violent crime and most violence offences occur in neighbourhoods with the highest levels of deprivation (Lightowlers, 2021; Crest, 2021).

Table 1
Hospital admissions for violence, obtained from hospital episode statistics (2018–2021)

Sex		Age group									
Male	Female	0 to 9	10 to 19	20 to 29	30 to 39	40 to 49	50 to 59	60 to 69	70 to 79	80 to 89	90+
3,020 81%	730 19%	95 3%	485 13%	1,115 30%	950 25%	590 16%	325 9%	105 3%	40 1%	40 1%	0 0%

Ethnicity						England IMD quintile				
Asian/ Asian British	Black/ African Caribbean/ Black British	Mixed/ multiple ethnic groups	Not known, not stated, or not given	Other ethnic group	White	1	2	3	4	5
95 3%	485 13%	1,115 30%	950 25%	590 16%	325 9%	2,060 55%	825 22%	450 12%	280 7%	135 4%

Deprivation has been found to increase risk of domestic abuse towards women (Yakubovich et al. 2020). Research, led by the University of Oxford with the University of Bristol, found that women who had lived in the most deprived neighbourhoods for longer durations in their childhoods were 36% more likely to experience any intimate partner violence (IPV) between ages 18 to 21. They also experienced this violence more frequently than women who had spent less or no time living in more deprived neighbourhoods.

Deprivation can leave children more vulnerable to childhood adversity and poor mental health, which are both key risk factors for violence(Nelson et al. 2020). Crowded and inadequate housing conditions, precarious employment, and financial pressures make household conflict more likely (Clair 2019; Cobb-Clark and Ribar 2009). A 2014 study found that in the most deprived neighbourhoods in England, child protection plan rates for emotional abuse were nine times higher than in the most affluent areas; for neglect, seven times higher; and for physical and sexual abuse, six times higher (Bywaters et al. 2016).

For both adults and children, poverty is associated with mental ill-health (Elliott 2016). Precarious employment has a particularly damaging effect on self-esteem and mental health: as The Marmot Review: 10 Years On points out, "rates of self-reported work-related stress, depression and anxiety have been increasing, at least partly as a result of poor quality work", and this disproportionately affects young people and people from ethnic minority backgrounds (Marmot, 2020). Financial difficulties and mental health are also intricately linked, with those with substantial debt being significantly more likely to experience mental health problems (Money and Mental Health Policy Institute, 2021).

In addition, living in poverty can make the perceived rewards achieved through criminal activity more attractive, aligning young people to potentially violent and exploitative lifestyles. As part of research commissioned by the VRP, interviews took place with practitioners and young people in West Yorkshire and the most frequently cited factor driving serious violence and exploitation among young people was a lack of economic opportunities, poverty and financial hardship. Although the mechanisms connecting economic inequalities to violence are far from straightforward, young people in West Yorkshire have said that some of their peers are becoming involved in crime (predominantly drug dealing) to support their families, or to simply buy themselves the luxuries that they see other children enjoying.

Settings that are more deprived are also believed to provide a conducive environment for violent behaviour, as they promote polarisation and erode the sense of community and trust, which ultimately results in increased violence (Lightowlers et al, 2021; Wilkinson, 2004; Solymosi and Lightowlers, 2023).

Deprivation and Poverty in West Yorkshire

Of those areas ranked as the most deprived nationally, 137 rank as highly deprived on 6 of the 7 domains of deprivation. Twenty-six (19%) of these are in West Yorkshire (Leeds has 13, Bradford has 11 and Calderdale has 2). Bradford has the highest percentage (33%) of its Lower Super Output Areas (LSOA's[1]) experiencing the greatest degree of deprivation within West Yorkshire, an intensity of deprivation that sees Bradford falling just outside of the national top 10% of most deprived local authorities in England. Residents from Black, Asian, and Minority Ethnic groups represent 18% of West Yorkshire residents, however they account for 33% of people living in the 10% most deprived LSOA areas.

One potential indicator of the increase in deprivation in West Yorkshire is the number of people requiring crisis assistance in the region. Between April 2023 and March 2024 the UK's largest network of food banks, The Trussell Trust, distributed a record number of emergency food parcels, with more than a million being provided to children. Yorkshire and the Humber saw the second largest increase (15%) in parcel provision from the previous year and has seen an increase of 157% from five years ago. (The Trussel Trust, 2024).

The 'cost of living crisis' is disproportionately affecting poorer households, with dramatic increases in energy prices and growing inflation leaving less disposable income for people with the lowest incomes. Just under a third of the population of West Yorkshire (equivalent to 765,000 people) live in neighbourhoods that fall into the most 20% income-deprived in England. Up to 18% of the West Yorkshire population (421,000 people) live in neighbourhoods in the most 10% income deprived in England. West Yorkshire also has a higher share of fuel poverty, compared with national figures, suggesting that the increased cost of living will be felt more acutely in West Yorkshire than elsewhere (WYCA, 2022, Department for Energy Security & Net Zero, 2024).

The ONS has signalled the impact of the crisis, with those in the most deprived areas more likely to have reduced their spending on food and essentials than those in areas of less deprivation (ONS, 2022). 88% of

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1 LSOAs comprise of between 400 and 1,200 households and have a usually resident population between 1,000 and 3,000 persons

people surveyed in Britain reported the cost of living as one of the most important issues facing the UK today (September 2024) and 52% said their cost of living had increased compared to the previous month (ONS, 2024).

The UK Poverty 2024 Report, published by the Joseph Roundtree foundation, notes that Yorkshire and the Humber has a high poverty rate (23%), which is driven by comparatively lower earnings, with a higher proportion of adults working in lower-paid occupations, and higher than average proportions of people in families in receipt of Universal Credit or equivalent legacy benefits than in the regions with lower rates of poverty. (JRF, 2024).

The End Child Poverty Coalition provides data on the number of children living in poverty across the UK (End Child Poverty, 2023). For low-income families who are affected, this can mean using food banks and parents skipping meals to feed their children, not being able to afford winter coats or school uniforms or suffering from the mental worry that comes when you are not able to pay your bills. Although all local authority areas within West Yorkshire have seen an increase in children living in poverty since 2014/15, there have been consecutive reductions in West Yorkshire's five local authority areas in the past 2 years from 2020/21 to 2022/23.

Race and ethnicity

West Yorkshire is a diverse region, with people from a range of ethnicities, lifestyles, and backgrounds, bringing great cultural diversity. 2021 Census data showed that 14.1% of West Yorkshire residents were born outside of the United Kingdom, with Bradford having the highest representation (18.7%), whilst Calderdale and Wakefield had the lowest, both at 8.5%. Black, Asian and Ethnic Minority groups represented 23% of the population of West Yorkshire, up from 18% in 2011. Around 91,000 pupils registered at schools in West Yorkshire did not have English as a first language, equating to 23% of all pupils. Bradford had the highest proportion of pupils who did not have English as a first language, with 34% and Wakefield had the lowest with 12%.

Victims & Offenders[1]

People from Black, Asian and Ethnic Minority communities, including children (YEF, 2022), are over-represented in almost all stages of the criminal justice system (CJS) as displayed in the table below.

In the year ending March 2023, Home Office data from across England and Wales showed the rate of stop and search for Black people was 24.5 for every 1,000 Black people, this is considerably higher than the rate for White people (5.9 per 1,000). People of a Black (Other) ethnicity had the highest stop and search rates out of all ethnic groups. The most recent national data found that individuals from a Black or Black British background were searched at a rate 4.1 times higher than that of those from a White ethnic group, however this is a reduction from the previous year.

In the year up to March 2023, the arrest rate was high for people from Black ethnic backgrounds at 20.4 for every 1,000 Black people, compared to an overall rate of 11.2 per 1,000 and an arrest rate of 9.4 per 1000 for White people. For every Police Force in the UK, the arrest rate was highest for Black people and in West Yorkshire this was 25.2 per 1000. There were considerable differences between genders for all ethnic groups with men having a higher arrest rate than women. In line with the above findings, this was most prominent for Black people.

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1 West Yorkshire specific data is included here

	White	Black	Asian	Mixed	Chinese or other
Population (2022)	84%	4%	9%	2%	2%
Stop and search	69%	14%	11%	4%	2%
Arrests	78%	8%	8%	4%	2%
Convictions	79%	10%	6%	3%	2%
Prison population	73%	12%	8%	5%	2%

Table 2
Figures regarding race and the criminal justice system in 2022

In 2016, the Ministry of Justice found that for drug offences, the chance of receiving a prison sentence was 240% higher for offenders from a Black, Asian, and Ethnic Minority background compared to offenders from a White background. For 2018-19, the Government reported that 8% of white suspects were arrested for drug offences compared to 19% of black, 15% of Asian, and 15% of mixed ethnicity.

Systemic Racism

The disproportionate overrepresentation of individuals from ethnic minority backgrounds in the criminal justice system does not imply that this group are more likely to commit crime, but rather that systemic issues have an influence (Institute of Race Relations, 2023). Being a member of the Black, Asian and Ethnic Minority community in and of itself is not a risk factor for violence, but rather there is a complex relationship between systemic inequalities, environmental, and personal influences (Gov.uk, 2021).

Racism and bias are evident across social systems, including housing, education, employment, and health, all of which are factors that can increase a person's vulnerability to victimisation or perpetration of violence (Irwin-Rogers, 2018). Adverse outcomes in these areas coupled with experiences of multiple forms of institutional racism have cumulative effects that increase the likelihood of individuals from ethnic minority backgrounds being targeted by the police and ultimately entering the CJS (Bridges, 2018). It has been suggested that the early criminalisation of those from an ethnic minority background, particular young Black men, leads to subsequent racial disparities in policing, charging, and sentencing. Furthermore, Black young adults, in particular, report feeling stigmatised, humiliated, and violated by the Police, and this stigmatisation has the potential to increase the chances of these young adults entering the CJS (Irwin-Rogers, 2018). These feelings also increase the likelihood of gang affiliation, which is explored later. Media representations also reinforce the ideas that specific communities and cultures are responsible for violent crime, frequently encouraging the trope that 'Black on Black' crime is behind recent increases in violence (Roberts & McMahon, 2008), thus eradicating the influence of poverty in the media discourse. To protect against the risk of becoming involved in violence, young adults from ethnic minority backgrounds need mechanisms to move away from criminal involvement. Greater emphasis needs to be placed on the importance of community leadership and the value of role models for those vulnerable to violence (Gov.uk, 2021).

Confidence in the police for all ethnic groups has decreased over time. However, the largest fall is in the confidence of Black people, which has dropped from 76% in 2017/18 to 64% in 2019/20 (Gov.uk, 2021).

The overuse of stop and search against Black, Asian and Ethnic Minority individuals further increases the lack of trust in the police, catalysing tensions and potentially increasing violence (Ariza, 2014). This lack of trust can begin early for those from ethnic minority backgrounds who may experience traumatic encounters with the police from a young age.

This lack of trust is exacerbated by the presence of police in schools. The Runnymede Trust (2022) found that police officers were more likely to be based in schools in areas with higher numbers of pupils eligible for free school meals, correlating with higher numbers of Black, Asian and Ethnic Minority students. The policing of schools has been described as "directly linked to the presence of black students and is a practice that intimidates, stigmatises, and criminalises black children and young people" (Mohdin & Gentleman, 2023).

Disparities in education between ethnic groups are evident. As explored later, the data shows that permanent exclusions are higher for White Gypsy & Roma, Black Caribbean and Mixed White pupils (Barnardos, 2020). The inequalities in outcomes for children from ethnic minority backgrounds are stark and persistent, for example by the age of 5, White Gypsy & Roma pupils are the least likely of all ethnic groups to reach developmental targets in relation to communication and language (Waddell et al., 2022).

As well as differences in how pupils are disciplined, research has shown that incidences of racism in schools have increased over the last ten years, further disrupting the educational experiences of individuals from ethnic minority backgrounds (BBC, 2020). The systemic discrimination experienced during education is reproduced in educational outcomes and employment prospects. As discussed later unemployment is higher for all ethnic groups other than White. For Black Caribbean and Black African individuals in particular, unemployment rates can be 'hyper-cyclical', meaning that during recessions prevalence of unemployment rises faster than for White individuals and in periods of economic recovery it falls more rapidly (Roberts & McMahon, 2008). This means employment opportunities for these ethnic groups are more sensitive to labour market insecurity and employment churn, leaving people more vulnerable to the effects of violence.

Health care inequalities can also influence an individual's health outcomes and contribute to their vulnerability to violence, as a victim or perpetrator (Roberts & McMahon, 2008). There is evidence that people from ethnic minority groups experience poorer health than the overall UK population. Experiencing poverty, inequality, and discrimination can result in acute and chronic stresses, increasing harm and negative health outcomes. For those from ethnic minority backgrounds, this stress can be caused by experiences or anticipation of racism and state harm, such as over policing.

Inaccessible Services

For both men and women from ethnic minority groups the rates of admission to mental health services are three times higher than average (Roberts & McMahon, 2008). For example, African Caribbean people are three to five times more likely than any other group to be diagnosed and admitted to hospital for schizophrenia (Race Equality Foundation, 2015). A number of factors have been highlighted that may influence the prevalence of poor mental health, and these reflect the risk factors for violence, including family breakdown, experiences of racism, and exposure to gang culture (Race Equality Foundation, 2015). There are also a number of issues which may affect the mental health of Black, Asian and Ethnic Minority groups which are unlikely to affect the general population, including forced marriage[1], female genital mutilation[2], and abuse relating to spiritual possession[3]. Individuals who experience these forms of abuse are likely to suffer severe effects in terms of physical and mental health as well as difficulties engaging with services who may be ill-equipped to deal with these experiences (Race Equality Foundation, 2015).

Reports about mental health support for Black service users finds they are far more dissatisfied than other groups with the level of care received. There is also an increased fear amongst this group that engaging with mental health services could ultimately lead to their death (Keating, 2007). Institutional racism can be embedded in services and experiences of racism are frequently referenced when seeking or receiving support from a service, which acts as a disincentive to accessing support. Research found that parents whose children were receiving mental health support reported having to 'act white' in order to access the help needed (Waddell et al., 2022). A lack of cultural sensitivity was reported in mental health services which were not representative of the communities they were working with, and being able to receive support from a professional from an ethnic minority background was important for effective engagement. In relation to violence, Black, Asian and Ethnic Minority individuals are 40% more likely than White individuals to come into contact with mental health services through the criminal justice system than referral from GPs (Kane, 2014). Dedicated 'by and for' service provision needs to be better tailored to the needs of Black, Asian, and Ethnic Minority communities, ensuring cultural sensitivity is embedded.

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1 What Is Forced Marriage? Booklet (publishing.service.gov.uk)

2 Female genital mutilation - GOV.UK (www.gov.uk)

3 Child abuse linked to faith or belief: national action plan - GOV.UK (www.gov.uk)

Gender

Violence Against Women and Girls

Women experience higher rates of domestic and sexual violence victimisation and are much more likely to be coerced and experience fear, than men. For the year ending March 2021, police crime data shows 82% of sexual grooming victims were women and girls, 81% of sexual activity with children younger than 16 was against girls; and 80% of victims of stalking, voyeurism and exposure were women (HMICFRS, 2021).

For the year ending March 2024, nationally, the police recorded 857,810 domestic abuse-related crimes in England and Wales. This represents a decrease of 6% compared to the previous year. In the period ending March 2022, the police made 36.3 arrests per 100 domestic abuse-related crimes down from 32.6 in the year ending March 2023 (ONS, 2023). This shows an increase on the previous year and is mirrored by an increase in the number of referrals of suspects of domestic abuse-related cases from the police to the Crown Prosecution Service (CPS) for charging decision in England and Wales.

There is an extensive backlog waiting to be heard by the Crown Court of England and Wales, which has been worsened by the COVID-19 pandemic (Rape Crisis, 2023). As of July 2023, the number of sexual offence cases in the Crown Court backlog was 8,741, a 29% increase on the same quarter last year. Of these, 2,210 are adult rape cases, the highest this has even been, and a 48% increase on the same period last year. As of June 2022, an average of 378 days were passing between an adult rape case arriving at the Crown Court and its completion, on top of the wait time between a report of rape and the police charging a suspect. The treatment of victims and survivors in this system can be retraumatising, leading to deteriorating mental wellbeing and feelings of powerlessness.

Violence against women and girls is prevalent in educational settings. With research finding that 29% of 16–18-year-old girls have experienced unwanted sexual touching at school and 59% of girls and young women aged 13-21 experienced some form of sexual harassment at school or college.

How does gender link to other risk factors?

Gender in and of itself is not a risk or protective factor for violence but rather is interlinked with other societal factors, such as peer relationships, mental health, and economic opportunity.

Evidence of girls' involvement in gangs, which is discussed in more detail later on, has been related to negative family relationships which result in gang membership providing an alternative notion of family (Gov.uk, 2021).

Women experiencing domestic abuse are more likely to experience mental health problems. Whilst women with existing mental health problems are more likely to experience domestic abuse with 30-60% of women with a mental health problem having experienced domestic abuse (Howard et al, 2010; Mental Health Foundation, 2016). A recent publication sets out how the national government will invest over £230 million to deliver many of the Domestic Abuse Act 2021 provisions to bring about a response from all parts of society, to overcome domestic abuse.

Women's Aid (2022) reported that 66% of domestic abuse survivors disclosed their abusers had used the cost-of-living crisis and financial hardship to increase their control and as a justification for them reducing access to finances. A survey conducted with female survivors of domestic abuse found that the cost-of-living crisis caused them financial worries with:

· 73.7% concerned about being able to pay their energy bills,
· 61.3% concerned about paying for food, and
· 53.3% concerned about paying for their rent or mortgage

Concerningly, 62.5% of services have reported that survivors have been unable to leave their perpetrator as a result of the cost of living crisis (Women's Aid, 2024).

A recent report from Women's Aid (2024) estimated the cost and support deficit for survivors fleeing domestic abuse. The report found that it could cost a survivor almost £50,000 to leave their abuser, based on the direct costs of fleeing and starting a new life. Even with the financial support available there would still be a £10,000 deficit and for those with no recourse to public funds this deficit could be double. The ending of a relationship with an abuser is a dangerous time where often the abuse experienced can escalate, with the majority of femicides occurring in the first year after a woman leaves (Femicide, 2024). As discussed above, abusers can prevent their victims from working, getting them into debt, or controlling their bank account in order to prevent them from leaving (Women's Aid, 2019), this means fleeing is harder.

The immediate costs associated with fleeing include travel, replacing essential possessions, acquiring a new ID, and purchasing new technology. Support for travel is only available through the Flexible Fund which is ringfenced to help survivors flee. The Rail to Refuge and Road to Refuge schemes also exist but over 60% of referrals are rejected leaving women unable to access these schemes for travel (Women's Aid, 2024). Survivors also face housing costs (housing is explored in more detail later), including temporary accommodation, rental deposits, rent, security, and furniture and white good, which can average around £13,000, with support only covering approximately £4,500 of this. As well as these immediate costs, survivors fleeing domestic abuse can face the costs of childcare, legal support, and health needs.

Survivor's access to services can be further impacted by the intersects of their identity, and particularly their immigration status. Women with no recourse to public funds are unable to access emergency accommodation, apply for housing benefits, or receive income support (SafeLives, 2024). Women with no recourse to public funds face very high barriers to accessing support services, making them more vulnerable to abuse and exploitation. Fear of deportation or destitution can deter women with insecure immigration status from seeking support (Femicide Census, 2020) and abuse from the perpetrator is reinforced by structural barriers within the immigration and asylum system (Thiara and Harrison, 2021).

Gender stereotypes and cultural norms

The perpetuation of gender stereotypes also influences experiences of violence, as a victim or perpetrator. Gender stereotypes contribute to poor mental health in children and young adults, higher male suicide rates, low self-esteem in girls, and enable a culture of toxic masculinity and violence against women to continue unchecked (Pemberton, 2021). Gender stereotyped behaviour in early childhood predicts physical aggression in adolescence (Kung et al., 2017) and are linked to domestic abuse (McCarthy et al., 2018).

Intimate partner violence is one form of serious violence which both results from and perpetuates societal stereotypes of gender. These stereotypes reinforce inequity, placing power with men, encouraging social norms, unfair distribution of resources, and internalised misogynistic beliefs. Perpetration of intimate partner violence by men is linked to masculine ideology which relies on masculinity being defined as strength, control and sexual dominance which can be demonstrated through violence (McCarthy et al., 2018). This is further enforced by experiencing other risk factors, for example growing up in an abusive household where aggression and violence is normalised.

Cultural practices and norms can also influence gender-based violence. Violent behaviours become normalised when there are shared beliefs that violent behaviour is both typical and appropriate. Certain cultural practices have been present in communities for so long that they become accepted, for example, forced marriage and female genital mutilation (Alexander-Scott et al., 2016). These acts of violence can result in isolation, limited career opportunities, and financial dependence, which further increase the likelihood of experiencing violence and exploitation.

Rape culture is an extreme characteristic of gender stereotypes where sexual violence is treated as the norm and victims and survivors are blamed for their own assaults (Taub, 2014). Norms within rape culture protect rapists, promote impunity and shame victims, treating rape as a problem to be solved through improving the behaviour of potential victims rather than potential rapists. Rape myths trivialise incidents of sexual assaults and are associated with sexual aggression, sexual assault perpetration, and rape proclivity. Research showed that acceptance of rape myths predicted rape proclivity in college men (O'Connor, 2021).

Misogyny, defined as a hatred, dislike, or mistrust of women, is prevalent throughout society. Research found that 93.7% of women had experienced street harassment with the most common behaviours experienced being whistling, leering, and sexually explicit language. Experiencing misogyny has long-term impacts on victims with many altering their future behaviour, for example avoiding the area or only going out with others as a consequence. Misogynistic attitudes are related to stereotypical views of gender roles and those who hold these are more tolerant of the impact of domestic abuse (Women's Aid, 2022).

Nationally there have been calls for "misogyny hate crime" to be recognised and to particularly focus on sexual harassment experienced by women and girls in public spaces and their feelings of unsafety. The Mayor and Deputy Mayor of West Yorkshire have both been supportive of misogyny becoming a hate crime, as part of their commitment to reducing Violence Against Women and Girls. West Yorkshire Police, since December 2021, have started to record misogyny and misandry related crimes (WYCA, 2021). Many feel that recognising misogyny as a hate crime would reflect the seriousness of these crimes and the additional harm they cause to women, individually and as a group, and society more broadly. However, in February 2022, a proposal to include misogyny as a hate crime was rejected due to concern this would be counter-productive by making it more difficult to prosecute serious violent crimes against women.

Misogynistic attitudes are becoming increasingly prevalent online with the rise of social media and online forums. These attitudes are displayed by involuntary celibacy "incel" communities, the ideology of incel communities contributes to a sense of isolation resulting in increased frustration and jealousy of others (Van Brunt & Taylor, 2021). This sub-culture is perpetuated by online anti-woman communities described as the "manosphere", where incels exhibit extremely violent and hostile views towards women.

Forums include the use of derogatory terms intended to dehumanise women as well as the creation of new slurs that portray women as less than human (Brace, 2021). A study by the Centre for Countering Digital Hate found that on a major incel forum a post about rape was published every 29 minutes.

Offline violence has been demonstrated by a small number of incels, the most publicised being the 2014 Isla Vista killings and the 2021 Plymouth Shooting, both of which were committed by perpetrators who had expressed misogynistic views online or specifically identified as an incel. The threat of incel-related offline violence needs to be better understood. It has been suggested that whilst only a small percentage of incels will turn to violence offline, the influence of the online communities incels utilise creates a risk of radicalising frustrated young men.

Incels on online forums who rated themselves as highly dangerous were also more likely to say the forum made them feel more violent, and those who rate themselves as highly misogynistic were more likely to say that the forum made them feel more misogynistic (Speckhard et al, 2021). This links to the potential negative impacts of social media, but also suggests that this is a space in which to implement interventions and practices to combat the misogynistic discourse taking place.

Disability

An estimated 16.1 million people in the UK had a disability in 2022/23, roughly 24% of the total population. In terms of age, 11% of children in the UK were disabled, compared to 23% of working age adults and 45% of adults over State Pension age in 2022/23. Disability prevalence estimates are higher for female respondents than male respondents (25% vs 21%). For all age groups, except 15 and under, more females reported having a disability than males.

Yorkshire and the Humber had two per cent more people reporting a disability than the UK national average, with 26% of people within these regions reporting a disability in 2021/22. Data from the 2021 Census in England and Wales (ONS, 2021) found that Wakefield had the highest disability prevalence in West Yorkshire with 9.4% of residents saying their day-to-day activities were limited a lot.

Disability is considered to be a risk factor for becoming a victim of a violent crime (Victim Support, 2016). In the year ending March 2024, the Crime Survey for England and Wales found that:

- 19.4% of disabled people aged 16 and over had experienced some form of crime, compared with 15.3% of non-disabled adults, an increase on the previous year
- A larger disparity was found for children, with disabled children aged 10 to 15 more than twice as likely to have been the victim of a crime (23.0% compared with 9.5%)
- Around 1 in 10 (10.2%) disabled people experienced domestic abuse, compared with 1 in 30 (3.3%) non-disabled adults
- Disabled women were more than three times as likely to experience domestic abuse as non-disabled women (12.4% compared to 4.0%)
- Disabled adults were twice as likely as those without a disability to report having experienced sexual assault in the last year (3.9% compared with 2.0%)

The domestic abuse experienced by disabled women is also likely to be more severe, frequent, and last for longer periods of time (Public Health England, 2015) than non-disabled women. International research has found that disabled people with conditions that require more daily support are at increased risk of sexual and physical assault as well as domestic abuse (Hague et al., 2007).

Inequalities

Three primary explanations have been posed for the increased risk of serious violence amongst disabled people (Victim Support, 2016). 1) Disabled people are targeted because they are perceived by the perpetrator to be more vulnerable, 2) there is hostility directed towards them in the form of hate crime or the perpetrator wants to gain control, and 3) other personal, social, and situational factors, for example poverty, further increase the potential to be a victim of crime.

In some cases, the victim is dependent on the perpetrator for care and this dynamic can raise issues of power, reliance, and control, leading to abuse (Milberger et al., 2003). The dependence of a disabled person on their abuser can also create a barrier to disclosing incidents of violence. Furthermore, disabled people are more likely to be socially isolated and have smaller support networks which can increase the risk of abuse going unnoticed (Wacker et al., 2009). In addition, individuals with communication difficulties may be unable to disclose their experiences of abuse or violence (WHO, 2020).

The increased risk of violence faced by disabled people is compounded by broader societal risk factors for violence, including poverty, substance misuse, and exclusion from education and employment. The Joseph Rowntree Foundation (2022) estimates that 14.9% of people in families where someone is disabled are in deep poverty and 2.1% are very food insecure. Up to 20.3% of single adult disabled families are in deep poverty and their risk of falling behind on their

bills is roughly four times as high as for people in the non-disabled group. Correspondingly, an estimated 84% of mothers of disabled children do not work, compared with 39% of mothers of non-disabled children and only 3% of mothers of disabled children work full-time (Papworth Trust 2018) worsening financial difficulties.

Economic empowerment can be an effective intervention to support disabled people at risk of violence. Disabled people are more likely to be excluded from education and employment leaving them at increased risk of poverty which further increases their vulnerability to violence. Economic opportunities are especially important for disabled women who experience dual discrimination as they are excluded from the labour market in higher numbers than disabled men.

Disabled people are often infantilised by perpetrators and society. Infantilisation is a form of ableism where a non-disabled person treats a disabled person like a child. It is often implied that this is for their protection but "this paternalistic attitude gives disabled people even less control over their lives, reinforces their dependency on others, encourages over-compliance, and increases their social vulnerability" (Thornberry & Olson, 2005). The societal perceptions of disabled people as passive, dependent, invisible and unvalued means that when serious violence or domestic abuse does occur, this is not recognised (Public Health England, 2015).

Young carers

Providing informal care, also referred to as unpaid care, is the provision of care for a friend or relative who requires additional support because of an illness, disability, or advanced age (Carers Trust, 2022). The increasing need for informal care is driven by an aging population, rising age of parenthood, long-term illness and likely the COVID-19 pandemic.

The 2021 Census reported that an estimated 5.0 million people provided unpaid care. As demand increases, the responsibility of informal care is increasingly shared by children and young adults with the 2021 Census reporting almost 120,000 carers younger than 18 years (ONS, 2021). Within West Yorkshire, Bradford had the highest proportion of unpaid carers with 9.8% of residents provided unpaid care each week.

As part of their study, Lacey et al (2022) found associations between young caring and mental health, with young carers having poorer mental health, more symptoms of anxiety and depression, lower amounts of self-esteem, poorer health-related quality of life, and more antisocial behaviour than their peers.

Childhood is referred to as a protected phase of the life course and unlike adult carers, children and young adults have lower social capital and financial disadvantage. This is coined the 'young carer penalty' (Stamatopoulos, 2017). Caring can place a young person under extreme pressure making them vulnerable and susceptible to exploitation.

It is estimated that up to 40% of children and young adults caring for a relative with drug or alcohol problems miss school or experience educational difficulties. Episodic and inconsistent parental care, domestic abuse risk, addiction stigma and fear can disrupt children's routines and relationships, leading to behavioural and emotional problems (The Children's Society, 2018). All of which are known risk factors for violence perpetration and/or victimisation.

Neurodiversity

Neurodiversity refers to the way our brains work differently from each other and process information in different ways (West Yorkshire Health and Care Partnership). It is used as an umbrella term for a number of conditions including; autism spectrum disorder (ASD), attention deficit hyperactivity disorder (ADHD), dyslexia, dyscalculia, dyspraxia and Tourette's syndrome, although there is no universal definition of neurodiversity (ADHD Aware). In 2021/2022 there were 12,741 referrals accepted by the West Yorkshire Health and Care Partnership for autism and ADHD, an 83% increase from the same reporting period in 2020/2021 (MindWell, 2023).

There is well established evidence around the over-representation of neurodiverse conditions in the criminal justice system. In July 2021, a Criminal Justice Joint Inspection (CJJI) report suggested that neurodivergence is more prevalent in the CJS than in the wider community and individuals with neurodiversity can be disadvantaged when they come into contact with the Criminal Justice System. The CJJI call for evidence suggested:

- 5–7% of those referred to liaison and diversion services have an autistic spectrum condition (ASC).
- 47% of male prisoners had a history of Traumatic Brain Injury (TBI) (The Disabilities Trust Foundation, 2018).
- Within prisons the prevalence of autistic 'traits' or 'indicators' are thought to be around 16% to 19% and around 25% of prisoners are thought to meet the ADHD diagnostic criteria (Young et al. 2018).
- 29% of the offender population had a learning disability or challenge and in custody the rates were 36% for men and 39% for women (NOMIS, 2019).

User Voice (2021) spoke to people with lived experience of criminal justice and neurodiversity and found that:

- 70% did not have adjustments made during the criminal justice process to support their needs.
- 76% felt criminal justice staff did not understand their needs.
- Only 5% had been involved in a programme or intervention that had been adapted for their needs.

Research conducted by Liverpool John Moores University touches on the link between neurodiversity and Child and Adolescent to Parent Violence and Abuse (CAPVA). Both parents and pratitioners interviewed as part of this study identified neurodiversity as a factor contributing to increased risk of CAPVA (Bates et al., 2023). This link is typically attributed to a number of characteristics associated with some some neurodivergent conditions, for instance, sensory seeking behaviour when experiencing emotional dysregulation or an outward expression of frustration (Clements, 2022 cited in Holt, 2023). The Liverpool John Moores Study highlighted parental concerns that this behaviour is often misconstrued as "naughty" rather than being linked to their child's neurodiversity (Bates et al., 2023).

The VRP identified a gap in the knowledge base around the links between neurodiversity and violence, specifically within the context of West Yorkshire. Rocket Science were commissioned to conduct a piece of research looking at neurodivergent children's experience of violence, including interviews with practitioners and neurodivergent children. In terms of experiences as victims, both practitioners and children referenced bullying as a concern, with practitioners further discussing violence as a result of physical restraint, self-harm and exploitation. 'Lashing out' was referenced by both groups when discussing violence perpetration, mainly as a way to communicate an unmet need or through frustration. Practitioners also highlighted sexual offences as an area of concern due to a lack of understanding around consent, which also increases a neurodivergent person's risk of being a victim of violence, and radicalisation through online groups. The research gave a number of recommendations, mainly around the need for more support for neurodivergent children, specifically those in contact with the criminal justice system, and for support to be trauma informed and support the whole family. The full report can be found here.

As a follow on to this piece of research, Rocket Science were commissioned to look at school absence, exclusion and special educational needs (SEN) and/or neurodiversity. This is discussed further in the education section of this document.

Mental health

Mental health intersects with several influential factors. This section aims to provide a high-level summary of the ways in which mental health interlinks with violence, but mental health is a common theme throughout this document.

"Mental health is a state of mental well-being that enables people to cope with the stresses of life, realise their abilities, learn well and work well, and contribute to their community" – World Health Organisation (2022).

Mental health exists on a continuum and is experienced differently by everyone. Mental health problems can vary in severity and have different impacts on people's daily lives. It is important to note mental health is not predetermined by circumstances, but individual, social, and structural determinants can interact to protect/ enhance or undermine someone's mental health and shift their position on the mental health continuum. Exposure to violence and inequality, including deprivation, can increase people's risk of experiencing mental health conditions as can psychological and biological factors such as emotional skills and substance use (WHO, 2022).

Mental health can include the degree to which people feel in control of their lives and sense of purpose as well as the ability to feel pleasure or be optimistic. Mental health can influence the ability to adapt to change and manage life challenges (John, 2023).

Protective factors can strengthen resilience and enhance mental health. Examples can include social and emotional skills and attributes, positive social interactions, quality education, suitable work, safe environment such as homes and neighbourhoods and community cohesion (Kousoulis, 2019).

As with all the factors discussed in this document the association between mental health and violence is multifaceted. The factors which influence mental health share similarities with the factors influencing violence, including family situation, lack of engagement with school, adverse childhood experiences, special educational needs and being not in employment, education or training. Whilst there is evidence of an association, mental health problems are only one of several factors that can increase the risk of violent behaviour (MIND, 2018). However, there has been a tendency to conflate mental ill health with the concept of dangerousness (Varshney et al, 2016). This can contribute to simplistic or sensationalised representations of poor mental health and further propagate stigma around mental health and reduce support seeking behaviour.

When studies have tried to establish whether there are links between mental health and violence, the focus has tended to be on more severe mental health problems and concentrated on psychotic disorders such as schizophrenia (Crimestoppers, 2018). Even in these studies, researchers have largely agreed whilst there can be elevated risk, the majority of people diagnosed with schizophrenia will likely never have serious violent outcomes (Whiting et al, 2022). This is also referenced to by Halle (2020) who discusses the selection bias within research exploring mental health, crime and violence as this relationship tends to rely on prison populations and psychiatric patients, so findings cannot be generalised to wider populations.

Victims of violence and impact on mental health

Contemporary research has started to shift focus to how people with mental ill health are more often the victims of violence rather than the perpetrators despite public perception focusing on the risk they pose (Thornicroft, 2020). Evidence suggested people with severe mental illness were five times more likely to be a victim of assault than people in the general population after accounting for socio-demographic differences. In the same study, women were also ten times more likely to be assaulted with high rates of domestic abuse and sexual violence being reported (Pettitt et al, 2013). The findings presented by Howard et al (2009) somewhat echo this as they found that women experiencing domestic abuse were more likely to

experience mental health problems. Inversely, women with mental health problems were more likely to be victims of domestic abuse, with 30-60% of women with mental health problems having experienced domestic abuse (Mental Health Foundation, n.d).

Research supports the association between adult sexual violence and poor mental health (WHO, 2013). Links were reported between rape/sexual assault and poor mental health, and between coercion and/or reproductive control and higher post-traumatic stress disorder (PTSD) and anxiety scores, compared to women who had not experienced sexual violence (Tarzia et al,2018). Sexual assault is reported to trigger or exacerbate serious mental health and substance use issues whilst increasing risk of revictimisation (Hughes, Lucock & Brooker, 2019).

Experiencing trauma can increase the risk of developing mental health problems and can directly cause PTSD. For some, coping mechanisms such as alcohol, drugs or self-harm can be used to avoid or numb difficult emotions or memories resulting from PTSD. The prevalence of PTSD within prison populations has been noted but it is difficult to gain reliable estimates meaning the understanding of its influence in violence perpetration is limited (Baranyi, 2018). However, Facer-Irvin & colleagues (2023) found that the relationship between lifetime exposure to interpersonal trauma and custodial violent behaviour was mediated by total PTSD symptom severity in a male prisoner population in London.

Complex trauma has been referred to as having a significant impact on children's mental health outcomes than non-complex forms of trauma (UK Trauma Council, n.d). Complex PTSD is series of events and processes and can be diagnosed in adults or children who have experienced traumatic events, such as violence, exploitation, neglect, or abuse (NHS, 2022). This diagnosis reflects additional symptoms not captured within a PTSD diagnosis such as problems managing emotions, feelings of shame, worthlessness or guilt and risky or destructive behaviour (Wamser-Nanney & Vandenberg, 2013). Shame, which is perceived negative evaluation of moral standards, has been linked to hostility and aggression (Stuewig et al, 2011) and in relation to violence. Gilligan (2003) refers to how shame can escalate into violent behaviour through a seeking respect or increasing self-worth if three conditions are met (see Gilligan 2003; Graham, 2001).

Children's mental health

The mental health of children has deteriorated in recent years with NHS estimates showing that in 2022, 18% of children aged 7 to 16 years and 26% of those aged 17 to 19 had a probable mental health disorder, an increase from 17% in 2021 (NHS Digital, 2022). More recent estimates from the 2024 Child of the North report states there are approximately 1.4 million children and young people (aged 8-17 years) with a mental health condition in England.

Some groups of children have particularly poor levels of mental health (Children's Commissioner, 2023). This can be influenced by several determinants and protected characteristics. For instance, around 31% of girls and young women aged 17 to 24 were estimated as having a probable disorder and 49% of children in care had 'borderline' or 'cause for concern' scores based on their answers to the Strengths and Difficulties Questionnaire which is a measure of mental health and wellbeing (ONS, 2022; Children's Commissioner, 2023). Additionally, of children detained under the Mental Health Act in the year 2021-2022 71% were girls. There are also differences in contact with the NHS as on average, boys wait longer than girls for their 2nd contact with the NHS, a median waiting time of 46 days compared to 29 days for girls (Child of the North, 2024).

Children with ADHD and autistic spectrum disorders are more likely to have problems with anxiety (NHS, 2023). Masking behaviours[1] require a large amount of energy and emotional input, and has been associated with increased anxiety and delay diagnosis of autism in girls or resulted in diagnosis of anxiety and depression (Cage & Troxwell-Whitman, 2019; Rocket Science 2022). In regards to waiting times for the year 2022-23, the services with the longest waiting times were for autism (median 481 days), mental health for deaf people (median 249 days) and neurodevelopment (median 194 days). These significantly long waiting times can lead to the further deterioration of children's mental health while waiting for support or to be signposted.

School or social pressures, family life, the impact of social media and their online life have been identified as being key factors impacting children's mental health. Additionally, children in Bradford surveyed as part of the Child of the North report raised that loneliness and lack of sleep was detrimental to their mental health. Sudden or difficult life events such as parents separating, a bereavement or bullying can trigger anxiety and/or depression (NHS, 2023). Research has suggested that mental health issues can lead to violent outbursts or misbehaviour through a frustration response and poor emotional regulation skills (Rocket Science 2022).

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1 To 'mask' or to 'camouflage' means to hide or disguise parts of oneself to align with social norms (Belcher, 2022)

Yet, in the case of serious mental health challenges, a reputation for violence can make it harder for children to access support services (Rocket Science 2022).

Research suggests there is a greater risk to children's safety if parents with mental health problems are also experiencing domestic abuse or substance misuse (Cleaver, Unell & Aldgate, 2011). These adverse childhood experiences should be viewed and understood in conjunction rather than in isolation (Lloyd, 2018). When NSPCC Helpline and Childline data was examined, coercive control was highlighted as influencing the deterioration of children's mental health and had resulted in reports of self-harm. This is likely because coercive control involves emotional mistreatment as children can be intimidated, ridiculed, or harassed (Stark, 2009). There was also evidence to suggest that children's mental health can be impacted when they were exposed to a parent being continuously ignored, dismissed, and undermined (NSPCC, 2023). Similarly, Katz (2016) found that children who were victims of coercive control often experienced the same negative impacts such as internalising and externalising behaviours and mental health difficulties as mothers who had lived with frequent and severe physical violence. Research also describes the monopolisation of time whereby perpetrators demand high levels of attention from mothers at the expense of the children. This can isolate children and may impact a child's intellectual, emotional, social and psychological development (Gajos & Beaver, 2017; Hogg, 2013). Additionally, experiencing coercive control places children in a continuous sense of threat whilst undermining children's relationships, impacting mental wellbeing and hindering the child's education and employment outcomes (Katz, 2022; Nikupeteri, Katz & Laitinen, 2021).

Adverse childhood experiences can have long-lasting effects on children's lives and responses to adversity and trauma can be dependent on several factors including supportive relationships, positive community experiences, access to financial resources and other forms of support (Scottish Government, 2023). Responses to trauma can influence mental health and result in diagnoses in anxiety, depression and PTSD, there can also be behavioural level, such as increased risk of self-harm, suicide, and poorer educational attainment.

Children with low-level mental health issues are more vulnerable to peer pressure and to being targeted by gangs. Children can become involved in gangs through a need/want to feel respected, important, protected or powerful (NSPCC, n.d). The links between gang-affiliation and poor mental health can operate bidirectionally with poor mental wellbeing increasing the risk of being drawn to gangs while gang involvement can negatively impact on an individual's mental health (Public Health England, 2015). Gang members are at increased risk of involvement in violence as both perpetrators and victims (Katz et al, 2011). Long-term exposure to violence is associated with psychological problems including depression, conduct disorders and PTSD.

Wider impact of mental health

Changes in brain structure and function from using substances can increase the likelihood of developing a diagnosable mental health issue (NIMH, 2023). The type of drug can have differing effects, with cannabis being linked to increased reports of anxiety and depression, as well as hallucinations, lower motivation, depersonalisation, and paranoia (Rethink Mental Illness, n.d). Individuals can receive a dual diagnosis and have co-occurring mental health and substance use needs, but this should not be a barrier to accessing appropriate mental health treatment.

Physiological or neurological factors in people with mental health diagnoses may increase the rewarding effects of substances, increasing the likelihood that they will continue to use the substance (Humankind, 2023). A study by Elbogen et al (2014) found co-occurring PTSD and alcohol misuse to be associated with a marked increase in violence and aggression in US veterans, however demographics, ability to afford necessities and combat exposure were noted as influential factors. The use of drugs and alcohol can be used to control mood, self-medicate and alleviate symptoms. This is discussed in further detail in the Substance Use section of this document, available here.

The cost-of-living and housing crises are hindering people's ability to cope with stressors of daily life and threatening the ways in which people look after and prioritise mental health (Mind 2023). Mental health can be worsened, and existing symptoms exacerbated due to stressors of managing finances, affording social activities, and housing insecurity. As such, there is a cyclical relationship between mental health, working, and struggling to afford to live, each impacting the other in turn (YMCA, 2023).

Good mental health can influence employability, finding a job and remaining in work. Whereas, unemployment can cause stress, which can impact physiological health effect and have negative consequences for mental health, including depression, anxiety and lower self-esteem (The Health Foundation, 2021). Unemployment is not distributed evenly across society with rates being higher amongst young adults, people with lower qualifications and people from Black or Ethnic Minority groups. Similarly, the stability and type of employment varies such as job permanency and likelihood of zero-hour contracts (UCL, 2020). Consequently, people can

be at an adverse risk of poor mental health because of employment and structural inequalities. These can all contribute to increased vulnerability to violence as discussed in the Employment section of this document.

There is a need to reduce the societal bias which contributes to stigma about experiencing mental health problems so that people feel able and reassured to seek support. This is poignant for men as societal expectations have enforced ideas of being stoic since childhood, creating environments where men are reluctant or embarrassed to express how they are feeling and seek support as this can be distilled to stigma (Das, 2019; Priory, n.d). As evidenced, mental

health has a complex relationship with violence and has varied influence. Mental health intersects with several social determinants of health and can have both individual and population level impacts. The importance of supporting positive mental health cannot be overestimated as this can improve education, employment, and social outcomes which in turn can reduce risk of serious violence. It is crucial that the influential factors for violence are not viewed in isolation as many have multidirectional relationships.

Adultification

Adultification refers to the perception that children are older than their actual age and are more mature (Epstein, Blake & González, 2017). This can affect the treatment that children receive, often decreasing the safeguarding response as they lose the perception of innocence and vulnerability. This is especially an issue for children who have been, or still are, a victim of child criminal exploitation as the criminal justice and social care systems do not acknowledge a child's victim status, instead viewing their actions as consequence of choice rather than coercion or exploitation (APPG, 2017). For those still involved or at risk of exploitation, this perception can prevent them from accessing the necessary support needed to escape further harm (Twomey, 2019).

Language can play an important role in the adultification of children within the criminal justice system. For instance, using the term 'children' creates the idea that someone is innocent, vulnerable and in need of care (Case, 2021) whereas terms like 'youth' gives the perception of someone who is risky, dangerous and in need of a punitive response (Case & Bateman, 2020).

There are both racial and gender differences to adultification which are well evidenced in literature. For example, black children are disproportionately affected by adultification (Alliance for Youth Justice, 2023), often being categorised as 'higher risk' than their white peers (Mullen, Blake, Crook & Martin, 2014). It is important to also consider intersectionality when considering adultification. For instance, black girls are often perceived to be less childlike so therefore require less support. The perception of increased maturity can also result in black girls receiving more punitive responses to behaviour as they are expected to 'know better' when a safeguarding response may have been more appropriate (Graham, 2023). This is observed both in a criminal justice and educational setting.

Adultification can arguably occur for groups of children that are expected to mature at a faster rate rather than the general population, including young carers or children who have witnessed abuse. Care Leavers can often be required to live independently at a much earlier age than their non-care experienced peers (Department for Education, 2023) meaning they have to "rapidly mature in order to adjust and survive" (Young Justice Advisors, 2022).

Relationships

The relationships in a person's life can be influential factors that either increase or reduce the risk of experiencing violence and exploitation, as a victim or perpetrator (Youth.Gov, 2021). Relationships with parents, wider family, partners, and peers, can also influence one's behaviour and experiences. Factors within families that can increase violence include parenting techniques, low parental involvement, and parental substance abuse or history of criminal involvement. Social risk factors include involvement in gangs and connections with peers who engage in anti-social behaviour. Contrastingly, positive relationships can reduce the risk of experiencing violence and exploitation, this includes connectedness with family or other adults, positive engagement with teachers, supportive school environments and safe social environments.

Unstable relationships can impact both the adults and children involved. There has been an increase in lone-parent households in the UK, and this, amongst other types of family breakdown creates further instability for already vulnerable families (The Centre for Social Justice, 2013). Of particular importance is the positive involvement of a father in a child's life. Children who live with their father are more likely to have good physical and emotional health, achieve academically, and avoid anti-social and violent behaviour (The Centre for Social Justice, 2013). Furthermore, children who grow up in environments where unstable relationships are present can find it difficult to form permanent, good quality relationships in the future and are more likely to become involved in abusive relationships, thus increasing the risks of violence. When a parent is absent due to imprisonment this can have further negative effects on children and young adults. Research has indicated a strong association between parental imprisonment and a child's own involvement in antisocial and criminal behaviour (Robertson et al., 2016). Although violent behaviour is likely the continuation of a number of adverse life experiences, having a parent in prison can increase the profundity and persistence of these experiences.

Children and young adults are less likely to become violent if they have strong, positive bonds to people or institutions. Positive socialisation within families, schools, and peer groups support children and young adults to develop prosocial identities. Supportive relationships with a parent can act as a protective factor against violence. Although these supportive relationships cannot and do not change other risk factors, for example alleviating poverty, they can buffer against adverse effects. Respected relationships with adults who encourage non-violent behaviour can act as role models for children and young adults and thus, protect against anti-social and violent behaviour (Local Government Association, 2018). Conversely, violence within a family is a risk factor. In some communities and families, violence is viewed as an acceptable way to solve conflict or raise children creating cycles of intergenerational violence which are difficult to break (Lambeth Council, 2015).

Experiences of physical abuse or neglect in childhood are predictive of violence perpetration by children and young adults (Fang & Corso, 2007). Offending by children and young adults can be explained by the 'Social Learning' model which posits that children and young adults affected by family violence learn and imitate these behaviours. Alternatively, the 'Social and Psychological Strain' explanation suggests that family violence is a source of extreme stress that can exacerbate children and young adult's risk-taking and/or aggressive behaviour putting them at higher risk of offending (Local Government Association, 2018).

Peer groups are particularly influential for children and young adults. Connections with peers who engage in antisocial activity can provide a sense of belonging and build self-esteem for children and young adults who are neglected of this within their families. This sense of belonging can lead to gang affiliation, reinforce anti-social attitudes, and increase the risk of subsequent violence (Gov.uk, 2023). Gang affiliation provides an alternative and compensatory family structure, associated with both protection from an abusive family and a mechanism to attract emotionally distant parents or caregivers (Khan et al., 2018).

For people from ethnic minority backgrounds, consistent experiences of racism can increase feelings of disenfranchisement and thus make gang affiliation and violence more appealing as this offers prosperity, respect, and a sense of identity not present in wider society (Commission on Race & Ethnic Disparities, 2021).

There is a lack of reliable data concerning the scale and nature of girls and young women at risk of exploitation or gang involvement. This is due to under-reporting of concerns or related offences, stereotypical assumptions held by the police and the public concerning appropriate behaviour for girls and the assumption that only White girl are effected resulting in a lack of referrals for girls from Ethnic Minority backgrounds (Commission on Young Lives, 2023). Girls involvement in gangs in particular has been attributed to "family breakdown, domestic violence in the home, a lack of positive role models, and low self-esteem" highlighting the importance of strong, positive relationships (The Centre for Social Justice, 2014). Girls in gangs were over four times more likely to report poor peer relationships compared to girls entering the Youth Justice System (Khan et al., 2018). In addition, young women with histories of parental imprisonment, poor parental mental health, parental substance misuse, and neglect were three to five times more likely to be involved in gangs.

Whilst a reduced sense of belonging can be a risk factor for violence, feeling connected to others can be a protective factor. Having a sense of belonging within school is particularly important given the impact education can have on experiencing violence and exploitation, as discussed later. A quarter of children feel they do not belong in school, and those from disadvantaged communities are twice as likely to feel they do not belong and four times more likely to be excluded. This can further exacerbate the vulnerability of those living in poverty to victimisation or perpetration of violence (NEU, 2020).

When a whole family approach is taken to preventing violence, where parents and families are also supported, children and young adults benefit as engagement with violence can be intergenerational and stem from the past experiences of parents, families, and communities (Gov.uk, 2023). Within a whole family approach, family members work together to achieve long-term change and resilience.

Care experience

There is limited research exploring the links between care experience and violence, specifically in relation to children in care. The evidence that is available is often dated and lacks a West Yorkshire-specific lens, which identifies a knowledge gap that would be beneficial to address. The following section will outline the current evidence base with a particular focus on children in care, missing from care and care leavers.

The Youth Endowment Fund conducted a survey with over 2000 children aged 13-17 focusing on their experiences of violence and how it affects their lives. Of the children who reported being exposed to violence either as a victim or a witness, 59.6% of them had been supported by a social worker (Youth Endowment Fund, 2022). This is compared to 39% of all respondents. Children supported by social care are more likely to have experiences that increase their risk of exploitation along with exposure to factors that can influence future offending, many of which are covered throughout this document (Ibid, 2022). Analysis indicates that 6% of Children in Need (children supported by a social worker) were cautioned or sentenced for a serious violent offence, compared to 1% of all pupils (Department for Education & Ministry of Justice, 2022).

Children in Care

The term looked after children refers to a child who has been in the care of their local authority for more than 24 hours (NSPCC,2023). However, throughout this document we will use the term 'children in care' to reflect the preference of children. Whilst there is no publicly available data on the number of children in care in West Yorkshire, a recent Child of the North report highlighted that Yorkshire and the Humber has the fourth highest care rights in the UK (Bennett et al., 2024). Research suggests that children in care are more likely to have experienced maltreatment (Bazalgette, Rahilly & Trevelyan, 2015) which Radford et al., (2011) defines as physical, sexual, psychological and emotional abuse, neglect and intimate partner violence between parents. One study exploring the

experiences of care experienced women and girls found that violence and abuse at home was the most common reason for entering the care system (Fitzpatrick, Hunter, Shaw & Staines, 2022). This was referenced by 22 of the 54 participants but the researchers noted that this was eluded to in a number of other interviews, but not explicitly mentioned. There are a number of factors associated with a child being in care that can contribute to their risk of being exposed to violence or exploitation. Research commissioned by the VRP highlights that children in care are increasingly vulnerable to Child Criminal Exploitation (CCE) and Child Sexual Exploitation (CSE) due to emotional & psychological needs, a history of isolation and perceived rejection (Crest, 2021). Bateman, Day & Pitts (2018) argue experiences in care may exacerbate earlier experiences which increase their risk of criminal behaviour rather than it being the direct cause. They also propose that the response to lawbreaking may be more likely to result in contact with the criminal justice system than if they were not in care.

The greater the distance a child is placed from home, the greater the risk of exploitation, this is also the case if a child is housed in an unregulated care setting (Crest, 2020). Peer violence, including bullying, physical violence and emotional abuse, is also highlighted as a significant issue within care settings, with one study reporting that three-quarters of children surveyed in a residential setting had experienced physical peer violence (Barter et al., 2004). However, the dated nature of this study must be highlighted, as this may not reflect the current picture of residential care placements within a local, West Yorkshire context.

Violence perpetration within foster care or residential placements can lead to placement instability, or in some cases, placement breakdown (Barter, 2014) which can result in further negative consequences. Repeated changes in care placement and social worker is well evidenced as a contributing factor to a lack of stability and continuous support, particularly with girls in care (Staines, Fitzpatrick, Shaw & Hunter, 2023). This can lead to relationship building challenges as a child becomes 'sick and tired of having to tell the same story over and over again' and loses trust in

the system (Ibid, 2023). Experiencing violence and exploitation in foster care or a residential setting can also be re-traumatising for children who were brought into care due to exposure to violence and abuse in the family home, either as a witness or experiencing it directly (Sinclair & Gibbs, 1998). Research also suggests that children in care are also more likely to experience violence outside of their placement. For example, children in care were more likely to experience bullying and peer violence in education (Morgan, 2008), and in relationships (including physical, sexual and emotional violence) which is particularly experienced by girls (Wood, Barter & Berridge, 2011). It is important to note, for some children, life in care can improve their mental wellbeing (Forrester, 2008). Research also indicates that continuity of care can act as a protective factor and has been linked to lower offending rates (Hayden & Graves, 2018).

Missing

There are well established links between children missing from home and vulnerabilities to exploitation, drug and alcohol misuse and violent crime, with children in care being particularly vulnerable to this (Department for Education, 2014). When a child goes missing, violent offences were a common occurrence due to a child's heightened emotional state, as well as theft (Shalev, 2010). Research also suggests that periods where a child has gone missing from care are linked to an escalation in offending, including violent offences (Fitzpatrick, Hunter, Shaw & Staines, 2022). An All Party Parliamentary Group (APPG) inquiry into children missing from care found that professionals often missed the signs of exploitation, instead viewing a child's behaviour as a conscious choice, which ignores their vulnerability and needs (APPG, 2012).This is especially an issue for children who have been, or who still are, a victim of child criminal exploitation, as both the social care and criminal justice systems often neglect a child's status as a victim, ignoring the coercion or exploitation that led to their behaviour (APPG, 2017). The dual status of being care experienced and known to the criminal justice system has been linked with worse long term outcomes than identifying with just one (Wilkinson & Lantos, 2018). This can include poorer educational outcomes, substance misuse and mental health challenges (Bilchik, 2010), all of which are discussed throughout this document. This can create a barrier to children accessing the necessary support to safeguard them against further exploitation and harm (Twomey, 2019). This removal of vulnerability links to the issue of adultification, discussed earlier in this document.

Care Leavers

The term care leaver is defined in the Children (Leaving Care) Act 2000 as someone who has spent at least thirteen weeks in care spanning their sixteenth birthday. Government guidance around the pathway for a young person transitioning out of care is as follows:

· Age 16 – a plan will be provided to support the transition into independent living

· Age 18 – a young person is no longer in care but the local authority is required to provide support, including a personal advisor and a plan

· Age 21 – advice is still available from the local authority or the personal advisor until age 25 if the young person wants it

Although the specific levels of support can vary between each local authority, Firmin, Horan, Holmes & Hopper (2019) highlights this drop off of support as a risk factor as exploitation and harm does not stop at this point. The ONS (2019) report the average age for a young person to move out and live independently is around 23, although this may be higher now due to the ongoing cost of living crisis. This means we require care leavers to 'grow up' a lot earlier than the general population, often doing so with less support. Oakley, Miscampbell & Gregorian (2018) suggest that leaving care without the skills needed to live independently can increase a young adult's vulnerability to exploitation. An investigation by Ofsted (2022) found that over one third of care leavers they spoke to felt they left care too early, without the relevant knowledge and skills needed to live independently. One third did not know where to go or who to speak to for support with their mental health and many were unaware of what bills they had to pay or how to pay them. Research conducted by Fitzpatrick, Hunter, Shaw & Staines (2022) highlight this cliff edge of support during the transition out of care to be linked to an escalation in offending behaviour, including serious violence offences. Guidance produced by the Home Office also highlights care leavers as a population at increased risk of 'cuckooing' (Home Office, 2023). Research conducted by Leeds University lists as care experience as a cuckooing risk factor (Bainbridge et al., 2024). Cuckooing is discussed in more detail in the 'housing' section of this document. Despite the research detailed above, there are a great number of care leavers who move into independent living successfully. Stein (2008) noted that this is most common when care leavers had experienced stability and continuity of care, along with having a phased transition into independent living. Sustained contact with previous carers was also a factor referenced as supporting this transition process.

To explore this evidence further, the VRP commissioned ATD Research and Consultancy to conduct research into care leavers' experience of violence and exploitation, and the risk and protective factors associated with them. This highlighted that care leavers were more vulnerable than the general population to violence and exploitation due to their earlier life experiences, both prior to and during their time in care. This could be supported by increased 'staying put' arrangements for young adults post 18 to encourage the presence of a consistent care giver along with increased education around independent living skills and healthy relationships. A number of recommendations were also made within the West Yorkshire context, including making care experience a protected characteristic, which are currently being worked through by the wider partnership.

Housing and homelessness

The sufficient supply of appropriate, good quality, affordable housing is essential in enabling people to access education and employment opportunities, suitable healthcare, and social support. Safe and stable accommodation can also reduce the likelihood of committing a serious violence offence, rates of recidivism and the exacerbation of other vulnerabilities.

This section will explore how housing is a social determinant of health and as discussed previously, health inequalities and inequities influence the risk of experiencing or perpetrating violence.

Cost of living

The housing crisis can often be overlooked when discussing the ongoing cost-of-living crisis despite housing being the highest living cost. Currently, the likelihood of social security and financial resilience of families are low. This is worsened for families from Black or Ethnic Minority backgrounds as they tend to be younger and in larger households, meaning their cost of living is higher (Tims & Caddick, 2022). As a result, families can face risk of homelessness through insecure tenure and/or financial difficulties.

ONS data (2023) suggests that 38% of adults are finding it difficult to afford their rent or mortgage payments with the proportion of failed mortgage payments because of insufficient funds being three times higher in July 2023 than in June 2020. This is supported by analysis by Policy in Practice (2022) which inferred that 57% of low-income households are overburdened by their rent meaning they spend more than 30% of their income on housing costs. This ranged from 31% for council and housing association tenants to 42% for private tenants.

When it comes to private renting there are a lack of tenancies covered by the Local Housing Allowance (LHA). LHA is a means-tested benefits which private renters can claim in housing support. However, there is a shortfall as the cost of private renting is higher than LHA meaning households have to cover this cost through other means. It is estimated that the average LHA shortfall for impacted households is roughly

Table 3
Average prices for a terraced property (2023)

	Average price for a terraced property	
	June 2023	**% difference from June 2018**
Bradford	£137,000	25
Calderdale	£154,000	28
Kirklees	£151,000	28
Leeds	£192,000	30
Wakefield	£153,000	35

£151 a month, equating to over £1,800 per year. Fluctuations in energy prices may continue to inflate existing shortfalls causing further financial destitution (Policy in Practice, 2022).

West Yorkshire has witnessed the rising price of homeownership with the following table showing the 2023 average price for a terraced property in each of West Yorkshire's five districts with percentage change since June 2018. (ONS, 2023).

As demonstrated, Wakefield has seen the largest percentage increase but all prices within the five districts have increased significantly. Rising house prices, deposit requirements and interest fluctuations alongside rising utilities and food prices, means more families are needing to find homes within the renting sector.

Renting sector

There are increasing numbers of households in insecure housing situations due to rent arrears and this is projected to increase further. Data from the Index of Private Housing Rental Prices showed that private rental prices paid by tenants in the UK rose by 6.2% in the 12 months to January 2024. This is the joint

largest annual percentage change since this data was first collected in January 2016. The September 2024 The Royal Institution of Chartered Surveyors (RICS) Residential Survey results show that in the lettings market, tenant demand continues to rise and also noted that the imbalance between supply and demand is still expected to drive rental prices higher over the coming months.

The perceived risk of being made homeless is higher in private rented accommodation than in social housing. Landlords and letting agents can perform affordability checks as part of selection processes, including having several months' rent in advance. This practice impacts those who receive benefits, families, single parents, black households, Bangladeshi households and people with disabilities the most (Shelter, 2023). The proposed Renters Reform Bill (September 2024) aims to remove these checks and any other loopholes in which landlord exploit regarding unfair evictions and implement robust renter protections. However, at present these checks continue to put households in precarious and unstable housing positions.

There has been a sustained decline in social housing availability and recent Shelter (2023) research suggests there is a need to build at least 90,000 social homes a year to end the housing emergency and only 6,000 were built last year. Black and Bangladeshi people are significantly over-represented among social renters and are more likely to face low food security.

Research infers there to a 'shadow' private rented sector where landlord fraud, letting property not designed as residential accommodation, threatening behaviour and violent illegal eviction are commonplace. There is ongoing research to further explore these activities in Yorkshire and the Humber which is due to finish in March 2025 (please see: UKRI for further details).

Cuckooing

Being able to manage and control who enters a property can increase an individual's risk of violence and exploitation. An example of this is cuckooing whereby people take over a person's home and use the property to facilitate exploitation (West Yorkshire Police, 2024). The property can then be used to live in, store or deal drugs and weapons or facilitate sex work.

False pretences, befriending, 'reciprocal renting' agreements, sexual relationships and drug debts can be used to enter an individual's property. Some factors may heighten an individual's risk of cuckooing such as having a drug or alcohol dependency, having a physical or learning disability, facing financial difficulties or a history of being in care (Leicester Safeguarding Adults Board, n.d). Some victims may receive benefits for their 'cooperation' including the supply of drugs or money. Despite this, they are still likely to be subjected to serious threats, coercion, physical and psychological violence, and intimidation once perpetrators have gained access to their property (Bainbridge and Loughery, 2024).

Cuckooing is a predatory practice, that often starts with adult grooming, which exploits victims both physically and psychologically, as victims can be threatened, leading them to become isolated and imprisoned in their homes. Victims have reported moving out of their own homes to sleep on the streets in attempts to escape their invaded home (Spicer et al, 2020). This can heighten their risk of violence and exploitation.

Overcrowding

The likelihood of a property being overcrowded is influenced by a range of factors, including tenure type and ethnicity. Overcrowding has been associated with increased familial arguing, fighting and negatively affected relationships (National Housing Federation, 2020; Humankind 2023). It is estimated that only 1% of owner-occupied properties are overcrowded compared to 7% and 9% of private-rented and socially rented properties respectively (English Housing Survey, 2023). Overcrowding and intergenerational living can increase exposure to and experience of domestic abuse and so called 'honour' based abuse (Blum et al, 2016).

Evidence has often associated overcrowding with higher levels of poverty with Black and Ethnic minority communities being disproportionately impacted by both (Addison et al, 2022). Multi-generational living arrangements, the shortage of large social houses suitable for families and clustering in lower income areas have also been attributed to overcrowding. Therefore, it is important to consider traditional preferences for household arrangements and social housing availability when reviewing occupancy figures.

Bangladeshi households had higher rates of overcrowding (24%) followed by Pakistani (18%), Black African (16%), Arab (15%) and Mixed White and Black African (14%) ethnic groups, compared to 2% for White British households (English Housing Survey, 2020; Rogaly et al, 2021, Catney & Simpson, 2014). DeVerteuil (2011) also found overcrowding in relation to fear as Bangladeshi immigrants in London lived in overcrowded housing to avoid homelessness and racist attacks, especially when they first arrived in the UK. Overcrowding in some instances can be viewed as a form of hidden homelessness.

Homelessness

Homelessness includes but is "not limited to people who are sleeping rough, those staying in temporary accommodation, with friends and relatives, in unconventional structures, in severely overcrowded accommodation, or those who are threatened with losing their permanent home" (ONS, 2023). Research led by Heriot Watt University (2021) estimated that 227,000 households on any given night in Britian were experiencing core homelessness in 2021 and this figure is projected to rise above 300,000 in 2023 (Crisis, 2022).

There is a perceived hierarchy of extremity associated with homelessness with rough sleeping being seen as the most visible form. There are transitional experiences of homelessness yet an individual's journey through homelessness is rarely seen. This is despite many people experiencing several forms of homelessness which can often be interspersed. Other forms of homelessness can include residing in non-permanent or non-standard structures including derelict structures, outbuildings, sheds, tents and cars.

Temporary housing can include a room in a shared private house, private, council or housing association property or a hostel, refuge or other housing with support. Rough sleepers and those in temporary accommodation are subject to elevated levels of violence with DePaul (2017) reporting that 28% of homeless people had experienced physical harm whilst homeless or in temporary accommodation with an additional 19% of women and 5% of men having experienced sexual assault whilst in temporary accommodation. Research suggests that many homeless households owed a duty to be housed by local authorities are female-led or include women caring for children, who may be living for long periods in temporary accommodation and subject to risk of violence for prolonged periods.

Those who have experienced intimate partner violence have an increased likelihood of experiencing housing insecurity or homelessness than those who have not experienced intimate partner violence (Klein et al, 2019; Goodman-Williams et al, 2023). Women experiencing domestic abuse are more likely to excluded from their property compared to perpetrators, which in turn can increase their risk of violence. The Homelessness Code of Guidance acknowledges that in some situations, a perpetrator of violence might themselves become homeless and this was evidenced in Humankind's (2023) research, commissioned by the VRP, which reported that almost a fifth of their survey sample had lost their accommodation due to violent behaviour.

Rough sleeping is harmful and dangerous with Groundswell's 2020 report 'Women Homelessness & Health' identifying that over a third of homeless women interviewed stated that 'physical or sexual abuse was currently affecting their daily life'. Similar findings were evidenced by Crisis, the national homelessness charity, who reported that people sleeping on the street are almost 17 times more likely to have been victims of violence with more than a third of people sleeping rough being deliberately hit, kicked or experiencing another form of violence whilst homeless.

Research suggests that women experience homelessness differently to men. Women will often choose invisibility strategies to prevent sleeping rough such as spending time in 24-hour service such as supermarkets, ride buses instead of being static or choose to sleep out of sight (Reeve, 2018). If they are unable to do this, women may stay in precarious and unsafe accommodation as an alternative which can increase their risk of serious violence.

People with physical disabilities and health conditions have been identified as being at much greater risk of homelessness (Stone & Wertans, 2023). There are barriers to receiving support and escaping homelessness such as facing difficulties getting a diagnosis, unsuitable environments, and a shortage of accessible housing. This is coupled with structural and geographical inequalities as it is suggested there is a postcode lottery of effective support and a need to improve housing in conjunction with wider support. In addition, factors associated with homelessness, including exposure, increased vulnerability to abuse, substance use, and deterioration of mental health conditions can lead to the onset of disability (Stone & Wertans, 2023).

"Hidden" homelessness

"Hidden" homelessness encompasses a wide range of experiences and situations. As such, there are various definitions used to describe hidden homelessness, many of which attempt to capture the transiency of this form of homelessness. However, without a standardised definition, hidden homelessness can be subjectively interpreted meaning practice and understanding is inconsistently applied and individuals needs remain unsupported and unmet.

For the purpose of this document, "hidden" homelessness refers to people who may be considered homeless but their housing situation is not visible on the "street" or in official statistics (ONS, 2023). This can include, but is not limited to, temporary living, squatting, rough sleeping out of sight or "sofa-surfing[1]. All of which have no robust measures meaning "hidden" homelessness goes largely unreported and undocumented which consequently means that individuals are underrepresented and the scale of "hidden" homelessness cannot be currently estimated. For example, squatting is often a last resort to rough sleeping for many, however, there is limited current data available on squatting with previous estimates being in 2011. Where substitute data is available, findings from the English Housing Survey (EHS) reported that from 2019 to 2021, there were 538,000

households that had someone staying with them who would have otherwise been homeless, of these 63.6% were male and 36.4% were female.

Women, young people and ethnic minority groups are more likely to experience "hidden" homelessness than others and there are numerous and often complex reasons why people are or remain "hidden homeless". Previous experiences and perceptions of temporary accommodation or shelters can deter people from seeking assistance. Similarly, previous attempts to approach local authorities or agencies for housing assistance may have not been deemed appropriate or met their needs. Individuals may not identify as being homeless and therefore not in need of support. Retief & Lodi (2020) describe how sofa surfing can be a more viable option for some Black, Asian and Ethnic Minority groups than approaching local authorities or social landlords due to institutional racism coupled with the complexities of Universal Credit and social housing processes.

Experiences of children and young adults

For the year 2020/21, Centrepoint estimated that almost 122,000 people aged 16-24 years in the UK approached their council for help as they were homeless or at risk. Of which, an estimated 49% were at risk of homelessness as their family were no longer willing or able to accommodate them. In the same year, there was an increase in those at risk of homelessness due to domestic abuse, the majority of whom were young women (9.3%) (Centrepoint, 2022). Data suggests that one third of those approaching local authorities are not being assessed leaving not only their housing needs unmet but potentially others. Whilst experiencing homelessness or housing insecurity, mental health issues can be exacerbated and pre-existing substance dependency can be heightened. Being homeless can compound these factors making it more difficult for children and young adults to access appropriate and safe accommodation.

Due to the current funding mode, young adults in supported accommodation can be financially deterred from moving into employment. Universal Credit can be decreased if an individual works enough hours meaning their Housing Benefit is then also subject to tapering based on their earning. This can mean individuals become liable for paying their rent despite the high costs associated with supported living and the intensive housing management. Young adults in supported accommodation may have pre-existing health needs, experienced homelessness,

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1 "Sofa-surfing" refers to temporarily staying with various friends and relatives while attempting to find permanent accommodation.

been a victim of violence and/or domestic abuse or be a care leaver. Individuals may also be in lower paid roles or on fixed/zero hour contracts making paying their rent without housing benefit difficult (YMCA, 2023). This can place young people in precarious housing circumstances, and it may contribute to economic inactivity and negative mental health.

In regards to the younger homeless population, LGTBQIA+ people make up 24% however this is largely unreported along with their needs and the specific barriers they face (National Housing Federation, 2023). LGBT+ children and young adults are more likely to be the targets of violence and sexual exploitation than non-LGBT+ homeless children and young adults. Additionally, an estimated 20% of young women experienced sexual assault once or more while they were homeless (Action for Children, 2023).

Facing housing insecurity and homelessness are traumatic experiences and can have several adverse effects. Mental health issues can be both a cause and consequence of homelessness with anxiousness, depression and feelings of stress being reported as higher in homeless younger individuals compared to the general population (Crisis, n.d; Centrepoint, 2021). Without stability, a child or young adult's ability to access or sustain education and employment opportunities is reduced. Homeless young people have also reported constantly moving throughout the night as sleeping during the day is considered safer as they are in a constant state of apprehension (Action for Children, 2023). This can limit their ability to attend or concentrate in school and may lead to them falling behind or being absent. Both of which can cause social isolation from peers. The stresses and exhaustion faced by homeless children and young adults can increase the likelihood of risk taking or criminal behaviour to secure accommodation.

Experiences of care leavers

Safe and secure housing is critical for children leaving care, however, care leavers as a group of young people are characterised by high rates of housing instability and homelessness (Courtney et al., 2011; Perez & Romo, 2011). This can have several consequences as experiencing numerous placements within short periods can lead to feelings of displacement and anxiousness.

The Independent review of children's social care identified there are unregulated accommodation, particularly for independent and semi-independent homes. Local authorities are required under section 2 of the Children and Social Work Act 2017 to publish a local offer, which sets out the services and the

support available for care leavers, one domain being accommodation. Care leavers face being housed in areas of high crime rates or out of area meaning they become alienated from support or employment networks leaving them vulnerable to exposure of other risk factors for serious violence and exploitation.

Young adults are forced to become responsible overnight. However, when accommodation has been secured there are concerns from professionals regarding the ability of care leavers to live independently and the loneliness and responsibilities that comes with living alone.

A further, more in-depth of the experiences of serious violence of care leavers can be found in the Care Experience section of this document.

Experiences of Black and minoritised communities

Racial inequality, homelessness, and housing precarity can intersect. The relative risks of homelessness can vary between ethnic communities and different forms of homelessness. Black, Asian and Ethnic Minority communities experience disproportionate levels of homelessness in the UK (Bramley et al, 2022). Black people are three and a half times as likely to experience statutory homelessness than White British people. The term statutory homelessness refers to applying and/or being accepted as homeless by a local authority.

Race, ethnicity and discrimination-related factors can increase the chances of having to rent a property rather than own which in turn can increase exposure to homelessness. It is pertinent to examine the housing situation of particular ethnic groups, unfortunately this is not within the scope of this document.

Housing systems can inadvertently discriminate through the expectation that housing rights and housing systems are known and understood (Kowalewska, 2018). Additionally. the 'No Recourse to Public Funds' (NRPFs) condition, introduced in the Immigration and Asylum Act 1999, prevents immigrants on spousal visas from claiming most benefits and housing assistance within two years of arriving in the UK. This can pose significant challenges and support is often only provided by charities and NGO's.

In England, Bramley et al (2022) found that Asian people experience lower rates of both statutory homelessness and the most extreme forms of homelessness, such as rough sleeping or unsuitable temporary accommodation than Black people, and lower rates than White British people on some measures. However, Asian people are at a highly disproportionate risk of more hidden aspects of

homelessness, such as overcrowding as mentioned previously. Bramley (2022) also suggests that Pakistani and Bangladeshi households face greater risks of homelessness, as well as overcrowding, than Indian and other groups, a contributing factor is the affordability of appropriate homes.

In their 2024 report 'Not Safe Here', Rape Crisis and Imkaan explored how the asylum system compounds existing trauma experienced by women who have previously endured sexual violence and abuse. Women who participated reported that the accommodation they were provided with contained dangerous mould and infestations of cockroaches and bedbugs. This accommodation was often mixed-sex with women and children having to share communal areas, and sometimes bedrooms. Unsurprisingly, women lived in fear due to harassment and violence from other residents and staff members, especially as those working in asylum accommodation reportedly did not appropriately handle complaints of misconduct, including sexual violence and abuse of asylum-seeking women.

Influence of gender

There are several housing challenges experienced by women especially by those who are primary caregivers, leaving prison, or have complex needs. These will be briefly discussed but a more nuanced analysis of how gender is an influential factor in serious violence perpetration and victimisation can be found in the Gender section of this document.

There is significant overlap between gender, mental health, experiences of homelessness and alcohol use. These are often caused and exacerbated by experiences of trauma. National studies show that the majority of women sleeping rough are survivors of domestic and sexual abuse and are at disproportionate risk of further violence and exploitation by male partners, acquaintances and members of the public while sleeping rough (Ava & Agenda, 2021).

Prison leavers

Short prison sentences can disrupt housing stability or result in women losing their accommodation and then they can face difficulties securing housing assessments prior to release. This is partly because of the locations of the women's prison estate as women tend to be imprisoned further away from home. For women on remand, the unpredictability of release dates can make it difficult to plan accommodation post release.

As part of the Homelessness Reduction Act 2017 a 'duty to refer' applies to prisons and probation services, requiring them to notify local authorities of anyone at risk of homelessness on release from

prison. In addition, ensuring people leaving prison have safe and suitable accommodation depends on key agencies working effectively together within a complex framework and challenging set of circumstances (MOPAC, 2022). If women do not meet the requirements held by local authorities, women may be placed in precarious and dangerous housing situations, which can be unsupported, mixed gendered and inaccessible (Solace Women's Aid, 2022)

Women leaving prison with no recourse to public funds face additional barriers to finding safe and suitable accommodation. Local authorities have a responsibility and legal duties to support but delays may lead to solicitor costs, avoidable childcare arrangements and longer than necessary waits in prison (Prison Reform Trust, 2018).

Several support needs should be considered when women leave prison. Women in contact with the criminal justice system are more likely to have experienced violence which may have contributed to their offending and generate further needs. Insecure or unsuitable housing can be a barrier to women having care of or contact with their children. Not only does this impact the mother but this can have significant impacts on their children. Further exploration of how children can be impacted by having a parent in the criminal justice system is examined in this section.

Domestic abuse and so-called honour-based abuse

"A person is homeless if it is not reasonable to continue to occupy their accommodation because of the probability of violence or domestic abuse" (Shelter, 2023). As part of the Domestic Abuse Act 2021 and subsequent Safe Accommodation Duty, a duty was placed on Tier 1 local authorities in England to provide accommodation-based support to victims of domestic abuse and their children (DLUHC, 2023; CPS, 2023)

Unaffordable housing and lack of security can also escalate the incidence of violence. The cost of living crisis has already increased the likelihood of women experiencing domestic abuse with concerns about financial hardship as a tool for coercive control, including to justify further restricting their access to money (Women's Aid, 2022). This is coupled with the lower levels of savings and wealth experienced by women compared to men, with women also being more likely to be in debt and having more hours of unpaid work (Women's Budget Group, 2018).

So called honour-based abuse (HBA) is described as a collection of practices, which are used to control behaviour within families or other social groups to protect perceived cultural and religious beliefs and/or "honour" (HMICFRS, 2022) This abuse occurs

when perpetrators believe that a family member has 'shamed' the family or community. HBA is not related to any specific 'culture', 'tradition', or 'religion', but can occur within any community and is likely to involve behaviours specified in the statutory definition of domestic abuse. These offences are commonly committed in a home environment meaning victims feel unsafe and threatened in their own home.

Women on spousal visa and without access to public funds were reportedly being turned away from refuges during the COVID-19 pandemic leaving them limited options other than remaining with violent perpetrators or sleeping rough (Women's Aid 2020; Safety4Sisters, 2020). Women experiencing so called HBA have been previously turned away from refuges due to overcrowding and financial implications (Dyer, 2015). There are concessions for victims of domestic abuse without accessing to public funds, such as applying for settlement under the Domestic Violence Rule, however this process can take weeks and often requires language and communication support from organisations.

Women affected by domestic abuse feel less able to leave abusive partners because of concerns about their ability to afford livings costs. Women may also feel additional pressures of securing their children's safety. As a result, the ongoing cost of living crisis has increased barriers for women leaving abusive relationships and has led to an increase in demand for domestic abuse refuge. Hestia, a domestic abuse charity supporting women and children in London reported an increase in demand of 30% for domestic abuse refuge spaces and support in the first quarter of 2022. Analysis conducted by the Centre for Research in Social Policy at Loughborough University (2022) showed an increase of £5000 in rehoming a single mum with two children.

"Sex for rent"

"Sex for rent" is an exploitative practice which refers to a situation where someone is asked for payment for housing costs in the form of sexual favours. Housing is used as a vehicle for sexual harassment against women, for instance when entering a new tenancy, the offer of free accommodation, reduced rent or removal of rent arrears (Shelter Scotland, 2018). "Sex for rent" 'arrangements' can be posted as classified online adverts using veiled and euphemistic language on websites such as Craigslist and Gumtree (BBC News, 2017; The Independent, 2017).

At present there is limited data and evidence on the extent of "sex for rent" practices. However, it is likely that the current cost of living crisis, housing crisis and shortfalls in the housing system will increase the prevalence of sex for rent due to financial limitations in an increasingly pressured rental market.

This practice exploits the housing crisis and those most vulnerable (Shelter, 2016). Women are entering an arrangement in which they have no control and are viewed as a resource. These exploitative arrangements, which are based on equal power dynamics target those who believe they have no other choice in fear of becoming or remaining homeless. Further exploration of sex for rent is required, especially in regards to how poverty and gender inequality influence the prevalence of such arrangements (Waugh, 2024).

There has only been one prosecution under current legislation. Under current legislation, it is an offence under any of the provisions of the Sexual Offences Act 2003—

· section 52 (causing or inciting prostitution[2] for gain);
· section 53 (controlling prostitution for gain).

The role of housing as a social determinant is well-established. Safe and secure housing can provide stability for education, employment and social support. Inversely, without secure housing individuals are vulnerable to experiences of violence and exploitation. Housing can be seen as a central factor in health, relationships and socioeconomic status. For further insight into the extent to which housing is an influential factor for serious violence perpetration and victimisation, it is recommended to read the VRP's 2023 exploratory housing research completed by Humankind.

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2 The term 'prostitution' has been used as the legal guidance it was extracted from uses this term. The VRP recognises the stigmatising and insensitivity of this term.

Education

Engagement in full time, quality education is a strong protective factor against the risk of a young person becoming involved in serious violence (Crest, 2021). This meaningful engagement with education must start and be maintained from an early age, with parents and care givers demonstrating an active interest in their child's education and social relationships and children feeling connected to their schools.

Numerous national reports (MoJ, 2018; Timpson, 2019; Crest, 2021) cite exclusion from mainstream school as a trigger point for children becoming at risk of serious harm and studies have provided evidence that those who are disengaged from education are more likely to be a victim or perpetrator of crime (MoJ, 2012; MoJ, 2016).

Attendance and Absence

Persistent absenteeism has increased significantly across the UK following the COVID-19 pandemic in both primary and secondary settings, with the reasons for these rising absences still being largely unknown (DFE, 2023; Eyles et al, 2023, Hunt, 2023).

The factors that are having an impact on school attendance and absenteeism have begun to be explored. A contemporary study has shown that school belonging and membership has been found to be a key driver of attendance. This finding may be of note for female pupils in particular, who were found to feel less strongly connected to the school community, as well as less safe. The same report also drew attention to the emerging challenge of a 'second transition' from Year 7 to 8, with this being particularly pronounced for Pupil Premium pupils with SEND. Further to this, female pupils who were eligible for Pupil Premium and had a special educational need were particularly likely to have low attendance, demonstrating the importance of not examining these demographic factors in isolation. Awareness of sanctions and consequences was not found to be strongly linked to improved attendance and rather an understanding of the importance of school and developing positive relationships with peers and teacher was more strongly linked with attendance (ImpactEd, 2024).

The relationship between being absent from school and violence is complex, but evident in data. Analysis in 2016 found that 90% of children sentenced to custody had a previous record of being persistently absent from school, and of the adult prison population, 59% reported that they regularly truanted from school (MoJ, 2012; MoJ, 2016).

When in school, children are kept off the street and protected from environmental risks associated with offending and victimisation such as unstable homes and negative community influences (Crest 2021, CSJ 2022, YEF, 2022). Exclusion from school in particular can lead to long periods out of the education system, which can lead to those children becoming bored and unsupervised at home, leaving them vulnerable to exploitation by peers who may be involved in crime (Children's Society, 2020, APPG, 2019).

Schools also play a crucial role in safeguarding. On a statutory level this is part of their duty to promote the wellbeing of every child. In a more practical sense, schools can help identify vulnerable children who may be involved in, or at risk of being involved in, criminal and sexual exploitation. In doing this, they are able to direct children towards relevant interventions and services – often also providing a safe space to engage with those services (Crest, 2021; DFE, 2022). Schools are consistently the second largest referrers to social care, after the police, with the numbers of referrals increasing year on year (Children's Commissioner 2022). Thus, those who are persistently absent from school may not be referred to or receive support to address the underlying issues that may have even contributed to their exclusion.

Achievement

Absenteeism also can have detrimental impacts on children's school achievement (Klein et al, 2022; Drager et al, 2023; Smerillo et al, 2018). Generally, the higher the percentage of sessions missed across the key stage at KS2 and KS4, the lower the level of attainment at the end of the key stage (DFE, 2022).

Difficulties related to achievement can feasibly impact on future prospects after formal education, meaning the negative effects of school absences persist beyond schooling into adulthood, impacting on their participation in the labour market (Drager et al, 2023). For example, when looking at the NEET cohort for the year, those who had been absent for over 10% of KS4 were vastly over-represented when compared to the entire cohort (DFE, 2018). A child having a difficult time in school can be pushed further into crime and violence if they are also lacking a hopeful vision for the future, turning to crime as the only alternative route to succeed (Crest, 2021). Further information in relation to the links between employment and violence are discussed in the NEET section.

Exclusions

While there is limited evidence of a causal relationship between exclusions, suspensions and violence, there certainly is a correlation (Timpson, 2019). One study found that 63% of prisoners stated that they had been temporarily excluded while at school, and 42% were permanently excluded (Williams et al, 2012). A further study to understand the educational background of 'young offenders' found that of those children who were recorded as being 16 or 17 years old on their sentence data, 23% of those sentenced to less than 12 months in custody had been permanently excluded from school prior to their 2014 sentence date. For those sentenced to 12 months or longer in custody, 16% had a previous record of being excluded from school prior to sentencing (MoJ, 2016). Research from Ofsted also investigated the role exclusions play in knife crime in violence involving children and young people, finding that children who are excluded from school are twice as likely to carry a knife (Ofsted, 2018).

As noted, there has historically been an absence of evidence to determine whether the relationship between exclusions and violence is causal. A recent report undertaken by the Behavioural Insights Team, seeking to address this knowledge gap, provided some evidence that suggests that school exclusions have a casual impact on children and young people in custody (BIT, 2023). Specifically, the report calculated that receiving a permanent exclusion increased the probability of custody by 33 percentage points and being suspended increased the probability by 1.3 percentage points. These are sizeable increases when considering the custody rate of 0.1% among all pupils. The report also found that attending a school that converts to an academy in Year 10, the year when pupils are most likely to be excluded, increases the probability of receiving a suspension or permanent exclusion by 3 percentage points, which aligns with the understanding that academies enforce stricter discipline policies and make greater use of suspensions.

Self-esteem from achievement in classes, but also from the feeling of inclusion and community that schools can foster are powerful protective factors against violence and exploitation. The inverse of this relationship is when poor educational inclusion leads to the erosion of a young person's self-worth. (Crest, 2021).

Children who have been excluded have cited the damaging impact exclusion has on wellbeing, particularly on their self-esteem, confidence, feelings of being valued and cared for and the impact on relationships with peers, teachers and at home (Children's Society, 2020). It can also alter the identity of a child, with them getting labelled as a 'troublemaker' and once labelled, it can be difficult to then re-define their identity (Arnez and Condry, 2021). Parents interviewed in West Yorkshire felt that once children receive this label, schools actively look for reasons to exclude them (Rocket Science, 2023).

The relationship between mental health and exclusion from education is twofold; exclusion from education can be detrimental on the mental health of a child, and having existing mental health difficulties can increase absenteeism from school (Rainer et al, 2023, Headstart, 2019, Obsuth et al, 2022).

One study found that children who were subsequently excluded from school would often face family adversity and had poor mental health (Tejerina-Arreal et al; 2020). An inquiry that looked into the impact of school behavioural policies on children identified how these could impact their mental wellbeing, leaving them feeling worthless, invisible and disappointed in themselves. Furthermore, where a child may have already been experiencing mental health difficulties, these were further exacerbated by these policies and in some cases could lead to self-harm and experiencing suicidal thoughts (Rainer et al, 2023).

Being in Alternative Provision (AP) or a Pupil Referral Unit (PRU) can also increase direct exposure to drugs, violence and criminal behaviour, with professionals referring to the 'PRU to prison pipeline'. Being in an AP or PRU can mean grouping together a number of very vulnerable pupils and the risk that disagreements between pupils can escalate into serious conflict is high. Some catchment areas for alternative providers can also cross street gang boundaries – grouping young people together from areas where conflict is more likely (APPG, 2019). Examples provided in research by the APPG found that professionals felt that gangs were aware of how exclusion would increase a young person's vulnerability, making it easier to be exploited into criminal activity.

The perdurable negative impacts of exclusions and suspensions that occur in primary school have been revealed through research that has followed children from reception to taking their GCSEs. Of those children excluded at primary school, 90% did not pass GCSE English and maths. By year 10, 64%

of excluded children are persistently absent and 69% of those excluded in primary school received at least one suspension in secondary school. Comparitvely, these percentages stand at 16% and 14% respectively for those who haven't been suspended or excuded in primary school (Chance UK, 2024).

Vulnerable and Disadvantaged Learners

Some cohorts of children are disproportionly affected around exclusions, absenteeism and achievement. In West Yorkshire, and nationally, pupils eligible for free school meals (FSM) and those with Special Education Needs (SEN) are disproportionately excluded and suspended (DFE, 2024). Factors at the family level also impact school attendance, with 39% of pupils identified as young carers being absent from school and children with short-term social worker involvement experienced higher rates of absence, exclusion and being classified as children missing education (CME). Families on low incomes may also face challenges due to the cost of living crisis, limiting their ability to provide essentials like food and transport to school (Child of the North, 2024) Those from a Gypsy, Roma background are also disproportionly excluded and suspended (DFE, 2024).

Leaders of special schools said that attendance had been a particular challenge for them in the aftermath of COVID, particularly among those pupils with complex health needs (Ofsted, 2022). Further to this, pupils with mental health and neurodiverse conditions, or who self-harm diagnosed and recorded before the age of 24 are much more likely to miss school than their peers. If this absence leads to social isolation and poorer academic performance, this could then exacerbate mental health and attendance issues (John et al, 2021, Headstart, 2019).

Literature has explored why students with neurodiverse conditions are more likely to be excluded from education. Autistic students are more likely to have anxiety and demonstrate aggressive behaviour, putting them at greater risk of exclusion (OECD, 2017). Neurodivergent students may also self-exclude from school due to reluctance, with a study finding 53% of students with autism and ADHD refused to go to school at some point, with 68% of these students citing bullying as a reason for non-attendance (McClemont et al., 2021). The lack of control over the environment and unstructured time, such as breaks, sometimes means the needs of a neurodivergent pupil may not be met, which can lead to anxiety, frustration or sensory overload which can result in disruptive behaviour and subsequent suspension or exclusion (Arnez and Condry, 2021; Autism Education Trust; Rocket Science, 2023).

Research commissioned by the VRP looking at school absence, exclusion and special educational needs and/

or neurodiversity identified transitions as a key area of need. Neurodivergent children who took part in the research highlighted that moving between primary and secondary school could be challenging, due to the change in environment and routine. Parents and carers also noted that difficult transitions were caused as a result of exclusions and suspensions, especially when a child is required to move between mainstream education and alternative provision. Returning to the school and classroom environment after a period of absence could also be challenging for children (Rocket Science, 2023).

With regards to attainment, 2023s summer exam results have again revealed educational inequalities and a widening attainment gap between students from higher and lower socio-economic groups, with an increasing divide between the North and the South (Bridge Group, 2023). Furthermore, according to the Education Policy Institute, the gap in attainment between disadvantaged pupils and their non-disadvantaged peers is at its widest for primary and secondary school pupils since 2011 (Education Policy Institute, 2024).

Elective Home Education

Elective home education (EHE) is not, in itself, a risk factor for abuse or neglect, and there is nothing to suggest children who are educated at home experience a higher incidence of abuse or neglect than the wider population of children. However, case reviews have highlighted safeguarding risks to children who were electively home educated as a factor in their abuse and neglect and those in home education have reduced access to services available via school, as well as safeguarding support provided by teachers and staff, which is significant (Torbay, 2022). Analysis of rapid reviews featuring children who were educated at home that were referred to the Child Safeguarding Practice Review Panel between August 2020 and October 2021 reitierates this, highlighting some of the harms that may be associated with a child not having everyday access that is provided by schools outside their home and family. Several children experienced various types of harm, including physical neglect, physical abuse, sexual abuse and malnourishment through restriction to food (Child Safeguarding Practice Review Panel, 2024).

Over the last few years, there has been a rise in EHE, which was further exaggerated by the COVID-19 pandemic. The Education Committee highlighted concerns around the lack of powers for local authorities and clarity on 'suitable' education and a shortage of data on outcomes (Education Committee, 2021). This ultimately led on to a consultation and confirmation of plans to establish a 'statutory register' for children outside of school to support local authorities to make sure they know where every child is being educated, that it is of the right quality, and that support is offered to home educating families.

Not in education, employment or training

NEET[1]

Between April and June 2024, an estimated 12.2% children and young adults aged 16-24 were not in education, employment, or training (NEET). An estimated 13.5% of men, an increase on the previous year, and 10.8% of women were NEET in this time period.

Government data for 2022 highlighted that over a quarter (25.6%) of 16–24-year-olds were inactive due to being 'long term or temporarily sick', and the main reason for inactivity was 'other', which can include those waiting for education or employment to commence or not waiting to participate.

Being NEET is related to both mental and physical health conditions, although causation is unknown. 1 in 5 (20.3%) of those NEET currently have a mental health condition, including anxiety, depression, phobia or other nervous disorders, and this is two and a half times the rate recorded in 2012. 16–24-year-olds with learning difficulties account for 8.2% of the NEET population compared to 3.7% of the general 16-24 population. As discussed earlier, the relationship between mental health and violence is complex, with some evidence suggesting that those with mental health problems are four times more likely to be victims of violence than those not experiencing mental health difficulties.

The protective nature of employment or education has been well evidenced with the Public Health Approach to reducing violence identifying high unemployment as a risk factor.

Research shows that the path to being NEET is "often complex and formed of multiple personal and social issues" (Welsh Local Government Association, 2008) and many of these overlap with the risk factors for violence, including poor housing, health, drug and alcohol dependency, special educational needs, bullying, caring responsibilities, domestic abuse,

peer pressure, gang culture or a cultural context which doesn't value learning (Gracey & Kelly, 2010). For example, by the age of 21, those who spend time NEET are more likely to be unemployed, receive lower wages, have a criminal record, report lower levels of life satisfaction, and suffer health problems (Richmond & Regan, 2022). In addition, research by SafeLives found that 59% of young adults who misused substances were not in education, employment, or training.

Whilst causality is difficult to establish, evidence indicates that a lack of employment or education increases the chance of becoming involved in criminal activity. Public Health England data shows that young men who are NEET are five times more likely to have a criminal record than their peers.

VRP-funded research investigating the root causes of serious violence in West Yorkshire discussed the potential impact of being NEET for young people. The research showed that feeling inadequate at school could be the beginning of people becoming involved in violent crime. There is also a relationship between school exclusions (discussed previously) and previously being NEET with 35% of excluded students who finish education in alternative provision going on to become NEET. The importance of providing alternative routes to success and raising aspirations of those at risk of becoming NEET to provide them with opportunities other than crime was highlighted.

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1 West Yorkshire data can be found here

Employment

Unemployment and crime[1]

The correlation between unemployment and violence has been well established (see Anderberg et al 2013; Balotra et al 2021; Nordin & Almen 2017). In the UK Government's Indices of Deprivation 2019, unemployment is combined with income deprivation. Income deprivation is strongly associated with increased risk of violence, as outlined in the earlier in this document.

There are high levels of unemployment evident in perpetrators of violent crime in West Yorkshire, with 50% of all offenders with a recorded occupation as unemployed. For female offenders this rate is higher at 53%. For offenders aged 25 and over, rates of unemployment increase to 54% overall and 60% for female offenders.

Studies have shown that serious violent crime shares similar risk factors as other types of crime, unemployment being one influential factor. McVie (2010) found that in Edinburgh gang members were more likely than non-gang members to be living in families where the head of the household was in manual employment or unemployed. Children and young adults within these families had more than twice the odds of being involved in a gang at the age of 13 than children and young adults from more affluent family backgrounds.

In particular, long-term unemployment is strongly associated with violent crime, and this could be explained by feelings of anger, strain, and alienation which foster violence (Nordin & Almén, 2016).

Unemployment has been linked to harmful outcomes including mental health, substance misuse and intimate partner violence (Capaldi et al., 2012). The negative impacts of unemployment can be further exacerbated during economic crisis, such as the COVID-19 pandemic. These negative impacts can perpetuate a vicious cycle whereby experiences of domestic abuse can then inhibit the ability to work meaning unemployment continues as do the harmful impacts it can have (Judd et al., 2023). For example, women in abusive relationships frequently lose their jobs, experience high job turnover, are forced to quit or are fired and this lack of stable employment persisted throughout their lives (Crowne et al., 2011).

Furthermore, parental unemployment can impact upon children with evidence showing that children who grow up with parental unemployment can be at increased risk of adverse childhood experiences. Parental unemployment has been associated with a 29% increased risk of sexual abuse, 54% increased risk of neglect, and 60% increased risk of physical abuse. As discussed earlier, experiences of trauma and adverse experiences have been associated with violent and criminal behaviour (Judd et al., 2023). The negative impacts of unemployment can be exacerbated in times of economic crisis, and the recent COVID-19 pandemic is an example of the impact financial insecurity can have on children (Cattan et al., 2023). The socio-emotional skills of children whose families had experienced at least one transition in the labour market were lower than those of children whose families had stable labour market experiences during the COVID-19 pandemic. Having higher socio-economic skills during early childhood is associated with better outcomes in later education, employment, and engagement with crime.

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1 West Yorkshire data can be found here

Benefits

Universal Credit is a single payment for each household to help with living costs for those on a low income or out of work.

The Universal Credit system risks increasing women's vulnerability to financial abuse from a spouse or partner (Women's Budget Group, 2018). Financial abuse is a type of coercive control which typically occurs alongside other forms of domestic abuse, for example 82% of those experiencing financial abuse had also encountered other examples of domestic abuse (Sharp-Jeffs, 2015). Universal Credit payments are usually made into one bank account rather than individual accounts which gives more power to abusers where women live with domestic abuse and can mean that the victim cannot financially afford to leave. A woman's financial autonomy, defined as financial independence, privacy and agency, could be reduced by receiving Universal Credit payments as this benefit, intended for the whole family, can become additional income for the perpetrator of domestic abuse. This can disproportionately impact on disabled women whose disability benefits could be removed by their perpetrator (Howard & Skipp, 2015). As highlighted previously, lack of stable employment relates to intimate partner violence, and similarly being without an income can increase women's vulnerability to violence and reduce their ability to escape domestic abuse (Terry, 2004).

As well as disproportionately impacting on women, the UKs benefit system also impacts young adults within supported accommodation looking to enter employment. Being trapped in a state of 'worklessness' can affect young adult's wellbeing and sense of worth and for those in supported accommodation work is a key part of their aspirations to live independently (YMCA, 2023). Research from Centrepoint (2021) showed that current benefit rates for young adults living (or wanting to live) independently are too low and cause these people to experience serious financial hardship, leaving them struggling to meet their basic needs and thus limiting their ability to access employment. This, combined with the potential for benefit sanctions, causes some young adults to engage in crime to be able to financially support themselves and may leave them feeling unable to reform and (re)enter the labour market.

Serious violence amongst young adults in London can be predicted by a number of employment factors (Greater London Authority, 2021). Areas with higher rates of victimisation for the most serious violence were those with higher rates of people claiming out of work benefits. This was also found for the areas with the highest rates of offenders accused of the most serious violence against young adults. In addition, for those offenders accused of secondary violence (offences lower in severity or acquisitive in nature), low employment rate amongst 16–24-year-olds was a predictive factor. Contrastingly, engaging in work can have positive impacts for young adults, increasing their confidence and social (as well as technical) skills and providing them with a sense of purpose (YMCA, 2023).

As of April 2023, 12.9% (3.7 million) of all employee jobs in the UK were paid less than the Living Wage and Yorkshire and the Humber had the fourth highest figure at 14.4% of jobs, a decrease from the previous year (Living Wage Foundation, 2022). Nationally, this is a small increase from 12.3% in April 2022. The cost of living crisis means wages have not kept pace with inflation, leaving more people living in poverty and deprivation, which, as previously discussed, is an influential factor in serious violence.

Research published by The Living Wage Foundation found that since January 2022, the cost-of-living crisis has resulted in significant increases in workers paid under the living wage who skip meals regularly for financial reasons (42%), being unable to heat their home (32%), and getting pay day loans to cover essentials (24%). In addition, low paid women are more likely to have increased anxiety and reduced quality of life overall due to their pay and this is further impacted by increasing inflation.

Just as unemployment can increase the risk of violence, employment (especially quality employment) can protect against violence. Having positive aspirations of the future have been found to lead to more positive outcomes even after young adults have experienced adversity including exposure to violence (Stoddard et al., 2015). Parents and role models play a key role in developing and supporting the aspirations of children and young adults and thus preventing engagement with violence. Evidence shows intergenerational transmission of a 'culture of worklessness', where there is a higher likelihood of unemployment for individuals raised in workless households or where the father was unemployed (Zuccotti & O'Reilly, 2019). To support young adults into employment and deter them from violence, there needs to be improved routes into vocational opportunities, for example apprenticeships as well as ensuring a variety of role models are present to encourage young adults to realise their employment aspirations (Rocket Science, 2022).

Substance use

The following section describes the relationship between drugs and alcohol with violence as noted by a range of academic and grey literature sources. We are aware that not all sources are systemic reviews which can allow for bias or industry influence and others sources are slightly dated. Nonetheless, we have included a variety of sources to provide an overarching understanding of the relationship but we recommend that sources, the date of publication and potential biases should be considered when interpreted the findings.

The association between alcohol and violence has been established and previously well documented with the Institute of Alcohol Studies (2005) finding that alcohol intoxication increases the chances of violent behaviour and is likely to be a contributing factor in around half of all violent crimes. Higher levels of alcohol use amongst young people and age of first alcoholic drink has also been associated with increased likelihood of weapon carrying (Home Office, 2019; Baiden et al, 2021). Whilst more recent reports suggest similarities in findings (please see: Public Health England, 2018), they tend to rely on older evidence sources. This suggests the need for more high quality, systematically reviewed evidence in this area.

Drug use presents significant challenges for society as a high demand for drugs increases drug-related crime and violence. Crime associated with drug production and trafficking often involves the exploitation of children, young adults and vulnerable people (National Crime Agency, n.d). Violence, incidents of kidnap and use of weapons are noted as consequences of country line markets (NCA, 2016).

The association between substance use and homicide is complex with several factors being mediated by individual and population level variables (Valdez, Kaplan & Curtis, 2007). The 2016 Home Office review of domestic homicides found that substance use was mentioned as a factor in just over half of all reviews. According to the Homicide Index in the three years to March 2022, a third of victims were thought to be under the influence of alcohol and/or illicit drugs at the time of the homicide. During the same period, 29% of homicide suspects were recorded by the police to have been under the influence of alcohol and/or drugs at the time of the homicide (ONS, 2023).

The factors influencing drug use are similar to those associated with violence perpetration and victimisation as shown in the figure below. The interaction of substance use with several determinants of health and influential factors for violence cannot be underestimated and further reiterates the importance of viewing violence prevention and social determinants through an intersectional harm reduction lens (formerly Public Health England, 2017).

Levels of drug and alcohol abuse are relatively high amongst the homeless population (Crisis, n.d.). The relationship between drugs and alcohol with homelessness is two-fold, whereby substance use may be a contributing factor towards homelessness and inversely homelessness can increase the likelihood of using substances as a coping mechanism. The prevalence of poor mental health among the homeless population is high, and drugs and alcohol can alieviate symptoms and provide solace for the trauma experienced whilst being homeless.

Trauma

The context of trauma is a useful lens to understand as both cause and consequence of both substance use and violence. Similar to substance use, trauma and adversity which occurred in childhood can re-emerge in the life-cycle of an individual and may be transmitted generationally as well as culturally (Humankind, 2022). Early life traumas are shown to be a significant predictor of substance use in later life and substances can be used to lessen the impact of memories or emotional triggers (Cicchetti & Handley, 2019).

The self medication models refers to the use of drugs and alcohol to cope with or relieve emotions and stressors (Khantzian, 2003). Substances have reportedly been used for low-mood and anxiety and coping with trauma (Turner et al, 2018). Substance use as a form of self-medication can also can be interpreted

as exacerbating symptoms with research suggesting that self medication may contribute to why people may be hazardous drinkers, may lead to dependency and worsen symptoms (McHugh & McBride, 2020; Khantzian, 1997; Blume, Schmaling & Marlatt, 2000).

Research suggests some young bereaved adults use drugs and alcohol to help them cope with traumatic loss and sudden bereavement (Drabwell et al, 2020). The likelihood of substance dependency has been reported as being almost double among young adults who experience multiple deaths clustered in time (Gayman, Cislo & Hansard, 2014). Self-medication can trap young people in a vicious cycle of worsening mental health and increased reliance on substances (Humankind, 2022). In a systematic review examining the relationship between substance use and complicated grief, Parisi et al (2019) found complicated grief to predict increases in smoking and alcohol dependence, with multiple risk factors being identified.

Substance use coping has been associated with experience of sexual assault with evidence suggesting a higher risk of alcohol and drug use in women who have been sexually assaulted (Ullman et al, 2013). This finding was supported by Younus & Crowe (2022) as young women accessing treatment were found to have a strong association with an undisclosed history of sexual abuse or violence. Degenhardt et al (2022) also found an association between experiencing sexual and interpersonal violence with the increased use of substances with the risk remaining for years post exposure. Research has also suggested that as brain injury can be prevalent in victims of intimate partner violence, there is an associated risk of substance misuse and dependency. These factors have comorbidity and may influence the risk of being revictimised (Mehr et al, 2023).
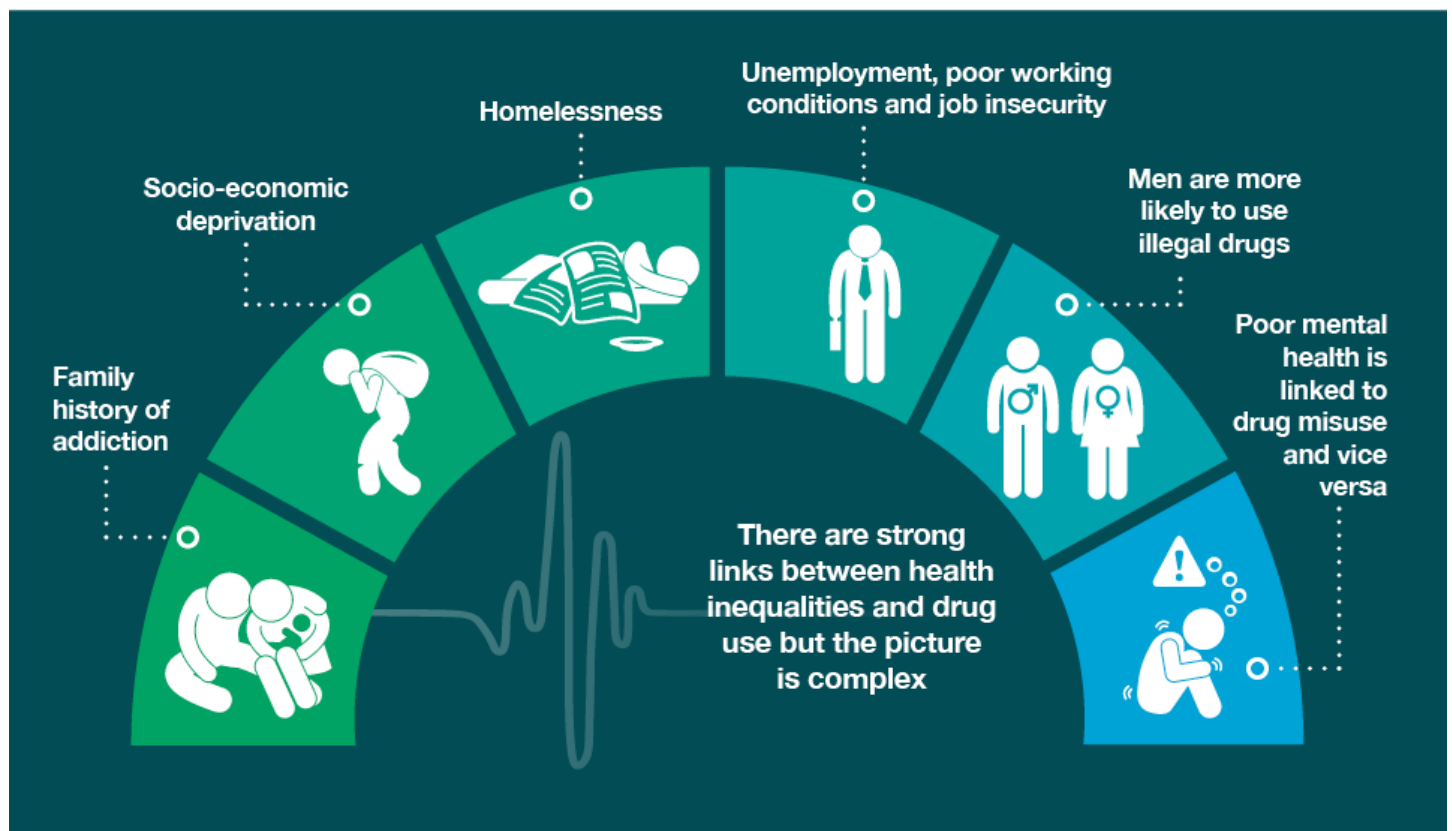
Figure 2
Risk factors for drug misuse

Drugs

The increasing level of violence associated with illegal substances in the UK was highlighted in Dame Carol Black's landmark review of drugs (2020). In the report, the expansion of the county lines model was regarded as a large driver of the violence. This is a method used within organised crime involving the coercion of young and vulnerable people to traffic drugs and can include cuckooing. Cuckooing is explained in more detail in the Housing and Homelessness section of this document, available here.

Heroin and crack drug markets are noted as being the most closely linked to violence. This has been attributed to large financial rewards on offer, the high levels of deprivation associated with heroin/crack affected areas, and the use of children and young adults (Dame Carol Black review, 2020).

In a systematic review, Browne et al (2022) suggested that knife crime may be associated with illicit drug use and exposure to any violence as a witness, victim or perpetrator. When analysing gang membership and knife carrying McVie (2010) found those who carried a knife were more likely than non-knife carriers to drink alcohol at least once a week and to have taken drugs in the last year. The report also noted that those who were a gang member were almost five times more likely to have taken drugs in the last year at the age of 13 than non-gang members (McVie, 2010).

There are four categories of recreational drugs: analgesics, depressants, stimulants, and hallucinogens (BMJ, 2016). There is contention around the term recreational as it can infer safety, leisure and fun however the prevalence of so-called 'recreational' usage can be, or can lead to, problematic use and dependency (Dame Carol Black review, 2020). Class A drugs are often taken in social or recreational situations as there is a belief that occasional use of such a substance is not habit-forming or addictive (Starobin et al, 2018). It is unsurprising that powder cocaine is the second most popular controlled drug after cannabis in England and Wales (ONS, 2022). However, risk of violence is high within powder cocaine production and trafficking due to the high profit margins and risk, compared to cannabis and MDMA (Dame Carol Black review, 2020). These are dangerous and volatile situations which can negatively influence vulnerable people, children and young adults who are exploited or involved with county lines (The Guardian, 2018). Nonetheless, wider factors such as social inequalities and drug policies can also explain the harm and violence generated from drug markets and cannot be ignored (Sumnall et al, 2021).

People in prison or on probation can contribute to violence both in the prison and in the wider community, through demand for drugs and contraband and participation in organised crime (Home Office, 2022). Within prisons, drug use contributes to a cycle of disruption and violence which can lead to reduced or unstable regime, which through unpredictability and lack of purpose can encourage prisoners to turn to drugs and alcohol (HMPPS, 2019).

Findings in Humankind's 2022 report demonstrate that many of the female caregivers who had accessed drug treatment services in Leeds were opioid users, with their substance use problems starting with over the counter/prescribed painkillers, usually after childbirth. In Calderdale, the research found cannabis as the most common drug used by people accessing the Young Person's Team with alcohol becoming more prevalent and cocaine use becoming a factor as people got older.

Whilst having negative health outcomes, drugs can increase vulnerability to being a victim of violence. For the year ending March 2021, the prevalence of any drug use in the last year was higher among victims of violent crime (14.3%) compared with non-victims (6.3%) (ONS, 2022). It has been reported in domestic abuse situations, substances can be used as a means of bonding or they can the means of coercion with drugs being withheld, used as an apology, or exchanged for sexual favours. This can make separation from abusive relationships more complex (Fox & Galvani, 2020).

Alcohol

It is estimated that Alcohol harm costs society £27.44 billion each year in in England based on a 2024 calculation by IAS with support from Balance (IAS, 2024). This figure represents external costs and does not include any personal impacts. The estimate is based on data from 2021-22 and comprises of NHS and Healthcare costs at £4.91 billion, Crime and Disorder costs at £14.58 billion, Wider Economy costs at £5.06 billion and Social Services costs at £2.89 billion. The Crime and disorder costs include anticipation, consequence and response of crime as those related to the Crown Prosecution Service, court, defense, prison and probation (IAS, 2024).

Alcohol myopia is a term used to describe how alcohol can make people miss social and environmental cues that help rational interpretation of situations and how it leads to a state of short-sightedness where the wider consequences of immediate action are not understood (Steele & Joesphs, 1990; Drinkaware, 2022). As a result alcohol can influence behaviour and judgement in a way that increases the risk of aggression and violence (Sudin et al, 2022). This can lead to risk taking as alcohol can increase stimulation and reduce ability to suppress feelings of anger which can escalate to confrontation (Graham, Schmidt & Gillis, 1996).

With the alcohol culture in the UK being described as hedonistic, nighttime economy (NTE) environments can lead to excessive alcohol consumption and illicit drug use. It is established that alcohol consumption and heavy episodic drinking (binge drinking) is involved in various forms of aggressive and violent behaviours (Room & Rossow, 2001). Situational factors such as acceptability and perceived anonymity can fuel violence in NTE spaces with an expanding body of research highlighting NTE settings as hot spots for sexual violence (Quigg et al 2020; Graham & Wells 2003). Frictional conditions such as overcrowding, queuing and competition for resources including taxis and food have been noted by researches as creating favourable conditions for violence (Macintyre & Homel, 1997; Townsley & Grimshaw, 2013, see Philpot et al 2019).

The transition between childhood and young adulthood is one in which heavy drinking and violence can occur. The 'age-crime curve' describes the relationship between age and tendency to offend (Matthews & Minton, 2017). The curve is used to portray how some children can become involved in crime in their teenage years with their offending behaviours peaking in early adulthood and tailing off in their twenties (Lightowlers, Elliot & Tranmer, 2013). This trajectory of offending maps onto that of drinking which often starts at a similar time in the life course and co-occurs in children and young adults (Sumner & Parker, 1995).

It is recognised that younger age group predominantly engage in violence in NTE settings (Finney 2004). However, young adults' alcohol use is decreasing nationally, and this is a trend which is being replicated across Europe. Researchers have suggested this could be the result of a change in the social position of alcohol. Changes in social norms, technology, relationships, and lifestyles may have contributed to the rejection of alcohol. However, further exploration is needed to understand if the reduction in consumption is also the effect of displacement or if people are becoming more risk-averse (Kraus et al, 2019). The effect of this decline in alcohol consumption requires further exploration in a violence reduction context to understand if this is having an effect.

A person's alcohol use can be influenced by socioeconomic status and can compound the outcomes of deprivation. This can be further complicated by a variety of moderating factors, such as race, ethnicity, and gender (Collins, 2016). Research has inferred an association between higher educational level, higher income and higher neighbourhood socioeconomic status and a reduced risk for alcohol use 'disorders'[1] for both males and females in all ages in a Swedish study (Calling, 2019). However, findings presented by Humensky (2010) contest this slightly as higher parental education and higher income was found to be associated with higher rates of binge drinking, marijuana in early adulthood, higher rates of cocaine use were also associated with higher parental education.

Despite having the lowest number of high-risk drinkers, the most deprived quintile of the UK population has 5 and a half the times the mortality than the most affluent quintile (Department of Health, 2012). This disparity is called the 'alcohol harm paradox' and it can evidence how risk factors can be intertwined and entangled within a person's social and physical environment (Bloomfield, 2020). For a detailed review of the alcohol paradox, please see Humankind's 2022 research report commissioned by the VRP. Studies have shown however that individuals from poorer socioeconomic groups tend to engage in higher levels of episodic drinking (Caldwell et al, 2008; Lewer et al, 2016).

Alcohol consumption can increase the risk of being a victim of violence and experiencing harm from other people's drinking (Boles & Miotto, 2003). This can include decreased coordination, compromised decision-making and impaired judgement of risk. A review of domestic and family abuse completed by Noonan et al (2017) suggests that the consumption of alcohol and drugs can be linked to domestic abuse in three ways. First, consumption relates to the perpetration of violence; second, to the experience and severity of victimisation and third, victims may use alcohol and drugs as a coping strategy (Yates, 2019). There is however little evidence inferring that alcohol use is a primary cause of violence against women, but it is an influencing factor. However, as previously mentioned the evidence available which explores the relationship between alcohol and violence is somewhat dated and is not always systematically reviewed. This is similar for evidence regarding intimate partner violence and alcohol as explanations and factors are complex.

Generational transfer

Studies have shown that children with parents who misuse alcohol are at increased risk of experiencing an adverse childhood experience (Anda et al., 2002). Parental alcohol misuse was a documented factor in 37% of cases where a child was seriously hurt or killed between 2011 and 2014 (Gov.uk, 2018). Childhood vulnerability data from the Children's Commissioner for England estimates that there were 478,000 children living with a parent with problem alcohol or

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1 The term 'disorder' is used within the study and has been included for accuracy. This term is not endorsed by the VRP.

drug use in 2019 to 2020 (Gov.uk, 2021). Living with a substance using parent or partner can lead to an increased risk of violence with research inferring that 25-75% of domestic abuse perpetrators had been drinking alcohol at the time of the assault (Boyd, 2020).

Children with four or more adverse childhood experiences were found by Hughes et al (2017) to be significantly more likely to experience poor physical/mental health and engage in problematic drug and alcohol use. These findings were supported by Boyd (2020), with children with an alcohol dependant parent being twice as likely to develop alcohol dependence and three times as likely to consider suicide. However, as explained by Grummitt et al (2021), the relationship between childhood adversity and substance use of young people extends beyond familial relationships and is also mediated through individual, interpersonal and community factors.

In the case of foetal alcohol spectrum disorder (FASD), caused by exposure to alcohol in pregnancy, harm occurs even before birth and has lifelong consequences for mental and physical development (Alcohol Health Alliance, 2020). The UK has the fourth highest level of prenatal alcohol use in the world, however, rates of FASD are unknown (McQuire & Paranjothy, 2018). FASD has been suggested by some researchers to be the leading cause of non-genetic learning disability worldwide (Boyd, 2020).

Substance use is nuanced and encapsulates a variety of contexts around alcohol and/or drug use. As described by the NSPCC (2023) with proper management and support, a parent with a substance misuse problem can be supported to safely care for their child.

In the 2021 systematic review examining risk and protective factors of drug abuse among adolescents, Nawi and colleagues found that family structures also had positive associations with drug use among adolescents. Protective factors included higher parental knowledge, in particular fathers, to monitor and protect against negative influences.

Mental health

There is an evident interrelationship between substance use and mental ill health. Despite it being common for people to have problems with both their mental health and substance use (known as co-occurring conditions), there is significant gap in support for people who do not meet the threshold for formal "dual diagnosis" or co-occurring mental health and alcohol or drug use treatment.

Individuals who reported lower personal well-being across measures of satisfaction with life, feeling that things you do in your life are worthwhile and happiness, were more likely to have used an illicit drug in the last year (ONS, 2022). Evidence describes how LGBT+ children and young adults are at significantly higher risk than cisgender and heterosexual peers for substance use, mental health problems, and being a victim of violence (Garofalo, 2011; Coulter et al, 2019).

In the context of trauma, people may believe that others will not fully understand their experiences, and they may believe that sharing their feelings and reactions may fall short of expectations (Humankind, 2023). This may exacerbate existing mental ill health and may lead to social isolation, alienation and be a barrier to accessing treatment support.

For further examination of the influence of mental health in violence perpetration and victimisation please see the Mental Health section of this document, available here.

Stigma

There is a divide between substances that are legal, sanctioned and taxed and those that are illegal. Alongside this, there is a 'hierarchy' of substances which can be often promoted in the media. Cocaine use is often depicted as an almost acceptable form of substance use amongst wealthier individuals whereas the use of opioids is viewed as something within working class communities. However in the year ending March 2023 higher income households were more likely to have used a Class A drug[2], with 3.11% of households earning £52,000 or more per year having used powder cocaine in the last year, compared with 2.97% of households earning less than £10,400 per year (ONS, 2024).

The use of illicit drugs and/or dependency can be depicted as a 'lifestyle choice' or a 'lack of will', inferring that people have control over their situation even though substances can be used as a coping mechanism to respond and manage trauma, as discussed previously.

The stigma associated with those who use substances does not exist in isolation but intersects with race, socioeconomic status and disability. Stigma is often cited as a barrier to accessing treatment. Homeless and street-based people, older and elderly people, people from ethnic minority groups, younger people, people who identify as LGBT+ and sex workers are underrepresented in treatment services for different reasons. This could be the result of feeling doubly stigmatised as there is a significant interplay between structural, public and internalised stigma that inhibits effective engagement with services (Humankind, 2023).

Stigma can be both sustained and reduced through choice of language with research showing that language used to describe substance use affects attitudes towards people who use substances and their families, in both positive and negative ways (for example, Kelly & Westerhoff, 2009). For a further exploration of how stigma influences substance use and treatment outcomes, please see the VRP funded Humankind (2023) report.

As demonstrated, drugs and alcohol intersect with several determinants of health and influential factors for violence. The role in which drugs and alcohol play in serious violence cannot be undervalued as for many there are inverse relationships with drugs and alcohol either being a contributing factor or a consequence.

Please note the following section discusses death, grief, and suicide. We appreciate this may lead to negative emotional responses and we advise readers to prioritise their emotional wellbeing and skip this section if needed. The next section starts on page 56, but please note that this section contains themes of suicide, self-harm, and rape and sexual assault. The section after that begins on page 63.

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2 Class A drug use is a composite variable that combines individual drugs; these include powder cocaine, crack cocaine, ecstasy, heroin, LSD, magic mushrooms, and methadone (Gov.uk, 2022).

Bereavement

Bereavement can be defined as a state of loss, characterised by grief and mourning, whereby grief is the physical and mental reactions of being bereaved and mourning is the expression of this grief (Balk, 2011; Palmer, 2016). Bereavement experiences are not inherently negative and can contribute to character development. Similarly, grief is subjective and is not universally experienced.

Bereavement can create further stressors moving beyond mental health, such as financial, physical health problems, or social withdrawal. These external stressors can intensify causing further distress beyond the initial loss and can influence involvement in serious violence.

What is grief?

Many have attempted to define grief, but each definition contains varying perspectives and theoretical underpinning. Because of this, grief has been contested and debated in terms of its definition, experiences, outcomes, and measurement. More recently, it has been recognised that grief is a nonlinear and highly individualised process, with experiences, severity and duration differing between each person (Zisook & Shear, 2009).

Grief can be experienced physically, cognitively (sense-making), socially (seeking closeness or isolation), behaviourally (avoidance techniques) and spiritually. It can also be experienced in a sociocultural context with stigma and social meaning being powerful influences impacting grief presentation and expression. The interaction of grief and trauma can lead to complicated experiences of bereavement.

Grief is not exclusively the emotions experienced after a death, instead grief can be experienced after several different events including:

· the end of a relationship
· changes in family structure
  (e.g., parental separation or divorce)
· the loss of a job
· moving away to a new location
· a decline in the physical or mental health of someone.

Many of the population will have experienced an event which has led them to experience grief in one form or another and their grief may have resulted in some adverse consequences. There are several types of grief each with differing impacts, social expectations and longer-term outcomes. Anticipatory grief refers to a grieving process whereby grieving starts before a death or an event (Taee & Wendelien, 2023; Marie Curie UK, 2020). Secondary loss describes the consequences of primary loss such as a death or being made redundant. These are expansive and relatively subjective but can include the loss of companionship, friendship, social support and financial security (Zhai & Du, 2020). Collective grief involves shared sense of grief and can trigger feelings or memories regarding personal experiences (Cruse, n.d). Additionally, disenfranchised loss can occur when a person's grief isn't supported or validated because it does not align with societal attitudes about dealing with loss or is deemed disproportionate. Whereas ambiguous loss can arise from feelings uncertainty about what or who has been lost but there is a sense of change.

Traumatic bereavement

Bereavement can be challenging and traumatic however bereavement as a result of violence or sudden causes has associated with more severe health and wellbeing outcomes compared to other types of loss (Scott et al, 2020). These distinct losses require liaison and conversations with multiple agencies and have been linked with slower processing and increased risk of mental health issues compared to natural deaths (Kristensen et al, 2012).

Death of a parent or carer

The death of a parent in young adulthood is a known traumatic event. It's widely assumed that a parent will always be available during childhood and young adulthood, making the reality of parental death overwhelming and life altering (Harris, 1991). Conversely, it should be recognised that the loss of a parent does not impact people in the same way

as for some the loss of a parent does not result in grief for many reasons ([Berns, 2011](#)). The trajectory of early adulthood has changed as young adults do not follow the life course of their relatives as they are now transitioning into stable adult roles much later than previous generations ([Arnett, 2000](#)). Parents are retaining their positions as providers much further into their children's adult years than in previous years by offering economic, emotional, and instrumental support for longer whilst their children foster their own stable adult identity ([Mintz, 2015](#); [Cooney, 1992](#)). As a result, the potential losses that occur after a parent or carers death can be heightened.

Suicide

Losing someone to suicide differs from other loss experiences with suicide being one of the most common causes of disenfranchised grief. Previous [World Health Organisation (2008)](#) estimates predicted that each suicide left behind 10 bereaved friends and family members and recent empirically-derived estimates suggest figures are more likely between 60 and 135 ([Berman, 2011](#); [Cerel 2018](#)). It is therefore important to consider how bereavement may impact individuals beyond immediate family and the influence of bereavement more widely.

Associations have been evidenced between suicide and social determinants of health such as housing, poverty, employment and education as suicide is complex and is rarely caused by one thing ([Samaritans, 2023](#)). The revised [suicide prevention strategy for England (2023)](#) has also prioritised addressing risk factors linked to suicide including physical illness, financial difficulty and economic adversity, [harmful gambling](#), substance misuse, domestic abuse and social isolation and loneliness. These priorities share similarities with factors influencing serious violence involvement and show the importance of a whole system approach to supporting inequality and social determinants.

"Social transmission"[1] is where another person's suicide can influence others to engage in suicidal behaviour, increases suicidal ideation or profile around methods of suicide. People bereaved by suicide have an increased risk of suicide and suicidal ideation with research suggesting that experiencing parental death in childhood can be associated with an increased risk of suicide ([Guldin et al, 2015](#)).

Feelings of self-reproach, shock and abandonment can be heightened and some may internalise their feelings through fears of judgment, misconceptions or criticism ([Sobs UK, 2023](#)). This may prevent people from being supported and accessing appropriate services. In addition, psychosocial, economic, and cultural issues of bereavement such as mental health, job loss, stigma or lack of adequate service provision can intersect and heighten the grief experience (see [Gunnell & Chang 2016](#). Stigma can not only prevent people from talking about a suicide but can mean wider issues which may have contributed go unaddressed ([South West Yorkshire Partnership, 2023](#)). This can further stigma around mental health and be a barrier to support seeking.

Homicide

The acceptance of natural death compared to a death caused by violence can be different ([Nakajima et al, 2012](#)). Individuals experiencing bereavement because of homicide can have difficulty in making sense of death, have intense feelings of anger or revenge, and disbelief. In addition, violent crime can be stigmatising which can isolate families and cause secondary consequences.

This is a sudden and unexpected event and individuals unsurprisingly can be adequately prepared to deal with police and statutory organisations especially whilst in early stages of grief. In some instances, information can be withheld due to precautions or ongoing investigations meaning families can be left unknowing about the details of the death. This can heighten feelings of disbelief and guilt as well as spark curiosity from the media or wider social networks.

Police investigations, coroner inquests and criminal justice proceedings can be lengthy and intrusive which may delay or extend the grieving process ([Zinzow, 2009](#)). Normative grief experiences can be further compounded when bereaved by homicide as people are required to try cope with their bereavement whilst the adhering to a long and often emotionally draining journey through criminal justice system ([Casey, 2011](#)).

A lack of control has been noted, with homes becoming crime scenes, disputes about the release of the body for burial and the uncertainty of a criminal justice verdict. This can create practical problems such financial cost for legal or housing related matters. Family and friends can also be subjected to disturbing images and details of the homicide which have been associated with PTSD, flashbacks and increased substance use ([Nakajima et al, 2012](#)).

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1 This term has been used as it is understood and used by people working in the suicide prevention field. We acknowledge the sensitivities around the use of this term.

Collective grief can also be experienced after a homicide. Whilst many may not have known the victim personally, a shared sense of shock, sadness, loss and anger can be felt by the community and as well as wider society (Casey, 2011). The pervasiveness of social media can intensify and personalise these traumatic events as they may feel closer in proximity and in relatability. Emotions can be evoked as people resonate with what has happened and these emotions can lead to feelings of fear and anger which may contribute to further violence or distress.

Impacts of bereavement

Bereavement permeates several influential factors and may have a cumulative impact for serious violence many of which have been discussed previously in this document.

Significant changes to family dynamics and roles can occur after the loss of a parent/carer. Parents can become responsible for providing emotional support whilst adapting to additional stressors of being single parents, being the new financial provider and managing their own grief (Kwok et al, 2010). This can cause family relationships to become strained and conflicts can arise. Due to additional pressures and in attempts to support children, discipline and boundaries can be inconsistent with certain behaviours which were previously unacceptable now being tolerated with grief being used as a reason.

Households can experience marital disruption due to the associated stresses of grief as bereaved parents attempt to address and manage their grief simultaneously whilst being emotionally available for their family (Gottlieb, Lang & Amsel, 1996). This can impact children within the household and can have social outcomes such as isolation or irritability.

Children can be suddenly placed into care or in emergency placement due to the death of a parent or carer. Not only is a child navigating their grief, but they are removed from their home and exposed to uncertainty, unfamiliarity and may be moved away from existing social support. Bereavement at a young age can put into motion a series of negative outcomes. Further exploration of the association of Care Experience and violence has been discussed in this document.

Experiencing bereavement can be a catalyst event that put into motion a series of outcomes. An individuals housing circumstances may change because of bereavement. Changes in household income may result in financial insecurity causing rent arrears or may increase the risk of homelessness. Essential utilities,

such as heating and electricity as well as food can be dramatically reduced to cut expenses. Alternative forms of income, such as secondary employment, may have to be sourced to cover outgoings. This can have familial implications if parents are not present or not engaged as much in their children's lives due to managing several responsibilities.

Bereavement can be prolonged or complicated if a child or young adult is in education as there is deemed little time or flexibility for grieving in the academic year (Harris, 1991). Responses to bereavement can be covert rather than overt expressions of mourning. This can include children attending school tired, being distracted, showing signs of regression and displaying disruptive behaviour. Pressures for young adults to achieve academic success in university or maintain stable employment whilst bereaved can result in an unreality for many young adults (Dehlin & Reg, 2009). This can also result in denial and avoidance mechanisms being used to cope in attempts to adapt to their new circumstances (Stroebe & Schut, 2001). It is therefore unsurprising that people above the age of 15 express their grief like that of an adult due to external pressures which are systematically and socially generated.

Employment issues have been associated with decreased concentration and attention, as bereavement is not a disability bereaved individuals may not be entitled to additional workplace support. People bereaved by suicide have been estimated as being 80% more likely than people bereaved by sudden natural causes of death to drop out of a job or a course (Pitman, 2018). Research also suggests that the economic wellbeing of parents who have experienced the loss of a child suffer for prolonged periods as they are more likely to leave employment and have prolonged absence from the labour market which can pose difficulties in securing new employment (Berg et al., 2017).

Experiences of disenfranchised grief can negatively impact an individual's mental health, emotional wellbeing, and access to social support. Research suggests that the loss of a parent can increase the risk of mental health and somatic issues such as anxiety, perceived lack of control and sensitivity to stress (Bergman et al, 2017). Similarly, bereaved parents are more likely than non-bereaved parents to experience depression, post-traumatic stress disorder, anxiety disorders, obsessive-compulsive disorder (Li, Laursen, Precht, Olsen & Mortensen, 2005) and complicated grief (Dyregrov, Nordanger, & Dyregrov, 2003), which can directly and indirectly impact other children, dependants and wider networks.

Health risking behaviours, such as increased alcohol consumption can be used as coping mechanisms. Alcohol, through 'self-medicating' can provide short-lived feeling of relaxation to manage symptoms of stress, depression or anxiety (Mental Health Foundation, 2022; Alcohol Change UK, n.d). The overuse of alcohol and substances can have long-term negative consequences on mental health, social and economic outcomes, whilst creating dependency and a mutually reinforcing relationship with grief (Christiansen et al, 2020)

The impacts of bereavement have been shown to be entangled with social structures, social or peer relationships and individual agency (Payler et al, 2020). An adaptive coping mechanism may include social and emotional withdrawal, this can be from friends, romantic relationships (Azorina et al, 2019). This was associated with perceived lack of support from social networks due to a perception of being a burden or disliked and disappointment in being let down by friends. Individuals have reported losses of social confidence including feeling more insecure, less outgoing and difficulty making friends (Azorina et al, 2019). Evidence suggests that both the quantity and quality of social support can influence well-being for bereaved people (Burke & Neimeyer, 2012). More frequent contact with family and friends has been associated with reporting a better quality of life (Vanderwerker & Prigerson, 2003).

Experiencing bereavement and grief can permeant all aspects of an individual's life from housing stability, financial security to social isolation. Whilst experiencing the death of a family member, friend or acquaintance is life changing, it is also important to consider other losses and how their influence can impact individuals and the wider community. It is to be noted that the grief experience is not universally experienced, it does not have a timeframe and not everyone will grieve as loss is not inherently negatively and can be used constructively. Taking a person-centred approach to reducing serious violence should consider the role of bereavement due to its influence in other social determinants of health and influential factors.

Please note the following section discusses suicide, self-harm, and rape and sexual assault. We appreciate this may lead to negative emotional responses and we advise readers to prioritise their emotional wellbeing and skip this section if needed. The next section starts on page 63.

Social media, technology and online harms

Social Media, Technology and Online Harms

The influence of the rapidly developing online world on violence has attracted increasing academic and professional interest in recent years, with increasing evidence further strengthening the relationship that exists between the two. This section will provide a comprehensive overview of the relationship between experiences of online spaces and violence.

A catalyst for violence

Research conducted in 2020 by the University of Huddersfield and the five Youth Offending Teams of West Yorkshire found strong evidence that some young people's problematic social media activity – such as displaying and provoking hostility and violence – acts as a driver for some 'in real life' violent offending in West Yorkshire. The researchers found that nearly 1 in 4 (23.4%) cases in the study were directly related to a young person's prior social media use. Of the cases identified as related to social media use, the majority were related to acts of violence. Typically, disputes online were found to escalate to the point where physical fights would occur. The findings from our collaboration with the School of Law at the University of Leeds add to this, noting that social media can: help facilitate collective action, facilitate the organisation of crime through features such as encrypted messages, location sharing and anonymity, and is utilised by gangs for the purposes of recruitment and promotion (Walker, 2021).

The University of Huddersfield also found that the most popular social media apps have intrinsic design features that act to drive online hostility and aggression. This has been corroborated by international research, which identified comments, livestreaming, picture/video sharing and tagging as four features that can escalate conflicts. For example, comments were found to be used to "hype up" online conflicts, meanwhile livestreaming can quickly attract more people to watch conflict occur in real time.

Catch22's report also highlighted additional ways in which social media can act as a catalyst and trigger for youth violence (Catch22, 2017). These include:

- Threats and provocation in music videos – Young people and professionals reported concerns around what they referred to as drill music videos, which threaten and provoke individuals and groups from rival areas.
- Exposure to Online Violence – Young people are exposed daily to social media content that displays or incites serious violence in real life. These include uploads of photos and videos of individuals and groups trespassing into areas associated with rival groups, and serious incidents of theft and violence perpetrated against young people.
- Social Pressures – Online material can threaten to undermine young people's status and reputation, generating social pressures to retaliate in real life. Moreover, when young people witness displays of real-life violence involving their friends and family, this can trigger significant levels of anxiety and trauma.
- Negative implications for education and employment – Tens of thousands of young people follow the social media accounts of people self-identified as "gang members". This continuous lens into a seemingly lucrative lifestyle can undermine the commitment of some young people to education and legitimate forms of employment.

Research commissioned by the VRP also found that in some cases, harassment and abuse on social media can lead to low level violence and conflict, such as school fights (Social Finance, 2022). Almost half of young people surveyed in this research were aware of physical and/or verbal fights that had happened following something on social media and in most of these cases, young people reported that the fights were triggered by comments and messages on social media. The main mechanism by which social media leads to low-level violence such as school fights seems to be a need to 'save face', which is exacerbated by the wide reach and speed of social media. Revealing

Reality explored other ways in which social media can motivate violent behaviour, highlighting the importance of getting 'clout' (views, followers etc) and building their reputation, which can be achieved through sharing violent, sexual or illegal content. They also noted the normalisation of filming violence and fights, using social media content as a means of humiliation for their targets and the ease of filming and sharing violence itself being an influencer for that behaviour (Revealing Reality, 2023).

British Transport Police (BTP) recently conducted a survey that found that more than a quarter of boys aged 13-19 have seen drugs being offered or sold either at school or on social media (BTP, 2023). Experts have discussed the crucial role of social media in the online world of gang recruitment. Children can be targeted through 'professional' advertising on social media platforms, offering them 'opportunities' to be recruited. Beyond social media, online gaming is cited as an arena which is exploited to facilitate communication and recruitment into gangs and this has come more to the forefront due to the popularity of online gaming, in part due to the influence of the COVID-19 pandemic. Groomers are said to attempt to make an emotional connection with a child or vulnerable person through offering gifts or currency to spend online on games (House of Commons, 2023; Catch22, 2023; Brenner, 2022). Once recruited, social media is used to coordinate individual details, promote deliveries and to encourage violence towards other rival gangs. The key to any 'successful' county line is communication and social media is an effective tool to do this, with fake online profiles created to protect the perpetrator's true identity.

The spread of misinformation and disinformation[1] through social media has been cited as a contributing factor in the outbreaks of violence in England in 2024. (N8 Research Partnership, 2024; NPCC, 2024). Individuals become involved in violent extremism through a process of radicalisation, in which the use of violence to achieve a goal is increasingly seen as legitimate. Disinformation plays a key role in this due to its ability to elicit and arouse powerful emotions, such as shame and anger, which can lead towards feelings of resentment and hatred of other groups. (Schmid, 2013, Roberts-Ingleson and McCann, 2023, Fischer et al, 2018). A recent study by Ofcom found that older teens are finding it harder to distinguish the real from the fake, with 75% of 16-17 year olds being confident in their ability to distinguish what they see online to be real or fake compared to 82% for the year prior, which suggests the risks posed by misinformation are not dissipating (Ofcom, 2024).

Weapon accessibility

While there is a currently a lack of evidence to discern the reality of where children and young adults most commonly obtain knives, we know that online sales of knives and offensive weapons are increasingly more common, including via social media, social networks and instant messaging (Home Office, 2023).

The accessibility of acquiring weapons online has been investigated and tested by several journalists. These investigations have shed light on the ease in which knives can be acquired readily and quickly online, with them simply being added to shopping carts on certain sites and no age checks preventing the purchase for those under 18 (ITV, 2023). Following the banning of zombie-style knives and machetes, the BBC was able to purchase four knives from online retailers with UK websites (BBC, 2024). Other investigations have found how they can be obtained specifically through popular social media apps too, such as TikTok and Snapchat, with 'pizza-style' door-to-door delivery being offered and TikTok accounts are posting videos with scannable QR codes to sell various weapons (Mirror, 2023; Times 2023). 'Revealing Reality' highlighted how prolific and normalised weapon advertisements are on Snapchat for children, with one child noting they would see 'three to six posts' advertising weapons or drugs a week. These adverts will request anyone interested to message through Snapchat, thus acting in itself as a marketplace and easy platform to buy and sell weapons (Revealing Reality, 2023).

In response to these concerns, a review into the online sale of knives has been commissioned by the Home Secretary to explore the effectiveness of current legislation, policy and practice, ultimately making a series of recommendations to prevent knives from being sold illegally online.

Cyberbullying and Harassment

Research commissioned by the VRP found that cyberbullying and harassment was the most prevalent type of online harm experienced by children and young adults in West Yorkshire. Cyberbulling occurs through various digital media, including email, social media, text messaging and gaming platforms, involving aggressive behaviours intended to harm and often featuring repetitive actions and power imbalances (Child of the North, 2024). The type of content most frequently seen by children and young adults was 'mean comments' and the most frequently experienced type of contact reported was a stranger trying to add them as a friend. However, the type of contact that

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1 APA definition - Misinformation is false or inaccurate information—getting the facts wrong. Disinformation is false information which is deliberately intended to mislead—intentionally misstating the facts.

respondents found most upsetting were in relation to bullying, harassment and sexual harassment.

Cyberbullying and harassment experiences have been reported by children and young adults, professionals and parents/carers to negatively impact young people's mental health, seen in reduced self-esteem, anxiety, self-harm and suicidal ideation (Social Finance, 2023). Children and young adults identified cyberbullying and harassment as upsetting both when it was targeted at them and when they saw mean comments targeted at others. Other research also finds poor mental health outcomes such as these to be associated with cyberbullying and harassment experiences, and further suggests psychological impacts can be long-term (Greenwood, 2016).

Girls are experiencing more threatening and upsetting behaviour online than ever before, with research finding that among adults aged 18-24, women are three times more likely than men to be sexually harassed online (Girlguiding, 2023, PRC, 2017). In a survey reaching over 3000 women, 1 in 5 had personal experience of sexual harassment on social media and 4 in 10 had experienced or witnessed sexual harassment online. Where they had personally experienced sexual harassment, this was predominantly unwelcome sexual comments/ messages (79%), followed by friend invitations from strangers to make them feel uncomfortable (59%), being sent pornographic photos or videos (48%) and unsolicited sexual propositions (36%) (SellCell, 2023).

The consequences of this 'virtual' violence are very 'real' and provoke stress, panic attacks, depression, self-isolation and can sometimes lead to suicide. These outcomes emerged from a survey from Amnesty International, a quarter (23%) of the women interviewed were harassed or threatened at least once (Amnesty, 2017).

Viewing harmful content

Research has shown that viewing distressing content on social media can increase the risk of violence and conflict, due to this damaging impact it can have on mental health (Social Finance, 2022). Distressing content can include, but is not limited to: violent related content, content relating to world events, sexual content, and self harm and suicide.

Violent related content is one of the most common forms of harmful content seen by children and young adults and can vary in severity and is becoming more and more normalised, which can in turn lead to more children and young adults becoming more

desensitised (Social Finance, 2022; Revealing Reality 2023). In a recent study from Ofcom, children described encountering violent content as 'unavoidable'. Children had first seen violent content in primary school, with the content described by older children being markedly more violent. This content was frequently encountered unintentionally via group chats, posts in their newsfeeds or recommender systems. Children aged between 13-15, particularly boys, were most actively sharing violent content through a desire to 'fit in', either through wanting to gain popularlity or from fear of isolation. Regarding the impacts of being exposed to violent content, children were left feeling upset, anxious and guilty and professionals observed that this exposure led to some children becoming socially and physically withdrawn from the offline world (Ofcom, 2024). In addition to the impact viewing violent content may have on mental health, studies have shown that this exposure and viewing of violent content can decrease empathy and increase real-life aggression (National Library for Medicine, 2023; Han et al, 2020; Anderson et al, 2003).

There is also an established link between trauma-related media exposure and distress, with research suggesting that distress responses to past large-scale collective traumas (e.g., terror attacks) may sensitize some individuals to media coverage of later collective tragedies, thereby exacerbating distress responses in their aftermath. Repeated exposure to news coverage of collective traumas has also been linked to poor mental health consequences — such as flashbacks — in the immediate aftermath and post-traumatic stress responses and physical health problems over time, even among individuals who did not directly experience the event (Thompson et al, 2019). Professionals spoken to in West Yorkshire also discussed the potential effects of trauma-related media exposure on those who had already experienced trauma, with one providing an example of the re-traumatisation of a sexual assault survivor because of content relating to Sarah Everard's murder (Social Finance, 2022).

A contemporary review of research regarding the impact of viewing images of self-harm online has indicated that viewing such images usually causes harm, however in some cases can provide protective effects (Susi et al, 2023). A wide range of associated harms were established, including the escalation of self-harm, development of a self-harm identity and reinforcing engagement behaviours (i.e. commenting and sharing images). Some of the protective effects identified were self-harm mitigation and reduction, promotion of self-harm recovery and encouraging social connection and help giving.

More recent research has showed the impact viewing content is having on self-esteem, with children and young adults having viewing unrealistic beauty standards and feeling unhappier with their body image (Bickham et al, 2022; Social Finance, 2023). Adolescence is a formative age for developing both self-esteem and a sense of self; disruption of this can have a lifelong impact for a psychological adjustment, well-being, and mental health outcomes. Furthermore, self-esteem can predict success in life domains such as relationships, work and health (Orth and Robins, 2014).

The role of algorithms

When discussing the aforementioned potentially harmful content, it is necessary to underscore the role of algorithms used in social media to distribute this content far and wide. Essentially, social media platforms are designed in way that aims to maximise the time, reach and activity of consumers on their sites (5Rights Foundation, 2021). Algorithms are an effective way of doing this, by promoting content that it deems 'relevant' to the user in their feed based on various mechanisms, such as videos that the user may have previously viewed, liked or shared, instead of a publish time.

While in theory this may seem like a manner in which a user's experience can be enhanced, there are significant risks and harm that can come from these algorithms. Research has shown the speed in which TikTok recommends mental health, body-image, eating disorder and self-harm content to new users is harmful. Researchers set up new accounts at the minimum age allowed, 13 years old, and briefly paused and liked videos about body image and mental health. Within 2.6 minutes, TikTok recommended suicide content. Within 8 minutes, TikTok provided content related to eating disorders. Every 39 seconds, TikTok recommended videos about body image and mental health (Centre for Countering Digital Hate, 2022). Where accounts have a related username (in this instance, 'loseweight'), they were found to receive 12 times more recommendations for self-harm and suicide videos than standard accounts. This demonstrates that these algorithms can exacerbate the threat posed by various forms of harmful content by pushing and promoting them into young users' feeds. Other research which found a fourfold increase in the level of misogynistic content being presented on TikTok's 'For You' page discovered that the algorithm privileges more extreme material, and through increased usage, users are gradually exposed to more misogynistic ideologies which are presented and gamified as entertainment (Regehr et al, 2024).

Metaverse

There is no single agreed definition of the metaverse. As it stands, it could be described as the convergence of physical, augmented, and virtual reality in a shared online space. It is a "virtual world" experience that simulates human emotions and gestures. In simpler terms:

- The Metaverse is a virtual reality in which individuals can communicate and transact with each other and with digital 3D items.
- It relates to collaborative virtual worlds where currency can be used to buy and sell land, buildings, avatars, and even identities.
- Individuals can walk around with their friends, visit places, buy things, and attend events in such environments.
- Musicians, for example, can perform virtual gigs, and fashion companies can create virtual apparel for people's avatars to wear in metaverse surroundings. It's worth noting that the metaverse is not always just accessed through virtual or augmented reality. For example, Roblox, a popular children's game, touts itself as a metaverse corporation and elements of Fortnite are also considered to be an integral part of the metaverse. These can be accessed through PCs, gaming consoles and mobile devices.

Currently, the metaverse exists as a series of distinct virtual worlds and experiences. In the future, however, it could expand into an interconnected and limitless world where our digital and physical lives fully converge.

It may not be long until the Metaverse is deemed mainstream, with some predicting it to achieve this status within a few years and contemporary research suggesting that it may already be 'mainstream'. With this in mind, it's important we develop our understanding of the risks and threats that the metaverse already poses, and how we can expect these to escalate as it grows in popularity.

What risks does the metaverse pose in relation to violence?

While the metaverse does have advantages and significant potential as it continues to grow, it's important to acknowledge the harms associated with it.

Research has referenced instances of sexual violence and sexual harassment that occurs in popular Virtual Reality (VR) applications, with the first case of sexual assault in the metaverse being investigated by the police in the UK (SumofUs, 2022; Subramanium & Siang, 2023, BBC, 2024). One researcher reported their experiences of being verbally and sexually harassed within 60 seconds of logging on to 'Horizon Worlds' by a group of 3-4 male appearing avatars. Looking through a psychological lens, there are clear consequences to this. The intention of VR is to ultimately 'trick' the human nervous system into experiencing perceptual and bodily reactions within this different 3D space. Therefore, in a 'virtual assault', a person's physical body might remain untouched, but the psychological, neurological and emotional experience can be very similar because the nervous system can't tell the difference (Cross, 2021). As technology continues to develop, these virtual experiences will continue to feel more and more 'real', with technology being developed that will allow people to physically feel what they see in virtual reality through ultrasonic waves and haptic feedback (Masterson, 2022).

The Center for Countering Digital Hate undertook research which showed the magnitude of the influence "VR Chat" can have, which is the most reviewed social app in Facebook's VR Metaverse. They found that users, including minors, are exposed to abusive behaviour every seven minutes, such as: minors being exposed to graphic sexual content; bullying, sexual harassment and abuse of users, including minors; minors being groomed to repeat racist slurs and extremist talking points; and threats of violence (CCDH, 2021). NPSCC research found that offenders are using immersive technology to groom, coerce, sexually abuse and exploit children, with this happening both solely in a VR space and also leading to offline 'real life' offending, with perpetrators using VR spaces to gain the trust of children to engage in child sexual exploitation (NSPCC, 2023).

This section on online harms has discussed the impact the online world can have on mental health, and the metaverse could have similar consequences (Usmani et al, 2022). In addition to some of the links discussed earlier, overuse of digital technology is associated with many mental health issues, such as somatic symptoms (6%), depression (4%), psychoticism (0.5%), paranoid ideation (0.5%), and serious mental illness (2%) (Ha et al, 2006).

Researchers have investigated something called the 'Proteus effect', which suggests that the embodiment of the avatar's characteristics leads to shifts in the user's self-perception, both online and offline. In essence, the avatar's physical characteristics influence the attitude of the user and subsequently results in behavioural conformity both during and after the avatar use. (Yee and Bailenson, 2007; Paul et al, 2022). This leads to outcomes such as antisocial behaviour and aggression (Hawkins et al, 2021; Yoon & Vargas, 2014).

Despite these emerging risks, there are elements to the design of the metaverse that can be viewed as beneficial and hold potential to positively impact users. Particularly in relation to supporting mental health, we know that social support significantly impacts mental health and the metaverse can act as a place where communities gather and people support each other (Harandi et al, 2017; Pillay, 2023). Using immersive virtual reality has also been found to potentially reduce the public stigma of mental illness. Users can create avatars to represent themselves, allowing them to explore mental health resources and engage in therapeutic interventions without fear of judgment or disclosing personal information. This sense of privacy encourages more individuals to seek help, ultimately improving mental health outcomes (Yuen and Mak, 2021, Moore, 2023). It can also create opportunities around accessibility by reducing geographical boundaries, allowing for group therapy sessions, virtual mental health clinics and immersive spaces to practice things like mindfulness and meditation (Usmani et al, 2022).

Online Safety Act

When discussing the harms associated with social media, it is important to acknowledge the potential impact of the Online Safety Act, which received Royal Assent in October 2023. It puts a range of new duties on social media companies and search services, making them more responsible for their users' safety on their platforms. The Act will aim to support both children and adults, however there is a distinction between the two. The Act outlines how it will tackle illegal content for both children and adults, and 'legal but harmful' content, but for children only. Below is a summary of the key points from the Act drawn from the government's 'explainer', which can be viewed for further detail.

Children

Protecting children is at the heart of the Online Safety Act. Although some content is not illegal, it could be harmful or age-inappropriate for children and platforms need to protect children from it.

Companies with websites that are likely to be accessed by children need to take steps to protect children from harmful content and behaviour.

The categories of harmful content that platforms need to protect children from encountering are set out in the Act. Children must be prevented from accessing Primary Priority Content, and should be given age-appropriate access to Priority Content. The types of content which fall into these categories are set out below.

Primary Priority Content

- pornography
- content that encourages, promotes, or provides instructions for either:
  - self-harm
  - eating disorders or
  - suicide

Priority Content

- bullying
- abusive or hateful content
- content which depicts or encourages serious violence or injury
- content which encourages dangerous stunts and challenges; and
- content which encourages the ingestion, inhalation or exposure to harmful substances.

Age Assurance

The Act requires social media companies to enforce their age limits consistently and protect their child users.

Services must assess any risks to children from using their platforms and set appropriate age restrictions, ensuring that child users have age-appropriate experiences and are shielded from harmful content. Websites with age restrictions need to specify in their terms of service what measures they use to prevent underage access and apply these terms consistently.

Adults

Major user to user online platforms will be required to offer adult users tools to give them greater control over the kinds of content they see and who they engage with online. This includes giving them the option of filtering out unverified users, which will help stop anonymous trolls from contacting them.

Adult users will also be able to verify their identity and access tools which enable them to reduce the likelihood that they see content from non-verified users, and prevent non-verified users from interacting with their content.

Major platforms will need to proactively offer adult users optional tools to help them reduce the likelihood that they will encounter certain types of content. These categories of content are set out in the Act and includes content that does not meet a criminal threshold but encourages, promotes or provides instructions for suicide harm or eating disorders.

Illegal Content being addressed

The Act requires all companies to take robust action against illegal content and activity. Platforms will be required to implement measures to reduce the risks their services are used for illegal offending. They will also need to put in place systems for removing illegal content when it does appear. Search services will also have new duties to take steps to reduce the risks users encounter illegal content via their services.

The illegal content duties are not just about removing existing illegal content; they are also about stopping it from appearing at all. Platforms need to think about how they design their sites to reduce the likelihood of them being used for criminal activity in the first place.

Illegal content that platforms will need to remove includes:

- child sexual abuse
- controlling or coercive behaviour
- extreme sexual violence
- extreme pornography
- fraud
- racially or religiously aggravated public order offences
- inciting violence
- illegal immigration and people smuggling
- promoting or facilitating suicide
- intimate image abuse
- selling illegal drugs or weapons
- sexual exploitation
- terrorism

New offences introduced by the act:

The criminal offences introduced by the Act came into effect on 31st January 2024. These offences cover:

- encouraging or assisting serious self-harm
- cyberflashing
- sending false information intended to cause non-trivial harm
- threatening communications
- intimate image abuse
- epilepsy trolling

Gambling

The UK has one of the biggest gambling markets in the world, with the total gross gambling yield standing at £15.1 billion for the period April 2022 to March 2023. In recent years, concern around the harms associated with gambling has been increasing in the UK. In response to these growing concerns and in recognition of the current gambling system as a public health issue, PHE conducted an evidence review of the health aspects of gambling-related harm, in order to inform action on prevention and treatment as part of a public health approach (PHE, 2023; ADPH, 2022)

Prevalence of Gambling

Through their analysis using 2018 data, PHE estimated that 0.5% of the population were described as gambling at a 'problem' level, and this proportion has remained relatively consistent since 2012 (PHE, 2021). Gambling Commission data found that in the period between January to April 2024, the in-person gambling participation rate (measured in the last four weeks) stands at 29% and the online gambling participation rate is 38% (Gambling Commission, 2024). 3.8% of the population are considered to be people gambling at increased risk, meaning they may experience some level of negative consequences due to their gambling. The highest rates of gambling participation are among those who are employed, have higher academic qualifications and are among relatively less deprived groups. Men are also more likely to gamble than women, with the difference being most obvious for online gambling, where 15% of men participate as opposed to 4% of women. It should be noted, however, that that despite participation rates, the harm is spread unequally. The socio-demographic profile of a person who gambles appears to change as gambling risk increases, with harmful gambling associated with people who are unemployed and among people living in more deprived areas, which suggests a relationship between harmful gambling and health inequalities (PHE, 2021).

When considering children's involvement in gambling, the Gambling Commission's 'Young People and Gambling Survey' for 2024 shows that 27% of 11-16 year olds in England and Scotland spent their own money on gambling activities in the past 12 months, which remains closely consistent with 2023's figure of 26% and a decrease from the 31% in 2022. (Gambling Commission, 2024).[1]

There have been increasing concerns over recent years due to children's exposure to 'loot boxes', which are rewards within computer games that can be bought with virtual currencies or real-world money. There are structural and psychological similarities between loot boxes and gambling and empirical studies have found a stable and consistent association between loot box use and gambling at a 'problem' level (Drummond and Sauer, 2019; Goddard, 2022).

A study using a large contemporary longitudinal cohort has indicated gambling behaviours in more than half of young adults (aged 17 – 24 years), with a strong gender bias towards males. (Hollen et al, 2020) This could be explained by the accessibility of online gambling that has made it easier for young men to gamble, the appeal of sports betting that may be linked to social norms around masculinity, competition and risk-taking behaviour, and young men being more likely to experience social and financial pressures, such as peer influence, financial stress and unemployment, which may increase their vulnerability to gambling harms. (Ioannidis and Bowden-Jones, 2023; Hing et al, 2016 and Calado and Griffiths, 2016). Further to this, impulsivity can be more prominent in young men and is linked to risky behaviours and difficulty in controlling gambling urges. (Ioannidis and Bowden-Jones, 2023)

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1 It is important to note the potential limitations of industry-funded research, due to being open to allegations of bias/conflicts of interest, thus should be treated with caution – further information can be found here

Influences to gambling

Prior to examining the harms associated to gambling, it is important to understand some of the influences to gamble that contribute to the aforementioned prevalence. In addition to providing other resources, the 'Gambling Understood' webpage draws together some research and evidence of these influences.

Firstly, gambling products are designed to be addictive. Gambling can affect the part of the brain that releases dopamine. Consequently, when someone wins a bet, the brain can then release dopamine as an emotional reward. If you get addicted to gambling, other pleasurable activities might not make you feel as good, so instead you will gamble to get the same buzz (Mental Health Foundation, 2021). Research also explains that gambling games are designed to be encapsulating, with enticing lights and sounds, creating an immersive experience. The 'near-misses' when a desired outcome is almost obtained stimulates parts of the brain that usually react to wins so the feeling of 'nearly' winning, rather than repeatedly losing, becomes more appealing, encouraging continued gambling.

The increased availability of online gambling is an area of high risk, providing more swifter access to addictive gambling products. In 2023, online gambling revenues reached an all-time high, accounting for over £5.4 billion of the total market. People that bet online are more likely to bet greater amounts of money each month compared to those that bet in bookmakers or the high street (Beating Betting, 2023)

The scale of gambling itself holds some significance. Research commissioned by GambleAware demonstrated that gambling is seen as part of everday life for children, young and vulnerable adults, with 96% of 11-24 year old research participants being exposes to gambling marketing messages in the last month and one in eight 11-16 year olds follow a gambling company on social media (Ipsos, 2020). The prevalence of gambling in sport is clear to see, with a recent study finding that a betting firm logo was shown on TV up to 3500 times in Premier League matches and a gambling brand is visible on Match of the Day up to 89% of the time (Gambling with Lives, 2023).

Sales and marketing are another influence to consider. For example, elements such as push notifications and free play promote engagement in gambling, encouraging longer play times (The Conversation, 2023). A third of people who gamble said that marketing prompted them to spend money and 18.6% of people said being offered a free bet re-started their gambling. 31% of people struggling with gambling think free bets or bonus offers encourage them to gamble more than they want to.

A recent study, funded by GambleAware, identified key underlying drivers of gambling and gambling harm. Through scoping reviews of six different communities, there were some experiences that impacted across multiple communities. These included the use of gambling as a mechanism to cope with difficult emotions or experiences,
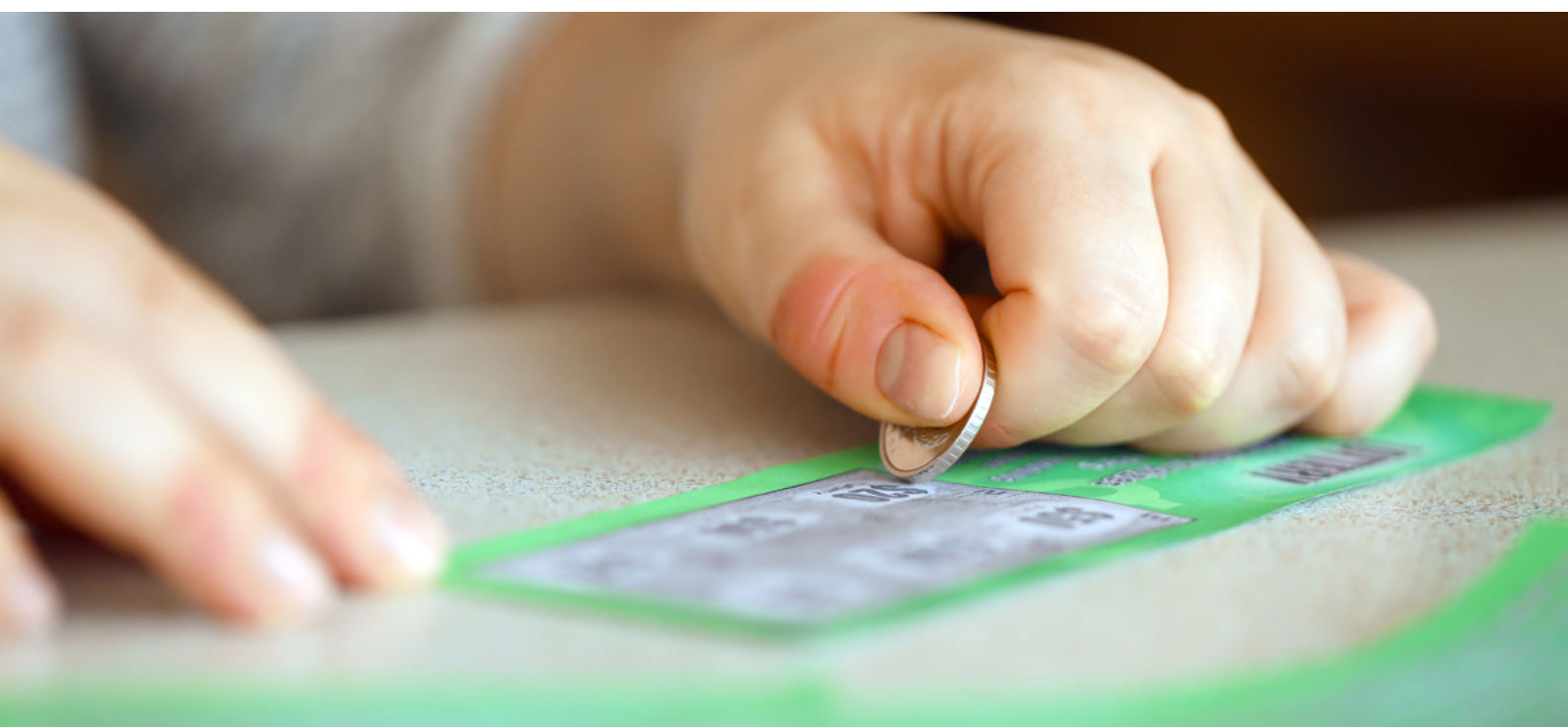
Table 4
Economic and social costs of gambling in England

| Type of Harm | | | Central estimates | | |
| | | | Government costs | Wider societal costs | All costs |
Domain	Sub Domain	Cohort	Direct costs (£ Millions)	Intangible costs (£ Millions)	(£ Millions)
Financial	Statutory homelessness	Adults	49	N/A	49
Health	Total health harms		119.5	635.0 – 1,355.5	754.4 – 1,475.0
	Deaths from suicide	Adults	N/A	241.1 – 961.7	241.1 – 961.7
	Depression	Adults	114.2	N/A	508.0
	Alcohol dependence	Adults	3.5	N/A	3.5
	Illicit drug use	17 to 24 years	1.8	N/A	1.8
Employment and education	Unemployment benefits	Adults	77	N/A	77
Criminal activity	Imprisonment	Adults	167.3	N/A	167.3
Excess cost (£ millions)			**412.9**	**635.0 – 1,355.5**	**1,266.10**

such as mental health challenges, stress related to unemployment, discrimination and poverty. Factors influencing the need for entertainment and social connection were also highlighted, such as isolation, loneliness and changes to the day-to-day routine. There was also a perception that gambling and gambling venues were accessible and inclusive compared to other options for social connections or entertainment through not having barriers associated to physical mobilty, health, language barriers, as well as venues potentially offering a safe, warm space. Lastly, financial motivations was identified, linked to low incomes, pensions and financial responsibility (National Centre for Social Research, 2024).

Harms associated with gambling

By undertaking a comprehensive examination of 53 studies in 2021, Public Health England were able to identify and establish some of the key harms associated with gambling. Some of these are covered below which correlate with other risk and protective factors for involvement in violence, in addition to a specific focus on the relationship between violence and gambling. The below table, sourced from PHE's evidence review, provides an estimation of the economic and social costs of gambling in England (PHE, 2023).

Violence and Crime

The relationship between gambling at a 'problem' level and criminal behaviour has been examined extensively. In PHE's review of the harms associated with gambling, all three quantitative studies showed gambling at a 'problem' level to **not be associated with future crime or anti-social behaviour**, although raised an important caveat that all three studies relied on people self-reporting they had committed a crime. Four qualitative studies reviewed specifically focused on crime, with 3 describing how gambling caused crime and crime was a common harm across the review, featuring in 19 qualitative studies (PHE, 2023). Focusing specifically on violence, studies have shown that people who **gambled at a 'problem' level** had significantly higher odds of receiving violence charges than people who did not gamble at a 'problem' level (Laursen et al. 2016). A study undertaken by

the University of Lincoln found that gambling in any capacity ('pathological', 'problem' or 'casual gambler[2]') related to significantly increased risk of violence. 53% of 'pathological gamblers', 44% of 'problem gamblers' and 28% of 'casual gamblers' reported some form of physical fight in the past five years, as opposed to 19% for non-gamblers. Furthermore, gambling was associated with an increased likelihood of weapons being used in acts of violence, with more than a quarter (28%) in the 69 'pathological category', 18% of 'problem gamblers', and 7% of 'non-problem gamblers' reporting weapon usage (Roberts et al. 2016).

A recent review offers evidence that people who struggle with gambling may commit violent crimes at a higher rate than expected, the prevalence of which may have been disguised by underreporting of gambling-related crimes in other research. The causal relationship, however, between people who struggle with gambling and violent crime remains uncertain, and this is potentially something that could be explored further. (Adolphe, 2019). Research has identified that financial hardship caused by gambling could lead to involvement in crimes, such as property crimes and to a lesser extent violent crime, such as assault. The same research also notes tht crime is often committeed to enable the continuation of gambling. In terms of causality, it was suggested that violent crime related to gambling at a 'problem' level appears to result from the social pressure set by the financial trouble. (Lind, 2015).

Gambling problems can also exacerbate incidences of intimate partner violence (Hing et al, 2023; O'Mullan et al, 2022). PHE's systematic review identified several descriptive studies that reported on outfcomes relating to IPV or family violence, or physical, verbal or sexual violence (PHE, 2021). Most studies included in a meta-analysis undertaken in 2014 found a significant association between problem gambling and IPV victimization and all studies showed a significant relationship between problem gambling and IPV perpetration (Dowling et al, 2014). Research suggests that gambling can reinforce the gendered drivers of violence, citing that where you already have rigid gender roles, men's control of decision-making, limits placed on women's independence, and men condoning violence towards women, then a problem with gambling greatly intensifies the frequency and severity of intimate partner violence (Hing et al. 2020). Another study explored the ways in which some men

who use coercive and controlling behaviour and also gamble behave. This behaviour was identified to be used in three ways: to access money for gambling, to hide problematic gambling behaviours from family and friends, and to justify their problematic gambling and abusive behaviours by apportioning blame to their partner. Within these, verbal abuse, intimidation, manipulation and the threat of physical abuse was employed by men (Banks and Waters, 2022).

Other Harms

Considerable evidence from the studies examined in PHE's evidence review showed that gambling directly causes financial harms to gamblers and their close associates, particularly intimate partners. Gambling related debt is a crucial harm that can lead to other harms, such as relationship problems, physical and mental health problems and crime and the closer these relationships are, the more severely the harms are felt. (PHE, 2021).

Several studies reported that gambling led to bankruptcy and housing problems, including homelessness (Sharman and D'Ardenne, 2017). Gambling debts also result in harm for the gamblers' children, which can include them taking money from their children, or being unable to provide essentials such as clothing and food (PHE, 2021).

Gambling at 'problem' level causes relationship difficulties, which affect the gambler and close associates, including children. Examples of harms included arguments, relationship strain or domestic abuse. The impact of gambling on relationships ripples outwards, thus negatively impacting wider family and friendship networks. For example, this can include having to lie to families and friends (PHE, 2021).

Two quantitative studies examined in PHE's systematic review reported that deaths from suicide were significantly higher among adults with gambling disorder or problems compared to the general adult population. (Karlsson and Hakansson, 2018; Sundqvist and Rosendahl, 2019; PHE, 2021) Gambling was shown to come before and after suicide attempts, which may suggest evidence of a reciprocal relationship. The link between gambling, suicide and self-harm was supported in the qualitative studies examined by PHE, with a treatment provider stating "*We get very high suicide ideation with gambling. It's higher than alcohol*

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2 Note – while the terms 'pathological, problem and casual gambler' have been used here to represent the findings of the cited research, we would advise not using these terms when discussing gambling related harms.

and other drugs." (Browne et al, 2016). The qualitative studies they examined reported that gambling was the cause of emotional, psychological or health harms to adult gamblers or close associates. For people who gamble, these include feelings of guilt, anxiety, stress, desperation and experiencing depression, which was often associated with financial difficulties. Close associates reported feelings of anxiety, depression and sleep problems. A recent systematic review of studies that presented empirical qualitative evidence on gambling related suicide found that two main processes connect gambling and suicidal behaviour: indebtedness and shame. Both of these may also function as barriers to seeking support. Deep feelings of shame and self-stigma can result in secrecy and unwillingness to seek help, and some individuals may wish to conceal the extent of their indebtedness from others, and therefore do not seek help (Marionneau and Nikkinen, 2022; Hing et al, 2016; Dufour and Roy, 2009). Gambling is now also included as a risk in the existing Suicide Prevention Strategy 2023 – 2028 due to the emerging evidence continuing to show links between factors such as harmful gambling and domestic abuse with suicide (Dept of Health & Social Care, 2023).

On employment, research has shown people that gamble to have lost jobs, were demoted, or resigned due to gambling. Gambling was also associated with loss of focus and concentration, showing up late or not turning up, showing up to work after no sleep and conflict with employers (PHE, 2021).

Parents in the Criminal Justice System

Parental imprisonment

The prison population of England and Wales has been increasing for a number of years, quadrupling in size between 1900 and 2018. This means that as of 2021/22 there were 159 prisoners per 100,000 of the population for England and Wales, 162 per 100,000 for Scotland and 97 per 100,000 for Northern Ireland (UK Prison Population Statistics, 2023). As of November 2022, the prison population in England and Wales was 82,905. 95.7% (79,334) were male adults, 4% (3,245) were female adults, and 0.4% (326) were children under the age of 18 (Prison Population, 2022). The prison population is projected to increase to an estimate of 106,300 by 2027.

Prisoners' children and families have been described as '*forgotten victims*', an '*invisible group*', and '*the unseen victims of the prison boom*' (Losel, 2012). There are significant challenges to verifying the number of parents in the CJS and particularly within the prison system. Therefore, it is difficult to know the true number of children in the UK affected by parental imprisonment. The lack of a system to identify the children of prisoners means they become hidden, and thus unable to easily access the help they may need.

Research from 2012 (Williams et al., 2012) suggested that 54% of male prisoners have a child under the age of 18 at the time they enter prison. Based on the prison population (as of November 2022) in England and Wales, this would equate to nearly 43,000 children, which is likely a gross underestimation. A number of studies have attempted to ascertain how many children experience parental imprisonment. Analysis by the Prison Advice and Care Trust in 2023, estimated that 100,083 children have a parent in prison right now based on the Ministry of Justice's estimation that each male prisoner has an average of 1.14 children (Pact, 2023). Crest Advisory's 2019 report estimated that the number of children who are/will be affected by paternal and maternal imprisonment in the next

7 years (until 2025) will be 312,000 (Kincard et al., 2019). 295,000 of these will be affected by paternal imprisonment and 17,000 by maternal imprisonment. The 17,000 affected by maternal imprisonment accounts for around 66% of women in prison, however the definitions and data tend not to include grandmothers and mothers of older children which would increase this number (Minson et al., 2015).

Impact on parents

Examining the whole prison population, it has been evidenced repeatedly that many prisoners (men and women) have a history of social exclusion and are more likely than the general population to grow up in poverty or have a family member who has been convicted of a criminal offence (Ministry of Justice, 2010). A longitudinal cohort study which explored the past and present family sentences of newly sentenced prisoners in England and Wales found that difficult family backgrounds played a role in prisoners' offending (Williams et al,. 2012). 24% had been in care at some point during their childhood. Those who had been in care were younger at the time of their first arrest and more likely to be reconvicted than those who had never been in care (13 years old compared to 16 years old). 29% of prisoners had experienced abuse or observed violence within their family home (41%). There was also evidence of inter-generational offending, with 37% of prisoners having someone in their family who had been found guilty of a criminal offence, and the transmission of criminality was found to be stronger when parents were imprisoned, as opposed to just convicted. This finding is critical as it could suggest that this transfer of offending would be repeatedly 'passed down' through families rather than encouraging desistance.

The prison environment can influence a person's identity through a process termed 'prisonisation' where individuals become assimilated to the subcultures, norms, and values of the institution. The experience of losing their identity as a father can bring about feelings of guilt, grief, and helplessness,

with fathers in prison struggling to feel like a 'good father' ([Arditti et al., 2005](#)). The longer-term impact of these feelings can be a decision, conscious or subconscious, to discontinue contact or involvement with their family and children whilst in prison.

Maintaining a relationship with their child through communication is a key factor in keeping men attached to their identity as a father beyond the constraints of the prison environment ([Young, 2016](#)). A study examining what imprisonment meant for men in terms of their identities as a father found that they felt prison prevented them from achieving their vision of an ideal father, creating a disconnect between what they wanted to do and their inability to action this ([Young, 2016](#)). Fathers felt that being able to evidence to their children (as well as their partners and wider family) that prison had changed their behaviour in a positive way was an important aspect of their paternal identity. This highlights the importance of contact and connection during a period of imprisonment to be able to show this change to children.

It will be more common for a child to experience paternal imprisonment than maternal imprisonment, due to the huge difference in the numbers of men and women imprisoned each year. However, maternal imprisonment has different and unique impacts on mothers and children and there is a significant inter-generational impact of trauma. The Prison Reform Trust argues that *"the imprisonment of a mother has a potentially devastating impact on children, regardless of the age of the child and the length of sentence the mother receives"* ([Beresford, 2018](#)).

As with fathers in prison, mothers suffered a huge loss of identity due to being separated from their children. Having to 'mother from a distance' made many women feel like they were failing in their roles. Even if their maternal identity was maintained through visits, mothers still felt anxious and guilty when they felt their children *'needed them most'* ([Baldwin, 2021](#)) and they were not able to be there for special life events or occasions. However, within prisons women tried to maintain their maternal identity by connecting with other mothers in the prison. Women held in open prisons discussed how their motherhood acted as a bond between prisoners. In contrast, those in closed prisons employed emotional control and restraint around their maternal identity, avoiding talking about their children, in order to prevent themselves becoming upset or upsetting others. The latter approach has also been observed in relation to male prisoners, however for men as well as being a coping mechanism, this was in order to maintain a sense of masculinity ([Crewe et al., 2017](#)). Women held in closed conditions spend the majority of their days in their cells, meaning this becomes a

place where women were frequently surrounded by their children in the form of photographs. Whilst the 'presence' of their children offered hope, it also meant their cell became a place women would try to manage their maternal emotions, and when this was not possible some mothers have been found to self-harm or attempt suicide ([Baldwin & Quinlan, 2018](#)).

After their release mothers are required to 'renegotiate' their maternal identity and find their new role within their family and for some this was challenging as they had lost confidence in their maternal self-esteem. The guilt, shame, and stigma many felt had irreversibly impacted their self-esteem as mothers, describing themselves as *'forever spoiled'* or *'tainted'* as mothers due to their imprisonment causing an overwhelming fear of *'failing again'* ([Baldwin, 2021](#)). These feelings left them susceptible to mental health difficulties, addiction, and reoffending, this is evidence of how the presence of influential factors for violence, imprisonment, and a lack of support during the resettlement period can lead to a cycle of offending. During the resettlement period, mothers wanted to reassert their maternal role but frequently felt unsupported.

Impact on children

The extent to which a child will be negatively impacted by parental imprisonment depends on a number of factors, including their age at the time their parent goes to prison, the gender of the imprisoned parent, their relationship prior to imprisonment to the parent in prison and their remaining caregiver, the quality of care received during imprisonment, the nature and frequency of contact, the length of separation, the nature of the parent's offence, and attributions or perceptions of stigma ([Weaver & Nolan, 2015](#)).

Research has shown that children who experience a parent going to prison are more likely than their peers to experience challenging life experiences in the future. These children have an increased likelihood of criminal offending, mental health problems, drug and alcohol addiction, passing away before the age of 65, and stopping education at a younger age ([House of Commons, 2019](#)). There is also evidence that children with parents in prison are disproportionately represented amongst children accessing mental health services ([Phillips et al., 2002](#)).

The emotional and behavioural impacts of parental imprisonment on children, include disruption to their school experience ([Losel, 2012](#)). In terms of schooling, 59% of prisoners stated they regularly truanted from school; 63% had been suspended or temporarily excluded; and 42% stated they had been permanently excluded or expelled ([Williams et al., 2012](#)).

Parental imprisonment is considered to be one of the ten adverse childhood experiences which have a significant impact on the long-term health and wellbeing of children. Children who experienced parental imprisonment were five times more likely to have experienced other adverse childhood experiences than children whose parents had not been imprisoned (Turney, 2018). Higher exposure to adverse childhood experiences results in an increased likelihood of developing harmful health-related and antisocial behaviour, including binge drinking, smoking, and drug use (Health Scotland, 2017). These harmful behaviours can lead to a more rapid development of health conditions including diabetes, cancer, cardiovascular disease and mental illness (Beresford et al., 2020). Furthermore, there is evidence that children from a Black ethnic background had experienced the highest number of adverse childhood experiences. It is possible that there is a relationship between this and the disproportionate over-representation of Black, Asian, and Ethnic Minority individuals in the CJS.

The inter-generational impact of parent's criminality and imprisonment has been found on child's risk of involvement with the CJS increasing as a result, highlighting the importance of helping children of prisoners as a tool to prevent future crime. Some studies have shown that over two thirds of sons whose fathers had been in prison also offend (Farrington & Jollifee, 2001). For some children, parental imprisonment could be the reason for their criminal behaviour as a means of copying and identifying with their father (Loureiro, 2010). Furthermore, for children who have experienced parental imprisonment who then go on to offend, their criminal behaviour starts earlier. With Simmons finding that 45% of boys arrested between the ages of 9 and 12 had parents who had been in prison (Simmons, 2000). Children with a parent in prison are also stigmatised within wider society and it has been suggested that *'the anger and hate caused by the stigma of being a child with a parent in jail can increase the probability of criminal behaviour in the future'* (Ziebert, 2006).

It has been argued that criminal parents appear to be the strongest family factor predicting offending (Besemer & Farrington, 2012). Six explanations have been proposed for the inter-generational transmission of criminal behaviour, 1) inter-generational exposure to multiple risk factors, 2) mediation through environmental risk factors, 3) teaching and co-offending, 4) genetic mechanisms, 5) assertive mating, and 6) official (police and justice) bias. The likelihood is these explanations are intertwined, and transmitted through social learning which posits that when parents are more frequent offenders, children have more opportunities to observe and imitate these behaviours leading to criminal behaviour (Besemer & Farrington, 2012). In addition, offending parents themselves will have been influenced by their own upbringing and if they had observed criminal behaviour this will have affected their own transition into adulthood, parenting styles, and effectiveness of their parenting, which in turn impacts on their children. An empirical research study investigated the relevance of the timing and volume of criminal behaviour in parents on their offsprings offending behaviour (Besemer & Farrington, 2012). The findings showed that children of offenders (both sporadic and chronic) had a higher offending and conviction rate than children of non-offenders. The study demonstrate that having a convicted father increases the chance and number of offspring convictions, but trajectories do not follow each other with the intensity of the father's offending not predicting the intensity of the child's offending.

Parental imprisonment can impact a child's development resulting in maladaptive behaviours, this is typically seen through externalising behaviours in boys and internalising behaviours in girls (University of Huddersfield, 2013). Boys have been found to express their feelings about their parent's imprisonment through anger, fighting, and anti-social behaviour, whereas girls typically cope through withdrawing or isolating themselves and the development of psychosomatic symptoms. It has been suggested that boys struggle to manage the absence of a male role model, whereas girls who live with their mothers whilst their fathers are in prison benefit from their female role models being consistent and available (Manby, 2014). Research has found that children affected by maternal imprisonment may show reduced empathy, which is an influential factor for future criminal behaviour, and the impact of this is greater for girls with a mother in prison than for boys (Beresford, 2018).

Children have been found to suffer feelings of grief, stigmatisation, and isolation following parental imprisonment (Vince & Evison, 2022). The vicarious shame and stigma experienced by children can stem from the perceived failure of their mother to meet societal expectation of her role (Minson & Condry, 2015). The effects of having a family member in prison parallel children's experiences of bereavement, including a deterioration in physical and mental health, and in social and financial circumstances (Loureiro, 2010). Experiences of parental imprisonment have also been likened to divorce. Similarities include the sudden and often unexpected departure of a parent, loss of contact, reductions in family income, and emotional impacts on caregivers. The trauma incurred by parental imprisonment can manifest as a type of

grief with particular characteristics originating from 'secondary prisonisation and 'secondary stigmatisation' (Minson, 2018). Prisonisation, as mentioned earlier, is '*the process by which a prisoner become socialised into the culture and life of prison'.* Secondary prisonisation refers to the pain experienced by those visiting a family member in prison. Children with parents in prison experience secondary prisonisation through the changes to their daily routines, this includes physical changes to their home, caregiver and education and changes to the parent/child relationship which becomes constrained by the regime of the prison estate. Secondary stigmatisation is where the consequences of a parent's offence and imprisonment becomes attached to the children, resulting in them being 'othered' within society. Because of this, children of prisoners can be labelled as 'problems', 'a potential criminal', or 'a chip off the old block' and experience different treatment to their peers because of this (Codd, 2008). As a result, children begin to see themselves on the margin of society, as their parent in prison is, and this can lead to feelings of grief.

Children with parents in prison have been conceptualised has a '*hidden population of young carers'* (Leeson, 2019). Under the established criteria of being a 'young carer', children with a parent in prison are rarely eligible, i.e. they do not have a parent with a disability, mental illness, or drugs/alcohol problem. In reality though children who have a parent in prison are heavily relied upon by their caregiver, especially through providing significant emotional support and experiencing a distortion in their previous caregiver/child relationship. A qualitative research project investigating the caring experiences of children with a parent in prison found that children were increasingly anxious about their caregiver's wellbeing and mental health. This had an emotional toll on the children themselves who were further isolated from support mechanisms due to the stigma of parental imprisonment causing them to create cover stories as to the location of their parent and distance themselves from friends. Often the remaining parent is experiencing significant challenges themselves, and this can manifest in drug and alcohol use, the onset of mental illnesses or physical manifestations of stress. Children also experienced a shift in roles, being relied upon to support their younger siblings and act as parents themselves (Leeson, 2019). When a father is arrested, the older brother frequently assumes the position of the father, which can bring about confusion for other siblings who do not understand the changing dynamic within their family (Loureiro, 2010). Sometimes the remaining caregiver does not want younger children to know about their parents'

imprisonment, which can create further pressure and shame for older children. Whilst one research project found that children expressed a sense of pride in their new roles, they also exhibited a sense of frustration of their lost childhood (Long et al., 2019).

In summary

The focus of this report has been on the factors that influence an individual's chances of becoming a victim and/or perpetrator of serious violence. Violence and the risk of violence cannot be seen in isolation from individual, relational, community, and societal factors.

Influential factors linked with serious violence are not direct causes, instead a combination of negative factors contribute to the risk, whilst a combination of positive factors may lessen the likelihood of experiencing serious violence.

The influential factors are complex and interconnected, for example children growing up in deprived areas may be more at risk of poor mental health and in turn poorer educational attainment, all of which can increase the risk of involvement in serious violence.

The VRP recognises the importance of working in partnership to reduce serious violence, as well as improve the health, wellbeing, safety, and resilience of communities within West Yorkshire.

Appendix 1 – Table of abbreviations

ADHD	Attention deficit hyperactivity disorder
AP	Alternative Provision
ASC	Autism Spectrum Condition
ASD	Autism Spectrum Disorder
BTP	British Transport Police
CCE	Child Criminal Exploitation
CJS	Criminal Justice System
CPS	Crown Prosecution Service
CSE	Child Sexual Exploitation
EHE	Elective Home Education
FASD	Foetal Alcohol Spectrum Disorder
FSM	Free School Meals
HBA	So-called Honour Based Abuse
IPV	Intimate Partner Violence
LGBT+	Lesbian, Gay, Bisexual, Transgender
LHA	Local Housing Allowance
LSOA	Lower Layer Super Output Area
NEET	Not in Education, Employment or Training
NRPF	No Recourse to Public Funds
NSPCC	National Society for the Prevention of Cruelty to Children
NTE	Night Time Economy
ONS	Office of National Statistics
PHE	Public Health England
PRU	Pupil Referral Unit
PTSD	Post Traumatic Stress Disorder
SEN	Special Educational Needs
TBI	Traumatic Brain Injury
VR	Virtual Reality
VRP	Violence Reduction Partnership
WHO	World Health Organisation
WYP	West Yorkshire Police

Appendix 2 – West Yorkshire data

Ethnicity

There is a significant gap in data available for the ethnicity of victims of violent crime in West Yorkshire. In recorded West Yorkshire Police crime data for the year ending June 2024, ethnicity information was recorded in just 65% of cases. For self-defined victim ethnicity 13% of records were blank, and a further 23% were categorised as not stated.

The largest group of victims were from White backgrounds (50%) and this increases to 77% of all victims where ethnicity data is available. For female victims, 80% were White.

Over half, 65%, of all hate crime in West Yorkshire in the year ending June 2024 was racially motivated. Despite this there was no ethnicity data available for 34% of victims.

The rate of stop and search in West Yorkshire between June and October 2024 for Black people was 8.4 per 1,000, followed by Mixed ethnicity at a rate of 6.9 per 1,000, and those of Asian ethnicity at a rate of 6.8 per 1,000. This is compared to a 2 per 1,000 rate for White people.

Equality data recorded by West Yorkshire Police in 2024 showed that a higher proportion of stop and search activity within the county takes place amongst Ethnic Minority groups (41.7%). Considering the demographic breakdown within West Yorkshire, the ratio of people from a Ethnic Minority background to White background being stopped and searched is 2.3:1.

The **Race & Ethnicity** section of the document can be returned to here.

NEET

Local authority data shows the proportion of 16–17-year-olds not in education, employment, or training, or whose activity is not known for 2022/23. The table below shows that the NEET rate is slightly higher in Yorkshire and The Humber (6.5%) than England as a whole (5.3%). Across West Yorkshire, Leeds has the highest NEET rate (3.9%) and Kirklees and Wakefield the lowest both at (1.9%). The NEET rate has risen for Calderdale, Kirklees, and Leeds compared to the end of 2021.

The **NEET** section of the document can be returned to [here](#).

	% of 16–17-year-olds either NEET or unknown	Of which % known to be NEET
England	4.7	2.6
Yorkshire and Humber	5.3	2.9
Bradford	5.9	2.9
Calderdale	3.6	2.8
Kirklees	3.3	2.3
Leeds	7.8	2.5
Wakefield	4.3	2.8

Unemployment

The unemployment rate for West Yorkshire overall (as of June 2024) is 3.2%, equal to the national average of 3.0%. Unemployment is highest in Bradford at 4.5%.

National data from April to June 2024 shows demographic differences in unemployment with the rate being higher for all ethnic groups other than White (3.3%), and mixed/multiple ethnic groups had the highest unemployment rate (11.5%). Unemployment rates are higher for white men compared to white women, but the opposite trend is found for individuals from an ethnic minority background. Within West Yorkshire, only 54% of disabled people and 65% of people from ethnic minorities are in employment (WYCA, 2023).

Unemployment amongst young people is of particular concern when considering influential factors for serious violence. In the UK between May and July 2024 (Gov.uk, 2024), 597,000 people aged 16 to 24 were unemployed, an increase of 51,000 from the previous year. This is a rate of 14.2% compared to 4.1% for the whole population.

Economic inactivity is defined as people of working age (between 16 and 64) not in employment who have not been seeking work within the last four weeks and/or are unable to start work within the next two weeks.

Reasons for economic inactivity include studying full time, looking after a family, retirement and long-term sickness. Looking at the period between April 2023 and March 2024, West Yorkshire had 360,600 (24.7%) economically inactive people. The below graph shows the percentage of those who are currently inactive in each local authority in the region.
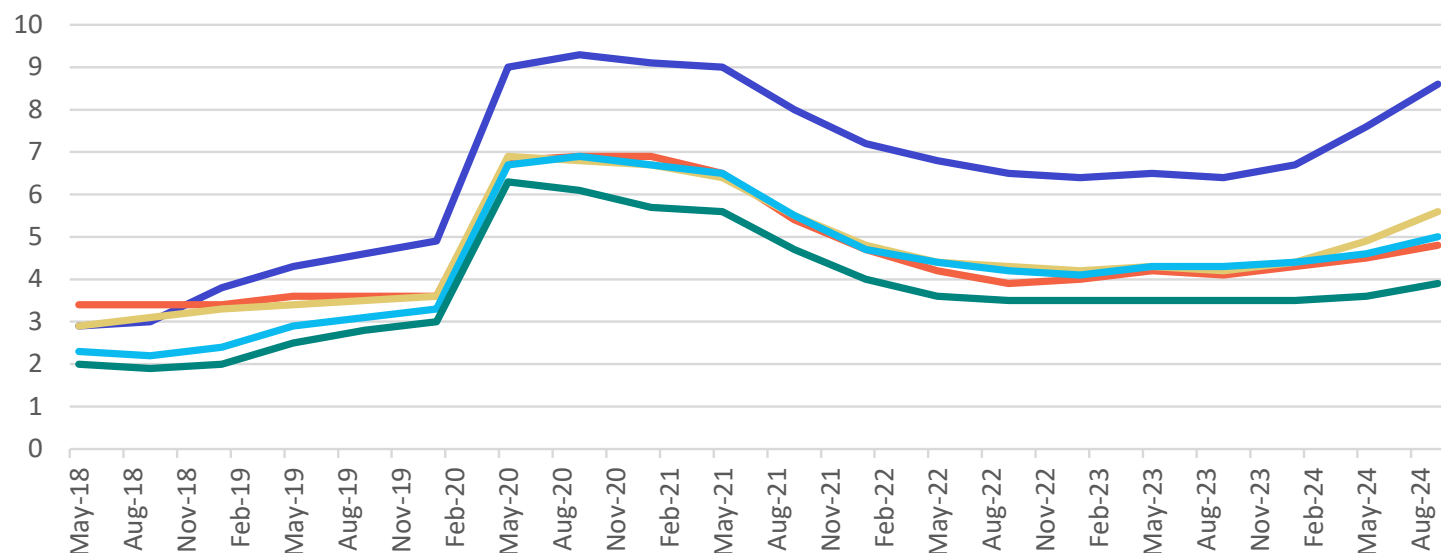
Unemployment rates in West Yorkshire

Bradford · Calderdale · Kirklees · Leeds · Wakefield
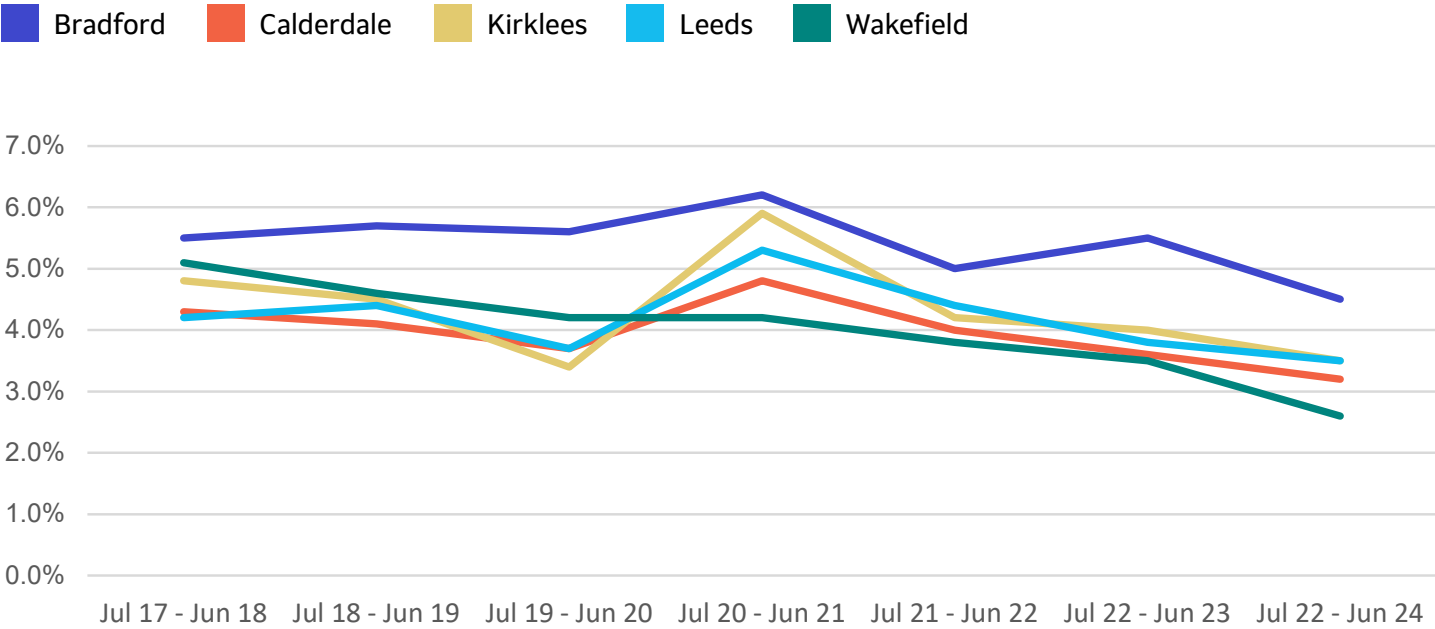
Universal Credit claimants as a proportion of residents aged 16-64

Bradford **Calderdale** **Kirklees** **Leeds** **Wakefield**

The table below breaks down the reasons why people in the region are classed as economically inactive. Out of the total of 360,600 people who fall into this category, 64,400 (17.9%) want to find a job.

The **Unemployment** section of the document can be returned to here.

	West Yorkshire (Level)	West Yorkshire (%)	England (%)
Student	88,200	25.9	27.2
Looking after family home	77,100	22.7	20.0
Temporary sick	*	*	2.2
Long-term sick	88,200	25.9	25.6
Retired	43,800	12.9	13.0
Other	33,300	9.8	11.8
Wants a job	56,800	16.7	17.6
Does not want a job	283,400	83.3	82.4
Total	340,200	23.3	21.2