

**TIIG EVENT 2023**

TIIG are in the process of arranging the next TIIG event. Planned for Summer 2023, previous events have seen up to 150 attendances from across Violence Reduction Units, NHS, Local Authorities, Community Safety Partnerships, Police and Academia. The TIIG event brings together colleagues who are working to reduce and prevent injuries and violence, offering a selection of presentations as well as opportunity to network, discuss ideas and share best practice. We will be in touch over the coming weeks with more information, but for now if anyone is interested in presenting at the next event, please contact [Jen Germain](mailto:jen.germain@liverpool.ac.uk). For information on our previous TIIG event including slides and recordings, please visit <https://tiig.ljmu.ac.uk/Event2022>

**SERIOUS VIOLENCE DUTY**

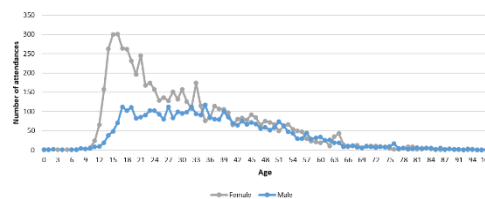
In December 2022, the Home Office published their [Serious Violence Duty](#). [Draft guidance](#) for The Duty was announced in response to a government consultation in 2019, to support a multi-agency approach to reduce serious violence. The guidance follows the publication of the [Serious Violence Strategy](#) in 2018, which outlined the Government's commitment to tackling serious violence. The Duty is aimed at organisations who have a role in tackling serious violence (such as Police, Criminal Justice, Local Authorities, Health and Fire and Rescue), encouraging a public health approach to violence prevention and placing a responsibility on local organisations and services to work collaboratively and share data and intelligence effectively. This data sharing is most likely to be aggregated and anonymised data and should include data from police, hospitals, prisons, and education. This work can be led by existing multi-agency partnerships including Community Safety Partnerships (CSPs) and Violence Reduction Units (VRUs) as well as through existing data sharing gateways and systems, although in some instances new data sharing may need to be established. Data sharing should be used for both operational and strategic purposes.

TIIG is an intelligence and violence surveillance system working with data from police, fire and rescue, health services and education. We are working to support local partners in ensuring they are meeting the requirement of the Duty. For more information, please contact [TIIG](mailto:jen.germain@liverpool.ac.uk).

**SELF HARM IN YOUNG PEOPLE**

Deliberate self-harm (DSH) is the act of purposefully hurting your body. There are many forms of DSH including, but not limited to, burning, cutting, branding and pulling skin or hair ([Mind, 2020](#)). DSH can be a way of coping with distressing thoughts and feelings, with significant predictors for young people including parental abuse, internet access, depressive symptoms and involvement in fights ([Sinha et al, 2021](#)). Age can also be a risk factor for self-harm, and in particular for women, rates peak at a young age (16 to 24 years; [Nice, 2020](#))

[Best For You](#) was set up by a group of leading NHS organisations as a transformative new way of delivering mental health services for young people. It is a service for those aged 13 years and younger, offering digital support (through apps, websites) across the UK. Data published during [Children's Mental Health week](#), shows that the proportion of children aged 13 and under using the service in 2022 had increased by 47% since 2019 with 28% of conversations now being about self-harm, representing a 17% increase. It was felt that these increases were in part due to Covid-19, with young peoples mental health being described as being at 'crisis point'. Looking at a sample of TIIG Emergency Department (ED) data, DSH attendances comprised approximately 3% of all injury attendances between January 2020 and March



2023. Over six in ten (62%) of DSH attendances were women, with pronounced spikes in attendances for young women between the ages of 14 and 19 years. Attendances overall increased during and immediately after Covid-19 lockdown months but have gradually reduced as restrictions have eased, returning to pre-pandemic levels.



Whilst it should be noted that not everyone who self-harms will present at an ED, it is encouraging that DSH attendances have dropped since Covid-19 and that this decrease has been across different age groups and genders.

**DOG BITE COLLABORATION**

Dog related deaths are defined as being where the cause of death for an individual is 'bitten or struck by a dog'. Whilst dog related deaths are rare and also not thought to be increasing, there is much regional variance, with the North-West of England having the highest annual incidence between 2013 and 2021 across England and Wales (1.36 deaths per 10 million population in comparison to the national average of .59; [Tulloch et al, 2023](#)). Conversely, dog related injuries, usually through bites, are increasing. Dogs are estimated by the World Health Organisation ([WHO 2018](#)) to cause tens of millions of injuries annually, with children being at highest risk. Across England, hospital admissions data (between 1998 and 2018) found that dog bite admissions rose from 6.34 per 100,000 population in 1998 to 14.99 in 2018 ([Tulloch 2021](#)). Highest admissions were seen in children (peaking in the 5-9 year age group) and in those aged between 40 and 49 years, as well as males, those living in deprived areas and those living in rural areas. Similarly, to dog related death data, the North-West has high rates with the highest rates in Merseyside (32.2 admissions per 100,000 population). TIIG are working on a bid in conjunction with colleagues at The University of Liverpool which aims to understand why the North-West has a higher incidence of dog bites when compared to the rest of the country. For more information, please contact [Jen Germain](mailto:jen.germain@liverpool.ac.uk).

**MEET THE TEAM**



- Mark Whitfield** Intelligence and Surveillance Manager
- Jen Germain** TIIG Project Lead
- Jane Webster** Data Quality Lead
- Karen Critchley** Criminal Justice Project Lead
- Ann Lincoln** Data Analyst
- Howard Reed** Intelligence and Surveillance Systems Manager



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