

Going Beyond 'Safer Streets': Reducing Fatal Knife Injuries among Children and young people in England

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The UK Government's Safer Streets Mission aims to halve knife crime and halve violence against women and girls (VAWG) within a decade. While this ambition is welcome, our research findings raise two concerns. Firstly, treating 'knife crime' and domestic abuse as separate policy concerns obscures how these forms of violence intersect in children's lives. Our research indicates that, even with specialist medical care, the most severe knife injuries sustained by young people are unsurvivable. This highlights our second concern; the limitations of a policing led, offence focused approach. Effective fatality prevention must begin much earlier, with interventions that recognise and respond to children's earliest experiences of violence, most often occurring within the home.

This briefing is based on findings from a recent University of Bristol research project. The study was conducted in partnership with the [National Child Mortality Database \(NCMD\)](#), the first national system to collect standardised data on all child deaths in England. We used all available NCMD records from 2019–2024 to examine knife related deaths of children under 18. This provides the **strongest national evidence to date on the patterns of fatal injuries and the adversity children experienced long before the moment of harm. Results report the demographics of 145 children who died and provides a detailed analysis of 58 cases.**

The evidence is clear: knife crime prevention must begin in the early years. Our research suggests that children are receiving fast and appropriate care when they present with severe chest or neck wounds, but due to the severity of injuries suffered, too often there is too little time to save the life of the severely injured child. Preventing these deaths requires early, holistic interventions that address children's first experiences of violence, understand their overlapping harms, and explicitly recognise concurrent and overlapping experiences of violence in private and public space.



Policy Recommendation 1: Address demographic inequalities in knife related child fatalities

National strategy should address the significant racial and socioeconomic inequalities that characterize child knife related deaths. An effective strategy must therefore embed equity as a central organising principle rather than an optional consideration. Targeted, equity focused prevention strategies should be co-designed with affected communities, including young people, families, grassroots organisations, and practitioners with lived experience. To reduce these avoidable and disproportionate harms, government policy should;

- **Prioritise investment in communities with the highest levels of deprivation**, ensuring that funding reaches youth services, schools, and community groups serving racially minoritised and economically marginalised children;
- **Ensure availability of culturally competent, specialist services, delivered in partnership with 'by and for' organisations¹**, to support children who are victims of violence. These services should include trauma informed mental health support, family-based interventions, and trusted relationship based mentoring.

Policy Recommendation 2: Establish a statutory right to specialist domestic abuse support for children

Although the Domestic Abuse Act 2021 formally recognises children as victims of domestic abuse, it does not provide them with an explicit statutory right to specialist support.

- **Create a statutory right to specialist domestic abuse support for all children** who experience domestic abuse, through an amendment to the Domestic Abuse Act 2021. This would create a clear legal entitlement, ensuring that all child victims receive timely, specialist, and independent support.
- **Domestic Abuse support for children should be a right that is unconnected from the need to meet immediate risk or support thresholds**, and should be decoupled from parental service engagement, enabling children to access specialist provision in their own right.
- **Redesign risk assessments and referral pathways so that children are treated as primary victims and clients within domestic abuse systems**, not as extensions of adult services and safeguarding pathways.

Policy Recommendation 3: Create integrated support pathways for violence related trauma and neurodivergence

Clear, integrated support pathways must be established to effectively meet the needs of children experiencing both violence-related trauma and neurodivergence. Current gaps in provision mean that many children are routed into mental-health pathways that are not designed to address the trauma arising from experiences of violence.

- **Develop specialised, violence specific support services** that schools, GPs, and community organisations can directly refer into as a first response.
- **Address the postcode lottery in children's domestic abuse support**, which is potentially driving an over reliance on Child and Adolescent Mental Health Services (CAMHS) as a default referral point.
- **Develop multi-modal assessment frameworks** so that trauma exposure, experiences of violence and abuse, and neurodivergence are assessed together rather than treated in isolation.
- **Fund co-located or parallel specialist violence support pathways**, enabling children to receive both trauma informed and neurodevelopmental intervention without unnecessary delays, duplication, or attrition.

Policy Recommendation 4: Develop gender-specific and gender-transformative support for boys

Boys account for the majority (90%) of fatal stabbing victims, yet current national strategies do not adequately recognise them as direct victims of domestic abuse or address the ways that gendered expectations shape their experiences of harm.

- **Strengthen statutory relationships and sex education** so that it explicitly acknowledges that childhood domestic abuse is not just a VAWG issue. While the UK Government's Violence Against Women and Girls Strategy (2025) commits to ensuring that all children over the age of 11 receive healthy relationships education, the curriculum should explicitly acknowledge that many children are living with domestic abuse in their families, rather than focusing solely on the links between masculinities and potential perpetration.
- **Fund the development of interventions which offer gender-specific support** for children who have experienced violence. These should recognise boys' dual and overlapping roles as victims, witnesses, and sometimes perpetrators of violence, ensuring support does not depend on whether a child has offended, or is 'at risk of' involvement with the criminal justice system.
- **Redirect investment towards early, long term support**, rather than short-term interventions triggered only when boys are perceived as 'at risk of offending.'
- **Redesign interventions addressing children's offending behaviour so they are fully trauma-informed**, recognising the impact of violence and exploitation on children's actions, and ensuring that responsibility is not placed disproportionately on the child for harms they have experienced.

1. Specialist services designed, led and delivered by and for the communities they serve.

Research findings

1. Fatal injury patterns

The evidence indicates that at least two school age children are killed every month in England by stab wounds. In the 57 cases with detailed clinical information, 75.9% sustained fatal injuries to the chest or neck, and 60.3% died before reaching hospital. Of the 55 cases with postmortem data, 69.1% died from one fatal wound. These wounds were typically to non-compressible areas (heart, aorta, lungs), for which rapid open chest surgery (within minutes) is the only lifesaving intervention. Prevention is therefore vital to reducing mortality.

2. Demographic inequalities

Between 2019–2024, 145 children died from knife injuries. Most were male (90.3%), with an average age of 14.4 years. Children in the most deprived areas were over seven times more likely to die than those in the least deprived areas. Black/Black British children were more than thirteen times more likely to die than White children.

3. Domestic abuse as a major driver of vulnerability

58% of children had experienced domestic abuse at home, and in three cases the fatal incident occurred during or following an attack on their mother by a perpetrator of domestic abuse. Despite this, none received specialist child-focused domestic abuse support. Only 7% received any domestic abuse-related referral, typically aimed at supporting the non-abusing parent, contingent on an assessment of immediate risk of harm. Additionally, 19% of children had used violence at home, highlighting complex victim-perpetrator dynamics within domestic settings.

4. Violence and exclusion in school settings

School was a common site of both victimisation and perpetration. Among the 53 school aged victims, 9% had been victims of violence in school, and 30% had perpetrated violence at school. Almost half (47.2%) had been excluded from school prior to death. In many cases, schools responded to behaviour rather than recognising it as a possible indicator of domestic abuse or wider trauma.

5. Neurodiversity and missed intervention points

Possible neurodivergence or learning, speech, or mental health difficulties were recorded for 78% of children, yet only 29.3% were referred to CAMHS. Long waits, high thresholds, potential misinterpretation of trauma symptoms, and attrition were common. Some children died while awaiting assessment, demonstrating the absence of timely, trauma informed pathways.

6. Community violence and overlapping roles

81% had experienced community violence. Nearly half of these (46%) were victimised within broader patterns of serious youth violence, exploitation, or gang involvement. 40% had also perpetrated violence, including serious offences. 24% had histories of knife carrying. These findings show that children frequently move between being victims, witnesses, and perpetrators, and that current systems fail to respond holistically to this complexity.

Further information

Roberts, Tom., Odd, David., Coveney, John., Webster, Stacey., Levell, Jade., Stoianova, Sylvia., Sleep, Vicky., Williams, Tom., Marlow, Robin., Luyt, Karen., Carlton, Edward. (2026) **Pre-Injury, injury and post-injury factors leading to death in children and young people who were victims of knife crime in England between 2019-2024: a review of the National Child Mortality Database.** *Emergency Medicine Journal*

Levell, Jade., Roberts, Tom., Staines, Jo., Sleep, Vicky., Stoianova, Sylvia., Carlton, Edward., Luyt, Karen (2026) **Childhood Violence Across Distinct, Overlapping, and Concurrent Contexts: Polyvictimization, Polyperpetration, and Missed Interventions Points among Child Knife Crime Fatalities in England.** *Frontiers in Medical Sociology*

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