VIOLENCE IS PREVENTABLE, NOT INEVITABLI

The Story and Impact of the Scottish Violence Reduction Unit



FOREWORD

Violence is preventable, not inevitable - it doesn't sound like such a radical statement these days. A country that can halve its homicides has proved there's nothing inevitable about violence. But go back to 2004/5 when Glasgow and Scotland were among the most violent places in the developed world and that statement was truly radical. A community that sees its young people maimed and dying on its streets every day will struggle to believe that violence isn't an inevitable part of their life. To believe a different future is possible amidst the darkness of such a present is truly radical. Of course, the SVRU didn't come-up with the phrase, it was Nelson Mandela who first said it. But the SVRU's talent is it knows a good idea when it sees it and it has no shame in taking that idea and making it our own.

Scotland has come a long way since those days and this report, I hope, will help document the part the SVRU has tried to play in that journey as we walked side-by-side with an army of determined teachers, selfless doctors and nurses, police officers who did much more than their duty every day and of course the communities who are the very core of our country. It's impossible to say if one element was more important than another, but we're certain that long-term, sustained progress can only be made when everyone is working together. So that's it, the jobs done? Of course not. Take a look at a newspaper or turn on the news. Every night there's still reports of needless violence. Let's be brutally honest, Scotland is still a relatively violent country, too many lives are still being scarred by violence, too many lives are still being lost. We have seen significant and undeniable progress but in recent years that progress has begun to level off, we're not seeing the big drops in violence we once saw. Across a range of measures violence has begun to stabilise. That should concern us all. We can't let violence get comfortable in Scotland again.

Visit Easterhouse or Castlemilk today and ask those communities if they feel safer now? Hopefully they'll say yes, but we know that Scotland's poorest communities haven't witnessed the same drops in violence that the more comfortable areas of the country have. If you're poor in Scotland you are still more likely to be a victim of violence. That's not fair. It's not right. It cannot be tolerated.

From Navigators in emergency departments

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Written by Dr Gerry Hassan on behalf of the Scottish Violence Reduction Unit connecting with those at their lowest moments, to the team at Street & Arrow offering a job and a second chance to those who need it and the champions of One Community Scotland who give so much more than just a warm welcome to 'new Scots'– the SVRU are working with our partners to develop solutions to the violence that is still infecting Scotland. You'll find details of all these projects and much more in the pages that follow.

They're not quick fixes. It takes time to find and develop interventions that work. Soundbites aren't solutions. But if determination, graft and a commitment to follow the evidence (not ideology) to find what works count, then we'll get there. Every teacher, nurse, police officer, politician, charity, business and community working together can do it. There can be no bystanders if we are to make Scotland the safest country in the world. There are no excuses, because we know violence is preventable – not inevitable.

Niven Rennie, Director of the Scottish Violence Reduction Unit



Glasgow once had an ominous reputation as 'the murder capital of Europe" a place of violence, gang warfare and knife crime. Today the city is seen in a very different light as somewhere that is facing down such challenges, negative stereotypes and caricatures.

In their place has come a determination to do something not just about the images, stories and myths, but about the people and their experiences which are behind them. This has happened through bringing about real change on many different levels that has turned around, improved and saved numerous lives. Leading this change have been teachers, social workers, the third sector, politicians of different colours, the police and most importantly communities. Working alongside these bodies since 2004 has been the Scottish Violence Reduction Unit (SVRU).

The biggest outcome of the SVRU's work, first associated with and centred on Glasgow, and then extended to the whole of Scotland, has been to question and to then defeat the much too prevalent assumption that violence was inevitable - that it was something, however horrendous and painful, which individuals and communities just had to put-up with. This prevailing pessimism held a vice-like grip in many parts of Scotland for too long, building upon and reinforcing already existing myths that led too many people into cycles of violence and abusive behaviour. Too often those affected by violence felt society had given up on them, that they were not worthy of care and compassion, or of the services to which they were entitled and were in effect secondclass citizens. Those powerful, subliminal messages were heard and internalised by people who needed support and exacerbated the situation.

Fortunately, enough people knew this was a deadend that just perpetuated the problem and colluded with a culture and lives blighted by violence. They recognised they had to take on and defeat that sense of pessimism and fatalism that amounted to a tacit acceptance that some people's lives were forever going to be damaged and destroyed by violence. It is important that the work of the SVRU, and others, has acknowledged that much urban violence, especially knife crime, is perpetrated by young men; and challenging and calling out 'toxic masculinity' is central to the approach.

The SVRU's first step was in saying that things could not continue as they always had. This is the story of how this radical approach came about and what it led onto. It is about the work and results of the Scottish Violence Reduction Unit and the wider impact it has had.

Introduction: The Glasgow of the Past

"No one would claim that centuries of gender power dynamics and men behaving badly has been turned around overnight or completely, but as these pages show change is possible." From this insight, a group of people realised that the task of change was beyond one single agency. This was not just a police issue and it was not possible to arrest your way out of this crisis.

Nor was it just a young person's issue: violence disproportionately hurting young people but blighting all age groups. Nor was it just a judicial issue as sentencing and punishment was only addressing one part of the problem. And nor was it just a social justice issue, about people living in areas of poverty and disadvantage, for violence respects no boundaries and can be found in every community in Scotland.

Instead, a number of people, across all these areas and more, recognised that this was a challenge for all agencies, one that required a designated body, and different ways of working, advocating and aiding change. Karyn McCluskey, co-founder and former director of the SVRU looks back on the early days:

"We thought of calling it the Violence Eradication Unit because we absolutely believed we could do this, but we decided on more modest aims. We were in the police but on the margins. We had some funding and they would let us innovate, but if we failed it wouldn't cause angry headlines."

(Wired, 28 December 2018) -

Will Linden, then a researcher with the SVRU, had begun contacting Glasgow's gangs to draw an accurate map of gang violence. He met known gang members, talked to kids and teachers, met exoffenders:

"If your disease is knife crime, you do clustermapping to identify where the crimes and the individuals carrying knives are. You can then do one of two things: the police will say we are going to round up all those people and arrest them; the public health response would be about identifying why those young people are choosing to pick up a knife in the first place. We did both."

(Guardian, 24 June 2018)

This publication is that story. It tells how this journey happened, how it was made possible, where it has taken people, and how lives have been changed, turned around, and even saved. In these pages you will hear first-hand testimony from a diverse range of people. These include the people who led and have been associated with this change, supporting agencies and individuals, and most importantly and centrally, people whose lives have been directly affected and improved.

This is not a simple black and white story. The reality is not of a past equated with complete failure and bleakness, and a present and future which is glowing and a complete success.

Instead, what has happened and is presented here is a story of complex change, of progress and advance, along with reversals and compromises, in what is a never-ending, messy set of processes and continuous learning. This points to the need to avoid complacency and self-congratulation and any kind of belief that change has become permanent or violence finally defeated. No such assumptions can or do exist in the work of the SVRU and the people who work with them.

One recurring theme running through the work of the SVRU and this publication is that of gender and the issue of problematic, destructive versions of masculinity. Glasgow has historically been a city defined by the mythology of 'hard men', drinking and violence, and this has shaped and influenced the city, its culture and attitudes, with in places a tacit acceptance that this could not be changed.

The story of the SVRU points in a very different direction: of men and women saying to the selfdestructive behaviour of certain men that this is not acceptable. It identified a distinct strand of what has been termed 'toxic masculinity' – and said to it you are harming yourself, those around you, and your wider community. No one would claim that centuries of gender power dynamics and men behaving badly has been turned around overnight or completely, but as these pages show change is possible.

Throughout this story, countless numbers of individual men and women – paid, unpaid, professional, volunteer, people directly and indirectly affected by violence, in formal institutions and community settings – believed that they could coming together make a tangible difference. In these pages you will meet and hear from many of them, but not all, because this is an account of change with many hands and support, not all of who can be named and identified. However, their contribution, big and small, has been crucial to the progress made. This then is that story. John Carnochan, co-founder and the first director of the SVRU

The Story Of Change

"I'd much rather be top of the cliff putting a fence up, stopping somebody jumping over, as at the bottom of the cliff waiting until they've jumped. That's the public health approach as far as I'm concerned." "They challenged the culture of violence that exists in Scotland showing that it's not just laws and law enforcement that need support but hearts and minds that need won over."

> Kenny MacAskill, former Justice Secretary (individual communication)

Let's take a journey into Glasgow and Scotland's near-past.

Glasgow and the West of Scotland had a reputation. It was known as 'No Mean City' and the 'Mean Streets'– summed up in the iconic 'Taggart' phrase 'There's been a murder'. Fictionalised accounts carried with them a resonance and plausibility because they spoke to a deeper truth about the grim culture of violence.

Glasgow had this reputation because it drew from reality. It was a city of violence, murder and assaults. Scotland's homicide rate in 2002, according to the World Health Organisation (WHO), was 5.3 per 100,000 people in males aged 10-29; the overall rate for Scotland was 3.1. These figures disguised significant differences across Scotland and in particular in Glasgow.

At the turn of the 21st century Glasgow had a murder rate that was the highest in Europe and one of the highest in the developed world. This seeped into nearly everything about the city - how the population felt; how people navigated many public spaces, weekends and the night-time economy; and affected how the city promoted itself and its appeal in terms of culture, consumption and tourism.

People came from all over the world to experience the many positive, enlightening aspects of Glasgow including its heritage, culture and shopping – as well as its easy access to the rest of Scotland. Yet at the same time the reputation that the city had gained as a place of violence undoubtedly hurt its reputation and global reach.

The prevailing culture of violence had a series of debilitating effects. It affected too many citizens of the city, either directly or indirectly. It impacted on how people lived and moved around the city, from the areas and times they would move, to in particular, how people acted at weekends particularly in the city centre. And of course, it contributed to an element of deep concern amongst public agencies - from the council to police, criminal justice, health, social work and others. There was no single lightbulb moment. The WHO figures were one part of the equation. Another was the establishment of the Scottish Parliament in 1999 with the then Scottish Executive (later Government) putting social justice and tackling anti-social behaviour at the heart of its programme.

These circumstances led to the conditions that saw the establishment of the Violence Reduction Unit. Critical for this to happen and work was Sir Willie Rae, QPM, then Chief Constable of Strathclyde Police, at the time the largest police authority in Scotland (and indeed the UK outside of the Met) who knew intuitively that things could be different. He charged the force's Detective Superintendent John Carnochan and principal analyst Karyn McCluskey to come up with a solution. Together in 2004/5 they created Strathclyde's Violence Reduction Unit, which after its first year established a national remit. Central to this was they buy-in of Cathy Jamieson, then Justice Minister and Jack McConnell, then First Minister.

The VRU's mission was simple and ambitious. As a self-standing, independent unit it related to, and drew from, the best insights and traditions of policing, but also remained distinct from it. The team knew from the outset the in-depth knowledge and understanding that police had of violence and damaged lives was pivotal to this work, but that policing on its own, or in association with punishment, was never going to seriously tackle and reverse the deep-seated problems.

The idea that 'prison works' – popular with some as a palliative - didn't address the underlying causes and resulted in Scotland and the rest of the UK with more and more people being locked up (Scotland's rate in 2017 was 145 per 100,000 population: the second highest in Western Europe; England and Wales had the highest at 149; Finland the lowest at 55). Karyn McCluskey reflected on the inadequacies of this approach and growing realisation that something different had to be attempted:

'If jail on its own worked, America would have no crime. You need a different approach'

(Guardian, 6 April 2015).

This was the first major insight that contributed to the impact of the VRU's work. It fed into and informed the declaration that 'violence is preventable. not inevitable' which became a powerful clarion call. This had been an inspiring and brave message in divided South Africa, and the VRU thought if Mandela could

be so bold, there was an opportunity in a place like Scotland to attempt such an approach.

The second insight was to define violence as a public health issue. This was on the back of the WHO having declared that violence was 'a major and public health concern' in light of a 2002 report on the scale and damage of violence. This report was of significant assistance and a catalyst in aiding change in Scotland.

The declaration that violence was a public health issue brought a new language for discussing and challenging the problem, of encouraging new ways of thinking, and helped to assist the prospect of new alliances and partnerships, acknowledging that this was a problem for all society, not just one part or profession. This had all sorts of practical consequences for the SVRU. Former SVRU project lead Inspector Iain Murray reflects on how it changed how he thought of policing and law and order:

The police for years have been experts at detection and enforcement. I'd much rather be top of the cliff putting a fence up, stopping somebody jumping over, as at the bottom of the cliff waiting until they've jumped. That's the public health approach as far as I'm concerned.

The psychologist Suzanne Zeedyk agrees:

A success is the way that the SVRU has changed thinking about the nature of violence. They have persuaded even cynics to see violence as a public health issue, rather than simply a criminal justice issue.

(individual communication)

Zeedyk expands on this point:

The SVRU has taught us that violence itself is not the biggest problem. The problem is the way we -- our society and our systems and our citizens -- think about violence.

(individual communication)

The writer Darren McGarvery, author of 'Poverty Safari', which won the Orwell Prize (and is also known as the rapper Loki) has worked with the SVRU and been consistently impressed:

The main achievement of the SVRU is that it's normalised the notion of treating violence as a public health issue. They have engaged debate on all fronts, including within policing itself where attitudes absolutely had to change. In my travels all over the UK, the work of the SVRU is highly regarded and something organisations wish to emulate. That's something we should all be proud of. In terms of lessons, the main one is that governments shouldn't just pay lip service to the advice of people on the front line, but should act on it regardless of how it plays to voters.

(individual communication) -





The Early Years

"We were really good at patching injuries up. But I started to think: what can we do to prevent them coming here in the first place?"

A total of 12,645 knives and other offensive weapons were handed in across Scotland over an initial five-week period



"The SVRU has played a key role in tackling violent crime, including gang related violence. It has also fundamentally shifted the way we think about violent crime and how to respond, bringing together various agencies and organisations, including health, education and social work, rather than seeing violent crime as something for only the criminal justice system to deal with."

Cathy Jamieson, former Justice Minister (individual communication)

The first years of the Violence Reduction Unit focused mostly on Glasgow and the West of Scotland – even when the unit expanded to a national focus. It made a priority of addressing the culture and prevalence of knife crime, which had become commonplace in part because the practice of young men carrying a knife had become acceptable and commonplace in certain communities and amongst certain individuals. The approach had numerous strands that went on to have an impact - from custodial sentences, to DNA processes and finger printing all knife carriers.

These were small hesitant steps. Following on from this – when the unit became a national unit - it launched a year-long campaign called 'Safer Scotland' which began with a sustained focus on knife culture and crime. Remand guidelines and sentencing recommendations were changed on knife crime, and the unit's work and priorities were championed by the then Scottish Executive.

A Knife Amnesty

This campaign promoted a knife amnesty, alongside an advertising campaign to tackle knife-carrying. As a result of the amnesty thousands of knives and offensive weapons were handed into police stations and other designated places. But more than this a deep-seated culture and set of attitudes had to be changed.

'I carry a knife because everybody else does' said one teenager. Another said that he would happily when faced with a rival gang member give them 'a plunge' and assault them with a knife. '

Territorialism is very often the excuse for conflict,' said John Carnochan, co-founder and the first director of the SVRU, at the launch of the campaign. 'In most incidents it's violence for violence sake.

On many occasions, those involved will be of school age and so gang rivalry then spills over into the school playground on a Monday morning'

- (Independent, 4 June 2006). —

A total of 12,645 knives and other offensive weapons were handed in across Scotland over an initial five week period with the haul including lock knives, machetes, meat cleavers, bayonets, axes and swords, and with more than half of the weapons – 6,704 – collected in the Strathclyde area.

Justice Minister Cathy Jamieson said at the time:

"Each one of those knives or swords could have potentially caused loss of life or serious damage. Each one of those binned is an opportunity to make our streets safer" The campaign had further success in October 2007 when a three-week campaign saw 1,757 knives handed in by members of the public.

Kenny MacAskill, then Justice Secretary, said in response:

In many parts of Scotland, carrying a knife is seen as some kind of fashion accessory or something to be proud of. They are no such thing. They are lethal weapons and there are too many of them on our streets.

(Daily Record, 29 October 2007).

More and more people began to recognise the human cost and waste of the harm knife crime was causing, first to the individuals directly impacted, but also to their families and wider communities. Slowly more voices said enough was enough: we had to try a different way.

Dr. Christine Goodall, one of the founders of Medics Against Violence (MAV), commented about this tipping point:

'We were really good at patching injuries up. But I started to think: what can we do to prevent them coming here in the first place?'

(Guardian, 24 July 2018).

In 2007 on the back of a WHO conference on violence hosted by the SVRU at the Scottish Police College in Tulliallan, Kincardine, and the then Health Secretary, Nicola Sturgeon, agreeing that violence should be defined as a public health issue, further important changes followed.

HOW TO STOP EPIDEMICS

1. Interrupt transmission

What is a Public Health Approach to Violence?

The work of the SVRU is constantly described as a public health approach to preventing violence. This is worth explaining because it is regularly cited without explanation.

The public health approach treats violence as a disease which can infect communities in the same way that a virus can. American epidemiologist Gary Slutkin noted when he gathered maps and data on gun violence in Chicago the epidemic curves were the same as a viral outbreak.

"In fact, one event leads to another, which is diagnostic of a contagious process. Flu causes more flu, colds cause more colds and violence causes more violence."

(The Guardian 24/7/18).

The World Health Organisation's Violence Prevention Alliance, which the SVRU are the only police members of, state:

"The principles of public health provide a useful framework for both continuing to investigate and understand the causes and consequences of violence and for preventing violence from occurring through primary prevention programme, policy interventions and advocacy...This public health approach to violence prevention seeks to improve the health and safety of all individuals by addressing underlying risk factors that increase the likelihood that an individual will become a victim or a perpetrator of violence." There are four steps to applying this public health approach:

1. Define the problem through the systematic collection of information and data.

2. Establish the causes of violence and what factors could be changed through intervention.

3. Design, implement and evaluate interventions.

4. Scale-up effective interventions to have as wide an impact as possible.

The WHO believe the implementation of such a method can make a real difference:

Despite the fact that violence has always been present, the world does not have to accept it as an inevitable part of the human condition ... Violence can be prevented and its impact reduced, in the same way that public health efforts have prevented and reduced pregnancy-related complications, workplace injuries, infectious diseases, and illness resulting from contaminated food and water in many parts of the world. The factors that contribute to violent responses – whether they are factors of attitude and behaviour or related to larger social, economic, political and cultural conditions – can be changed.

- (Violence: A Global Public Health Problem) -

Karyn McCluskey sums up how the SVRU began to use this approach to understanding the prevalence of a culture of violence in Scotland:

An offence is committed, I investigate it, catch somebody, go to court and there's an outcome. But I'm waiting for the offence to happen. If health did that with measles, we'd wait until you caught measles and then we'd lock you up until you died, or it went away. The epidemiology approach is to work out who's at risk and stop them catching it.

(Wired, 28 December 2018)

The public health approach not only acted as a way to build partnerships and to make this an issue not just about law and order. More than this it gave the prospect of tackling the issue in a different way and with a different language. Instead, of continually being reactive and fire-fighting and having no option but to deal with the symptoms, it gave an opportunity to tackle root causes.

Understanding the Geographies of Violence

Such an approach necessitated tackling violence in multi-layered ways – doing several things at the same time all of which informed each other. It involved an evidence-based approach. This entailed collecting, mapping and understanding data and collecting the right data: the data of violence. Police had to understand the how and when of violence: when and where it happened, who and if possible, what and why, and look at clusters and patterns to understand its peaks and troughs – all of which informed and fed into the following steps.

First, from this information and knowledge the problem of violence could be more accurately understood, defined and then combatted. Violence is not constant across every community and group. There are some places where it is highly visible and public, and some places where it is less visible and public. In some of the latter areas, some of the violence occurring can be more hidden, including domestic and elder abuse, to give two examples.

Second, understanding the social context of violence directly connects to the individual and human experience of violence and its causes and risks. It is critical to understand the triggers that impact across different types of violence which contribute to making some people violent. The SVRU identified four critical touch points: individual, the wider relationships people have, community, and societal factors. Each of these affects individual lives, is interconnected and impacts on how our life develops, and whether we succeed or fail.

Third, is adopting the concept of 'what works and for whom'. This moves from identifying the causes and risks of violence to developing tailor made specific interventions – as we have already seen above and will see more of in the work that followed.

Fourth, is implementation and dissemination. This process is key to understanding the success or not of each of the stages above – and what can be improved or not, and what can be built upon, expanded or abandoned – in what is a continuous cycle.

The public health approach considers the above four key areas an integrated model. It stands with the individual and recognises a host of factors that can contribute to violence. These include such factors as the social, environmental and economic context in which individuals find themselves; the

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variety and type of employment and income choices available to them; their access to or exclusion from services; their alcohol or drug consumption, as well as their level of literacy and communication skills. It then looks at wider relationships – including the lack of significant adults as role models, friends and networks, childhood experience and family history, and parenting skills.

The third area looks at community and cultural norms that could include looking at a fatalism or even acceptance in some neighbourhoods and groups of violence, of carrying weapons, of criminality and of alcohol consumption. The final part addresses wider societal issues including poverty and deprivation, perceived identities and attitudes to authority and institutions, and how individuals see themselves and the groups they identify with as being dealt with by authority.

Bringing all of this together called for a very different approach to violence than seeing it as a just a police and law and order issue. This was an issue that concerned everyone and called for a response from individuals, communities and wider society, and a recognition that this was the only way that real change would come.



The call card as given to gang members - the first in a small step to support.

Gangland Glasgow: From Cincinnati to the Clyde

Glasgow has for years had a reputation for gangs and the commensurate problems associated with them: violence, territorial conflict, inter-generational tensions, and pressures within areas to conform and acquiesce to problematic norms which would be viewed unacceptable elsewhere.

The intense data gathering of the SVRU described above allowed the unit to gain a detailed understanding of the composition and nature of the numerous gangs of the city: from the areas they covered and contested to the actual individuals, backgrounds and relationships to other gang members.

This began with first the external mapping and analysis of gangs in Greater Easterhouse in the North-East of Glasgow – identifying 55 known gangs with more than 1,500 members. These were nearly entirely young men and were driven by the need for respect locally, importance of territoriality, and were known to be resistant to change – gaining status and importance in their community via behaviour which elsewhere would be more challenged. Much of the violence associated with gangs had become so deep-seated that it had become recreational: i.e.: normal and just what people did. The VRU felt if they could make a difference here, they could make it anywhere.

Drawing from the Cincinnati Initiative to Reduce Violence (CIRV) which brought together church leaders, community voices, and the law and order community it took a hard line on gangs and violence which was highly successful. In bringing some of these insights and people to Glasgow it became known here as the Community Initiative to Reduce Violence (CIRV) and focused on the East End of the city, including Easterhouse, with the simple question as a measure of impact: 'has gang related violence reduced in the East End of Glasgow?'

A critical part of the Cincinnati process was what was called the 'Call In' – where individual gang members were challenged and told by various members of the community that what they were doing was damaging to themselves, their families and the wider community. In Scotland, this became known as a 'Self-Referral Session' and on one day in October 2008 at Glasgow Sheriff Court 85 gang members from the East End aged between 16 and 22 years attended the first ever such event in Glasgow.

Within the august setting of the court a sheriff opened proceedings reminding everyone of the serious nature of the day and the subject. They were then followed by a host of people who had directly experienced the cost of violence starting with a senior police officer who said gang members had a choice: they could go on with their selfdestructive behaviour or change. If they did the former, they would face serious consequences from the authorities, but if they embarked on the latter, they would be encouraged and offered as much support as possible.

They were then followed by a surgeon talking about the physical harm of violence; a mother who had seen her son murdered; a mentor who had been in a gang and prison and changed; and a couple of men who ran a youth football project.

Each of the gang members had been given a card when they entered the court which had a free phone number which would be open and staffed 24/7 to call after the day if they wanted to change and stop the violence. It asked for a first small step, that was in fact a massive and fundamental one, and after the first day, many of the gang members who attended that day made that critical call.

This day involved what subsequently became

understood as a certainty model. It stated that if people continued down the pathway of gang violence there would be criminal justice consequences. However, if you decided that you want to change and wanted help and support to aid that change – leaving your previous lifestyle behind you and get a job or education – we would help. The basic premise behind this was: if you say you are going to do this you have to do so quickly and publicly in front of your peers. All of this was quite a high-risk strategy.

It is worthwhile reflecting on what was achieved, the high stakes and the drama involved in this process. Fortunately, we have a first-hand eyewitness account from the academics Prof Peter D. Donnelly (St. Andrews University) and Prof Jackie Tombs (Glasgow Caledonian University), who recall the feeling and tension on that first day:

Zero tolerance didn't even come close to encapsulating the determination to end violence that was being described. And as the masked riot police entered the court even those of us on the comfortable side of the bar felt wary. In the eyes of the young men present I saw wry amusement turn to anxiety and perhaps fear. Their attention had certainly been won.

At the end of a tumultuous day filled with emotion and people confronting difficult issues, they asked: 'will it work?' And answered:

That remains to be seen. But no one present that day on either side of the court will ever think of this issue in quite the same way again. And as we write over sixty young men have already contacted services for help and more are being accessed every day. They sign a pledge which delivers help and assistance in response for stopping carrying weapons and giving up violence. How they do and how the services respond is being evaluated. As a piece of theatre, this day was unrivalled.

This was only the beginning. This was the first of ten 'self-referral sessions' held over the next two years with more than 600 men and women attending. Such was the dramatic change that when St Andrews University evaluated the results they found amongst the group involved with CIRV the following:

- Violent crime reduced 46%
- Weapon carrying reduced 85%
- Knife carrying reduced 58%
- Gang fighting reduced 73%

Not only that but wider change occurred. In housing the number of tenants satisfied with their

neighbourhood rose from 63% to 84% in the CIRV area. The number of residents who did not feel safe at night fell from 32% to 10% in the CIRV area. The culture and prevalence of violence changed too with hospital admissions for serious violence reduced by 17% and admissions for knife crime by 34%.

This breakthrough gave the SVRU the evidence and credibility to make the case for further change: to show that alternatives to conventional methods could pay off and deliver results for everyone. It meant its work could not be dismissed as a 'soft touch' liberal option which avoided hard choices. Instead, this approach now had a set of insights that even among the most hardened perpetuators of violence change was possible – and that it was possible at the level of the individual, neighbour and community.

This was critical to assist a national community of

practice to develop across different professions and groups. The SVRU did not have a mandate to instruct other agencies that they should do specific actions or spend monies, so everything had to centre on others buying into the core idea that violence was a public health issue, not inevitable, and that change was possible. So, alongside the activities and changes introduced by other agencies in how they dealt with the perpetrators of violence, especially young men involved in gang-related behaviours, the SVRU from its initial successes had to develop a menu of different interventions – as the next section will cover.

Current Work and Projects >>>>>

Building on the early years and the many strands that helped form the way of working, the next section will review the current work and projects of the VRU and their impact.



NAVIGATOR

"I probably wouldn't have reached out for help on my own, (the navigator) was just there in the right place at the right time.... It's great to have human contact ... Without the navigators I'd be nowhere." The Navigator Programme was launched at Glasgow Royal Infirmary's Accident and Emergency (A&E) Department in 2015 to embed trained mentors to work alongside and complement the work of medical and hospital staff, by engaging and supporting patients who have been affected by violence in all its forms – whether as victims or as perpetrators. Following a positive response in Glasgow the programme was subsequently expanded in 2016 to the Royal Infirmary of Edinburgh. Navigators aim to help everyone from those involved in gang violence to people who have suffered domestic abuse or selfdirected violence.

The navigators use their own lived experience, skills, training and contacts with services outside hospital to assist patients dealing with the consequences of violence. The aim is to break the cycle of violence by offering support and alternatives at a critical and sensitive point in an individual's life, what's often referred to as a 'reachable moment' when that person may be open to support. Dr Christine Goodall, of Navigator partner agency, Medics Against Violence, commented:

A lot of people come into A&E plotting revenge and it's very important that they leave not doing that.

Dr. Goodall explained further the importance of the role of the Navigator:

Navigator fills a very clear gap between what is desirable and what is possible. Emergency department staff recognise the complex social issues facing many of their patients and the fact that these rather than just illness are often what bring people back to the emergency department time after time Navigators complement the excellent medical care provided by filling that gap and by providing credible and practical support that bridges the gap between the emergency department and the community where they connect them with services that can support them for the longer term.

(Individual communication)

Testimony about the Navigator Programme from some of those they support shows first hand it can have a powerful impact: It was helpful to know that somebody cared about me just at that moment in time, because I felt like I had nobody. I was living by myself and basically...I felt like I had no-one in the world. I don't get on with my friends or family...I got that support from (the navigators) and it was like I had someone at that point...(S) omeone cared, so, I came out the hole that I was in and got the help that I needed.

(T)he thing about Navigator is...they come to you, 'cause a lot of people that need support don't actually seek it out. They just kinda let it lie and then things get worse. Whereas Navigator they kinda – not in a pressuring way – but they don't really let you off. They keep at you and tell you that they know you and you need help and that they're gonna keep trying to help you. I thought that was quite responsible of them, to keep at me kinda thing, rather than leave it up to me to come to them. Because people who need help don't really do that.

(H)aving (a navigator) around the hospital meant that he could communicate with my doctors on a professional level, so that my kinda more emotional needs were met whilst I was in hospital. And I think that's an amazing thing to have in a hospital. I think it's necessary. I'm just, yeah, I'm just a bit disappointed it wasn't there years ago, when I needed it.

I had a desire tae change my life in that hospital that night, and if the Navigators arenae there, then I'm leaving that hospital and that desire will quickly go away. I'm either going oot for revenge or I'm going out tae drink myself tae death. So that's the outcomes if these guys aren't in the hospitals.

I probably wouldn't have reached out for help on my own, (the navigator) was just there in the right place at the right time.... It's great to have human contact ... Without the navigators I'd be nowhere. Navigators have first-hand experience of dealing with the numerous levels of damage which violence causes - from the physical to the psychological. Eddie Gorman said of his experience as a Navigator at Glasgow Royal Infirmary:

We meet guys at critical points in their lives. I tell them a wee story. The violence and addiction is the symptom. Let's get down to the causes and conditions. Go home and think where do you want to be in a year's time? What are the barriers stopping you?

Navigator Sam Fingland, who works at Queen Elizabeth University Hospital in Glasgow, said of her experience:

A lot of people are broken by their experiences, so they are often left with low self-esteem, under-valuing themselves or not knowing how they fit into society.... Navigator are the first stage of that new journey.

Tam Begbie, a navigator at the Royal Infirmary of Edinburgh, believes that one of the most important parts of the role is seeing the potential change it can elicit in others:

It's seeing that little bit of positivity in a person's life that wasn't there before. We're not super heroes. We're just helping people to save themselves giving them hope, energy, selfbelief.

Navigator makes a difference. In the first year at Glasgow and first six months at Edinburgh a total of 340 patients were given support and advice as part of the programme – with an overwhelming positive response.

In 2018 the Navigator approach was rolled out to two further hospitals – the Queen Elizabeth University Hospital in Glasgow and Crosshouse Hospital in South Ayrshire - to provide support, to help to diffuse situations and identify the services that patients might need. By the end of 2018 some 1,240 people had been supported.

Michael Mathieson, then Justice Secretary, said of the Navigator services:

Navigators do a remarkable job dealing sensitively and compassionately with people who are injured and distressed helping them make steps towards turning their lives around breaking away from the cycle of violence - and I am pleased to be able to fund their expansion.

(Sunday Post, 31 May 2018)

After inclusion of the programme in the Scottish Government's 2018/19 Programme for Government further expansion of the service is now planned to sites across the country.



STREET & ARROW

"Without being given a second chance my life would not have turned out the way it has today. Street & Arrow gave the chance to change and the tools to achieve it."



Street & Arrow is a social enterprise set up in 2015 by the SVRU that serves up second chances for its employees. Launched as part of Braveheart Industries (BHI), Street & Arrow operates as a distinct social enterprise with its own ethos, culture and practices. BHI aims to create jobs and opportunities for those with a history of offending, or who are at the risk of committing crime. This is based on the reality that people with a criminal record can often struggle to find employment – while at the same time research shows that finding employment is one of the biggest factors in reducing the risk of re-offending.

Street & Arrow – a play on the phrase 'straight and narrow' – began with a site off Dumbarton Road in Patrick, Glasgow. Here it had an airstream-style food truck that provided supported training, mentoring and employment experience for people with convictions who wanted to get back into employment. Along the front of the truck was the statement: 'Backing Second Chances' - the philosophy of the SVRU and the dayto-day practice of Street & Arrow.

Street & Arrow staff learn how to cook, clean, work effectively with colleagues and develop the publicfacing social skills essential in today's world of work. They learn about the routine of work – getting up in the morning, getting to work on time, being reliable and having self-discipline. And critically, they learn about working as part of a team, getting on with others, and fitting-in to provide a professional, customer-focused service.

Callum started as one of the first trainees of Street & Arrow and following successful completion from the programme he was employed as a mentor to work with the new cohort of trainees.

Callum believes the chance of work and support from Street & Arrow has helped him turn his life around. Street & Arrow gave me hope in the future.

I'm now a mentor helping guys just like myself and it is the most rewarding thing I have ever done. The ripple effect from the SVRU helping me is massive, my family get the benefits, my community, I'm no longer a drain on the NHS or in prison. Everyone at the SVRU has helped me get to a place I never thought was possible where I have peace in my life.

Callum explained how he now helps others make that journey:

You have to feel safe, trust and build a real connection. This aids you being honest, building self-confidence and self-esteem. We aid people returning to their true inner self – if they want to find that path and want to make that change. I now believe in myself. I have never felt the buzz I can feel helping others.

Street & Arrow subsequently moved to a café venue on the third floor of the Glasgow Dental Hospital and School on Sauchiehall Street in the heart of Glasgow city centre. Gary Jenkins, director of regional services at NHS Greater Glasgow and Clyde, said of this new site - and the partnership between the initiative and the health board:

As a board, we are committed to supporting people who can face barriers to gaining employment. Not only does this partnership provide an excellent opportunity for us to help job seekers; it is also providing a fantastic new cafe for our patients and staff at the Dental Hospital. It is already proving very popular thanks to the very high standard of catering and I'm sure its popularity will only continue to grow.

Justice Secretary Humza Yousaf said at the opening of the café in the Dental Hospital:

Back in the day many victims of knife violence and serious assault would end up in the Glasgow Dental Hospital to have the damage done to them repaired by specialist surgeons. Now, instead of getting stitched up in hospital, those previously involved in crime are there for a job and the support they need to get back on their feet. It shows how times have changed.

'Joanne' began as a trainee chef with Street & Arrow and now helps with the day-to-day running of the social enterprise:

Without being given a second chance my life would not have turned out the way it has today. Street & Arrow gave me the chance to change and the tools to achieve it. I have now completed my SVQ Level 3 in Business Administration and my confidence has grown



in leaps and bounds. I will be forever grateful for what this amazing organisation has done for me. They helped me become the person I was always meant to be.

Allen, who has been in jail more times than he can remember, describes how the experience of Street & Arrow has changed how he views his life:

In my area when it was sunny it made me even more anxious as there were more people out, with knives. I'm not anxious when it's sunny anymore. I've got a future ahead of me.

Sergeant Dario D'Andrea who is project lead for Braveheart Industries stated:

Getting a foot on the employment ladder can often be viewed as an impossible task amongst those who have previous criminal history Structure, training, support and guidance is key to transforming people, who may have been labeled as hopeless, into positive, contributing and valued members of our communities.

'Joanne' continues:

It's proof that you can change. Your life doesn't need to be chaotic and there is a way out. I'm earning a proper wage, and I'm paying taxes now. I have a place of my own and I'm paying the council tax, so I am contributing to society.

(BBC News, 20 January 2017) -

Street & Arrow have been supported by numerous agencies – as well as individuals - including the European Social Fund, Scottish Government, Community Justice Glasgow, Turning Point Scotland, and SCVO.

At the Royal Edinburgh Military Tattoo

Braveheart Industries has also worked with people with convictions behind the scenes at the Royal Edinburgh Military Tattoo (REMT) at Edinburgh Castle since 2011, and also at the Glasgow 2014 Commonwealth Games, by providing volunteer support to these global events.

The programme at the Tattoo is one of the most intense and demanding, requiring total commitment and the highest standards as it's conducted in a pressurised setting with an international profile and audience.

For the last half a dozen years the organisers of the REMT have engaged in a collaboration with the SVRU bringing people with convictions to work on a fourweek programme learning the skills and commitment to be part of the team. The group undertake a whole



range of work activities that help make the Tattoo possible and have become over this period an intrinsic part of the team.

Tattoo Producer Brigadier David Allfrey spoke and commended the work of volunteers who come via the SVRU to the Tattoo:

It is nothing short of uplifting. You cannot tell the difference between them and the soldiers apart from the soldiers are wearing a Tam O'Shanter. There is enormous human potential wrapped up in these young men.

Karyn McCluskey reflected on this:

It is genuinely life-changing for these young men. Their shoulders are back and their heads are up. They have a bit of dignity and respect.

Brigadier Allfrey spoke of the transformation of the young men:

They have grown in confidence enormously over the last three weeks. Their engagement with me, and with the staff and the soldiers has been nothing short of fantastic The way they stand shows a greater self-confidence. The way they look at you is more direct.

He continued on his theme:

The way they engaged with other people they are entirely ready for the workplace. Their ability to get on in the world, I think, has been significantly enhanced.

> (all Allfrey quotes, Daily Record, 27 August 2012)



Eddie Gorman looked back on his work at the Tattoo as a mentor:

I was involved in the recruitment of the guys. This involved building up intense relationships with them to assess their suitability and commitment. It was easy because I was one of those guys 20 or 30 years ago: my life not in a good place and wanting to change and needing a hand.

The Tattoo aims to be a first step in helping participants into further training or work, with some participants going on to work at Street & Arrow or being signposted towards other opportunities.





The Royal Edinburgh Military Tattoo'

THE ROYAL EDINBURGH MILITARY TATTOO

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MVP

"Following involvement in the programme many more pupils are willing to stand up against gender violence and all types of socially unacceptable behaviours"



Mentors in Violence Prevention (MVP) is Scotland's largest anti-violence schools programme operating in 25 local authority areas from Shetland to the Scottish borders in partnership with Education Scotland.

MVP aims to empower students to safely speak out against all forms of violence from bullying and abusive behaviour to rape, sexual harassment and physical violence.

Based on the 'bystander' approach MVP aims to empower participants with the skills and understanding to safely and effectively challenge abuse. The programme sees students as a school's greatest resource in achieving this and trains senior pupils to act as peer mentors who then deliver sessions to younger students in the school. Over the last five years more than 6,000 senior pupils have been trained as mentors to deliver around 2,000 lessons a year. Sessions target issues such as bullying, gender norms, domestic violence, knife crime and harmful sexual behaviour.

The programme originated in the USA in the early to mid-1990s and is one of the longest running and most widely influential gender violence, sexual harassment and bully prevention programmes in the world.



Core Components and the Bystander Approach

MVP has five core components in training and implementation:

Exploring violence through a gendered lens
Leadership

- 3. Using a bystander approach
- 4. Exploring the scope of violence
- 5. Challenging victim blaming

The bystander approach – also known as the bystander intervention – has two main strands. First, to give people a range of interventions which foster a wider culture and ethos that empowers everyone to safely challenge all forms of abuse. Second, to support people to develop the skills to become leaders and mentors to others on the scope and prevention of abuse in society.

The American Connection



Numerous voices and institutions have contributed to the development of MVP in Scotland. One influential contribution was that of the American educator, writer and campaigner Jackson Katz, who wrote the original MVP programme. Katz argues that men in particular need to challenge other men and call out abuse and inappropriate behaviour. Male violence against women should not be seen and pigeon-holed as 'women's issues' on which 'some good men' intervene and 'help out'. Instead, he argues, this is profoundly and fundamentally a male issue that goes to the core of what it is to be a modern man and to live and interact in contemporary society.

Katz' work demands that men – and in particular men in positions of power and influence – whether in family, community, professional or political roles and leadership, step-up and take responsibility. The above is as true in the challenges of male violence which is directed towards and which hurts and harms other men, as well as women.

Students in Scotland who took part in MVP said of their experiences:

"It helped us think about what we might do to support or challenge people in difficult situations."

(mentee, Dumfries High School) -

"Being a mentor has given me the confidence to challenge attitudes and behaviour and has made it more likely for me to spot what is going on."

(mentor, Braes High School)

"Since I started MVP I have managed to meet up and help young people. I developed relationships with the S1 and the other mentors. This has helped me communicate and be more organised. I also helped S1 feel safer."

(mentor, Balwearie High) -

Following involvement in the programme many more pupils are willing to stand up against gender violence and all types of socially unacceptable behaviours, when in the past more often than not pupils did not want to be seen as a grass.

MVP is currently operating in more than 150 schools reaching 50,000 pupils – after being piloted in Stephen's High School and Port Glasgow High School in Inverclyde and Portobello High School in Edinburgh.

The programme has also been adopted by several universities in Scotland and in numerous workplaces, including pubs and clubs in the nighttime economy, and there is the potential for significant expansion in the future into other parts of the economy and society.

MEDICS AGAINST VIOLENCE

"So why is a dentist doing all this? My reply is 'Why not? Somebody had to do it, we all have a role"

Medics against Violence (MAV) was set up in 2008 by three Glasgow-based surgeons who dealt everyday with the awful consequences of violence. They wanted to help prevent young people in particular being killed or becoming the victims of serious life-changing injuries.

Founder member Dr Christine Goodall, a consultant oral surgeon and senior clinical lecturer, says of her motivation in helping set-up MAV:

I had seen significant numbers of young people injured as a result of violence, and many people affected by domestic violence I realised we were very good at treating their injuries, but we were not so good at dealing with the root causes. We were doing nothing to prevent these injuries, that had to change...People sometimes ask me: 'So why is a dentist doing all this? My reply is 'Why not? Somebody had to do it, we all have a role'

MAV is an independent charity, which is supported by the SVRU.

Talking and Discussing with Young People

MAV aims to prevent violence through educational programmes and training. It draws on the skills and knowledge of a wide range of health professionals who volunteer with the organisation. As part of MAV's award-winning secondary schools programme, the volunteers go into schools to talk and engage directly with pupils about the many consequences of violence. They explore such issues as how to stay safe, how to make positive choices and how to support, advise and challenge others in their peer groups. Such talks, presentations and discussions are aligned and sit within the Scottish Government's Curriculum for Excellence – reflecting that education authorities nationally and locally recognise the importance of this issue.

MAV has made two short films which are shown as part of their lessons. These films present the stories of people whose lives have been affected by violence, they include victims, perpetrators and those who work in the emergency services. This prompts reflections and discussions with young people and allows them to see the far reaching



consequences of violence and to understand the choices they could make if they face the threat or prospect of violence.

A more recent development is the MAV Interns programme, a peer education programme where health professionals train senior school pupils to present violence prevention lessons to their younger peers. This programme aims to create a whole school approach to violence prevention and safety.

MAV also aims to engage with professionals who may have patients or clients affected by domestic abuse. The Ask Support Care (ASC) programme, run in partnership with the SVRU, trains dentists, doctors, vets, hairdressers, fire officers, healthcare students, housing officers and many others to spot the signs of domestic abuse and empower them with safe ways to intervene. Further details of this programme can be found in the ASC section. The ground-breaking Navigator hospital intervention programme is also run by MAV in association with the SVRU and the NHS with support from the Scottish Government.

ONE COMMUNITY SCOTLAND

"We want people to know they are not alone, we are there to help whenever they need it. Whatever the problem we will do our best to get them the support they need."

One Community Scotland offers support to families and young people who are new to Glasgow as they build lives in the city. Focusing on the Horn of Africa communities the programme aims to help 'new Scots' overcome any challenges they face settling in to the city. The SVRU set-up the programme in 2018 in close partnership with prominent campaigner Khadija Coll who has more than 25 years of experience working in Scotland and Africa.

The programme, which is seeking charitable status, has recruited 'Champions' from within the community who have successfully settled in the city. The champions offer support and advice to those they're assisting to help them feel settled, secure and able to contribute to the success of the city.



Community Champions

Specialist training is given to the champions so they can assist with everything from getting to



know the geography of the city and using the transport system through to improving language skills or identifying and applying for employment. The programme also tackles issues such as domestic violence, female genital mutilation and any challenges which could lead to young people becoming involved in gangs or criminal activity. Key to the programme is ensuring those who are new to the city feel included, rather than excluded, and able to contribute to the community. It consciously builds on Glasgow's reputation as a friendly city.

Explaining the role of the champions One Community Scotland project lead Khadija Coll said:

"The Champions are dedicated women who understand the challenges that young people can face building a future here. Scotland is a friendly country that has great opportunities, we want to make sure everyone can make the most of those opportunities and contribute to the success of the country and its young people."



Community Champion Samira added:

"We want people to know they are not alone; we are there to help whenever they need it. Whatever the problem we will do our best to get them the support they need."

Speaking about how One Community Scotland has helped them, 20-year-old Ifrah said:

"After trying to find work without success my friend told me about One Community Scotland. I got in touch with Khadija and she immediately put me through CV writing and confidence building classes that helped a lot. I am now working at a major hotel chain."

Many of those the programme aims to support have been affected by trauma. Some may have been caught up in conflicts in their home country or suffered abuse during the journey to the UK. As with many other communities, there can still be stigma attached to mental health issues and being open and talking about them. The champions work to overcome that stigma and ensure young people can access the support and advice they need to heal.

Community Champion Samira said:

"We never sit in judgement. Everything we do is completely confidential. Whatever the issue we will do our best to help young people get the right support at the right time."

Launching the project the then Justice Secretary Michael Matheson said: "This project will have a crucial role in working with BME communities across Glasgow helping them to overcome barriers in access to education and encouraging positive life choices."





"One of the main reasons many people don't offer help is because they don't know where to start, while one of the key reasons those affected by domestic abuse don't seek advice is because they aren't sure where to turn or who to go to for support.

Domestic abuse blights the lives of too many women, and men, in Scotland today. Most of the 14 female victims of homicide in 2017-18 were killed by a partner or ex-partner. Those affected are our patients, our clients, our colleagues and our friends. However, while we may suspect someone has become a victim of abuse, we may not know how best to broach the subject with them and so say nothing. Ask Support Care (ASC) aims to equip a wide range of professionals and community members with the skills to recognise domestic abuse among their patients, clients, colleagues and fellow community members and provide them with the skills to raise the issue. This can provide a lifeline to women and men who find themselves in such a situation, who may not have anyone else to tell. Those affected are directed towards practical support from the Scottish Domestic Abuse Helpline.

The ASC training programme targets those working in jobs where they may come into contact with people who have been affected by domestic abuse. From vets and firefighters to hairdressers, doctors and dentists, they can all safely intervene if they have the right training. Research shows that if a trusted professional raises the issue in a sensitive and appropriate way it may encourage the person experiencing abusive behaviour to talk about what they're going through and to seek help.

One of the main reasons many people don't offer help is because they don't know where to start,

while one of the key reasons those affected by domestic abuse don't seek advice is because they aren't sure where to turn or who to go to for support. ASC aims to tackle both parts of this equation by offering advice and guidance in a way that is personable and appropriate allowing professionals to work within their sphere of expertise.

A medical student from Glasgow who took part in the training commented:

ASC raised awareness of a topic that is hardly discussed. It made me more willing to be proactive if I see patients who I suspect are victims of domestic violence.

An ASC training day incorporates bystander training along with wider education on methods to assist professionals to raise issues with those they work with – drawing on the Ask, Validate, Document, Refer (AVDR) process, which was first developed in America. The training empowers people to have the confidence and skills to intervene and support those who need it, by following a proven set of steps and actions.

ASC is a partnership programme delivered by Medics Against Violence (MAV) in partnership with the SVRU and the Scottish Government.



WHERE ARE WE **NOW AND FUTURE** CHALLENGES



The main success of the SVRU is the fact that they demonstrated that the most effective way to help young people who may be headed for a criminal record and possibly prison and a failed future was not to impose the threat of arrest and punishment but, instead, to help them shape a positive future for themselves.

> Professor Sir Harry Burns, former -Chief Medical Officer for Scotland 2005 -2014 (individual communication)

We introduced this story with the tale of Glasgow having the reputation as the murder capital of Europe. Now it no longer has such a moniker. This has been driven by change and significant reductions in violent crime and abusive behaviour. Let's return to the Scotland of more than a decade and a half ago - the Scotland of 2004/5 in which 137 people were murdered in a single year. The streets of Glasgow had become a battleground for gangs with the death toll in the city alone standing at 41 lives lost. The WHO declared Glasgow the most violent city in Europe. The United Nations took it a step further and branded Scotland the most violent country in the developed world.

Now fast-forward fifteen years to the Scotland of

the present day. Over the last ten years (between 2008/9 and 2017/18) there has been a 39% decrease in homicides across Scotland, Glasgow city accounted for more than one third of this (34%) a 64% reduction in handling offensive weapons across the country and hospital admissions for assault and assault with an sharp object have more than halved . These are not just abstract figures out of context; they represent individual human beings and lives changed for the better. People who are walking around and contributing to society who in other circumstances might have been seriously injured – or dead. Though there are still far too many lives lost and blighted by violence, countries from around the world are now looking with interest at how Scotland has achieved this decrease.

More statistics point to the scale of national change:

• In 2017-18 some 87.5% of adults reported experiencing no crime.

• There were an estimated 172,000 violent crimes experienced by adults in 2017/18 a decrease of 46% since 2008/9.

• Recorded crimes of possession of an offensive weapon fell by 79% over the last decade.

• Emergency admissions to hospital resulting from assault have reduced by 55% between since 2008/9.

• Emergency admissions to hospital due to assault with a sharp object have reduced by 61% between 2008-9 and 2017-18 with a 31% decrease in deaths.

*Figures from Scottish Crime & Justice Survey 2017/18; ISD Unintentional Injuries in Scotland 2017/18; Recorded Crime in Scotland: Handling Offensive Weapons 2018; Homicide in Scotland 2017/18.

Yet this story of change and improvement needs to be put in context. There is no room in the above figures for complacency and self-congratulation. Glasgow and Scotland still have far higher levels of violence than many other cities and countries. We've also recently seen a levelling off of declines with slight increases in areas such as fatal stabbings (26 in 2015 rising to 33 in 2017). Violence and abuse still blights the lives of too many Scots, particularly those who live in the most disadvantaged communities who haven't benefitted equally from the declines in violence other parts of the country have seen.



According to Niven Rennie, Director of the SVRU, there's still a lot of work to do:

We've had an amazing turnaround from ten years ago, but violence is still at a level where we should be concerned. I get figures daily and we see too many serious assaults and attempted murders. Yes, it's a good news story that we've reduced violence substantially, but not to the level where we can say we've cracked it.

The SVRU's future work will see it aim to strengthen its national role and remit, identifying and working with partners, organisations and individuals across Scotland. Central to making this a success will be to continue to strengthen the networks and alliances which the SVRU creates and situates itself in which go far beyond that of the police and law order. These will draw on a range of professionals – from health and medicine, to social work and youth services to also working with a range of social enterprises, NGOs and private businesses. Not all forms of homicide have declined equally – and the changing patterns of violence and destructive behaviour have to be continually mapped and understood. world that is a member of the WHO Violence Prevention Alliance – and this approach has informed much of the work of the SVRU. This is based on three theoretical models: a definition and typology of violence; the public health approach; and an ecological framework.

The typology is a tool to help organise thinking and understanding the types of violence and the ways in which violence occurs. The public health approach offers practitioners, policy-makers and researchers, a step-by-step guide that can be applied to programmes, policies and interventions. Lastly, the ecological framework bridges the above two models, giving a structure to understand the contexts within which violence occurs and the interactions between risk factors in each of these and between them.

Mentor James Docherty who has worked with the SVRU believes that none of this would have been possible without the role of individuals taking risks:

For me the successes of the Scottish Violence Reduction Unit has been the leadership. They are always willing to innovate, take risks, make mistakes and learn from themTreating everyone as an equal has been a core value of the SVRU leadership. An often forgotten virtue in leadership is humility, they have always been open to listening to experience and perspective from all levels of leadership within the staff team and partners.

(individual communication) —

Preventing Adverse Childhood Experiences (ACEs) The work of the SVRU is informed by this set of insights and intelligence and uses it in its work to combat and defeat violence, recognising that to do so requires engaging with some of the big questions about how we organise society and prioritise issues and resources.

A significant contribution in this is the work being conducted on Adverse Childhood Experiences (ACEs) – the prevalence of which, it's argued, can increase the risk of everything from depression to alcohol abuse and incarceration through to serious and life-threatening illnesses.

There is no specific Scottish study of the extent of ACEs, but it has been estimated that up to 50% of the Scottish population may have experienced at least one ACE. According to an ACE study focused on England those with four or more ACEs are more

at risk of such issues as binge drinking, a poor diet, smoking, having sex under the age of 16, having or causing an unplanned teenage pregnancy, drug use, being involved in violence and incarceration. Though it should be stressed that the presence of ACEs does not mean someone will inevitably see such outcomes. Many people with ACES are resilient to their effects and won't suffer such outcomes. There are also many other wider factors such as poverty and inequality which influence the course of someone's life. However the SVRU believe preventing ACEs and building resilience in families and communities has the potential to be a powerful part of a public health approach to violence prevention.

Tackling ACEs involves the SVRU working in partnership with a range of organisations and looking at ways that adverse childhood experiences can be minimised and prevented, with the aim of aiding a more resilient, safer and healthier society. The Scottish Government has acknowledged the importance of this, prioritising early years intervention, and recognising this within the current justice strategy. The SVRU are also supporting Police Scotland in a drive to ensure officers are 'trauma-informed'.

The SVRU works with the social enterprise Re-Attachment holding events across the country showing the film 'Resilience: The Biology of Stress and the Science of Hope'. It provides an accessible examination of the science and psychology behind ACEs and how that knowledge can be used to break the cycle of trauma based on evidence from the USA and elsewhere. Each event is followed by a panel discussion drawing from the national work of the SVRU and listening to local expertise with contributions from everyone from psychologists, teachers and police officers to lawyers, carers and others.

Psychologist Suzanne Zeedyk – who champions the importance of ACEs - sums up the role of the SVRU in this:

They have helped society to see that a baby's experience of relationships shapes the propensity for a grown-up to turn to violence in solving conflict. They have



helped systems to see that effective solutions to violence require putting relationships at the heart of those solutions. If we really want to reduce violence in our communities, then compassion turns out to be more effective than blame.

(individual communication) -

The Story and Challenges Continue

Scotland has come far and been widely recognised for its successes, innovation and boldness in addressing what for too long was seen as something which was viewed as inevitable: violence in our society. The World Economic Forum has praised the transformation that has occurred in Scotland in the last decade which has been created by the actions of numerous dedicated individuals and organisations across the country believing that change was possible. The World Economic Forum hailed what it called 'this new approach to dealing with violent crime' and invited others around the world to support and learn from Scotland's example. The story of change is a never-ending one involving countless people – the overwhelming majority of whom aren't name checked even in a report of this nature. Without them and a collective understanding of the importance of nurturing and sustaining relationships – across work, other organisations, and wider society – the achievements recorded in this report would not have happened. James Docherty, who is a violence reduction and community justice development Officer makes this point:

The greatest impact for me personally has been giving all the credit to the people, the communities, the services, the partners. It's too big a job for us to do alone. That's the essence of relationships, because prevention is a 'we' thing, that means everyone contributes to making Scotland the safest country in the world.

(individual communication) -

Harry Burns makes the point that the story of change witnessed in recent years underlines the potential for a different and more participative ethos of public services:

By showing young people on the verge of catastrophic failure that they could take control of their lives and by helping them to feel a sense of purpose, they showed that public services are more effective when they act with people to improve their lives rather than doing things to people, thereby undermining their sense of self efficacy even more.

(individual communication) -

John Carnochan looks back on the impact of the VRU:

All we have done to that community is to show what life is like without gang violence. We have changed the normal. Same as we changed the normal for smoking. But the challenge is keeping the normal.

(Guardian, 6 April 2015)

Karyn McCluskey, when director of the SVRU assessed the dramatically changed picture and lives across Scotland:

I see hope, I see young people creating a different path with the help of teachers, parents and others who want a different life for this upcoming generation. I see a different Glasgow, a different Scotland. To be clear, they were not saving that violence problems were fixed, and neither am I. I know we have much to do - our murder rate is still too high ...Yet, I know that the thousands of people that we have engaged across Scotland – the teachers, childminders, nursery staff, doctors, school kids, police officers, civil servants, politicians, business people, journalists, the outstandingly ordinary people that do 'stuff' in communities have all led to this, and many, many more.

(Building Safer Communities, – blog, 15 January 2015)

Niven Rennie recognises that there will be challenges ahead, but that the once widely held view that violence in Scotland was somehow inevitable and could not be changed which became part of a self-fulfilling prophecy has been defeated, hopefully forever:

What we do know is that violence is preventable. We, as a nation, have proven that. We have shown that it is possible for communities to reclaim their streets and to live free from the fear of violence. However, to achieve this we need to work as one. Police, health, education, politicians and communities standing side-by-side and saying enough. Enough lives blighted. Enough lives lost.

Acknowledgements

Many thanks for the time, commitment and insights from SVRU staff and associated personnel past and present. In particular, a special appreciation is offered to current staff – given their onerous work pressures and demands – Niven Rennie, Will Linden, Alastair Muir, Claire Stewart, Khadija Coll, Iain Murray, Keith Jack, June Hepburn and Leanne.

Special thanks as well for

encouragement to Karyn McCluskey and John Carnochan. And for providing supplementary quotes: James Docherty, Christine Goodall, Graham Goulden, Darren McGarvery, Suzanne Zeedyk, Harry Burns, and Cathy Jamieson and Kenny MacAskill.

All quotes taken from personal exchanges are marked as individual communication; news outlets are acknowledged as sources; and where no source is indicated quotes are taken from SVRU documents and papers.

SVRU TIMELINE



2005:

United Nations published a report declaring Scotland the most violent country in the developed world.

World Health Organisation (WHO) in a study of crime in 21 European countries describe Glasgow as the 'murder capital of Europe'.

VRU established by the Chief Constable of Strathclyde Police, Sir Willie Rae, to address violence in Strathclyde.



Stop the violence, Change your life, Make the call. 07067 070 441

2007: SVRU hosts the World Health Organisation (WHO) global conference on violence at Tulliallan.

Health Secretary, Nicola Sturgeon, declares that violence is a public nealth issue.



2011:

Mentors in Violence Prevention (MVP) programme piloted in an Edinburgh school.

SVRU goes into partnership with the Royal Edinburgh Military Tattoo to provide employment for young people with convictions.



2014:

The Scottish Government announce the 'Building Safer Communities' approach to reduce the number of victims in Scotland including those affected by violence

People with convictions are recruited as volunteers to support the Commonwealth Games in Glasgow.



2013: Domestic violence

training programme (AVDR) is expanded to vets.



2006: A year-long 'Safer Scotland' campaign begins with a focus on knife crime.

VRU becomes a national unit.



2008:

Multi-agency gang intervention programme 'Community Initiative to Reduce Violence' (CIRV) begins in Glasgow.

Medics Against Violence (MAV) set-up.





2009:

in gangs.

AVDR (Ask, Validate,

Document, Refer) domestic

violence intervention first

rolled out with dentists.

Parentline start a phone

parents of children involved

service to support the

2010: VRU bring alcohol monitoring bracelets to Scotland from the USA to test.



2012: St Andrews University begin trials of remote alcohol monitoring technology with students.

The remote alcohol monitoring technology is approved for court use in the UK.

2015:

Mentors in Violence Prevention (MVP) expanded from Edinburgh to the rest of Scotland.

Domestic violence training (AVDR) expanded to both Scottish Fire and Rescue Service and the beauty industry.

The Scottish Government agree to provide funding for the 'Street & Arrow' training programme which is a social enterprise

'Navigator' programme first set up offering advice and support at Glasgow Royal Infirmary Accident and Emergence 2016: Navigator programme expanded to the Royal Infirmary of Edinburgh.

2017:

Roll out of the 'Who are You?' training programme across the licensed trade to help reduce sexual assaults





2018:

'Navigator' programme expanded to two further hospitals: the Queen Elizabeth University Hospital in Glasgow and the Crosshouse Hospital in South Ayrshire.

One Community Scotland set up providing support to the Horn of Africa community in Glasgow.

Street & Arrow open new premises with a café in Glasgow Dental Hospital in the city centre and also expand to providing on-site catering for a local building development.

The mayor of London, Sadiq Khan, sets up a VRU modelled on the SVRU





Violence is preventable, not inevitable

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