

Testing an Accident and Emergency (A&E) violence intervention programme

Submission date 01/06/2022	Recruitment status No longer recruiting	<input checked="" type="checkbox"/> Prospectively registered
		<input checked="" type="checkbox"/> Protocol
Registration date 12/08/2022	Overall study status Completed	<input type="checkbox"/> Statistical analysis plan
		<input checked="" type="checkbox"/> Results
Last Edited 14/04/2026	Condition category Injury, Occupational Diseases, Poisoning	<input type="checkbox"/> Individual participant data

Plain English summary of protocol

Background and study aims

People who are seriously injured due to violence often go straight to A&E for treatment. Organisations, such as the police, are not aware of these patients. There are over 170,000 such visits each year in England and Wales, and up to 60% of these patients will return to A&E within two years. This highlights the cost of violence to the NHS. There are many reasons why people are exposed to violence. Some are victims of ongoing domestic violence, some misuse alcohol, or drugs, and some are children living in chaotic households. To stop people from becoming involved in violence, we need to address these underlying causes and not just treat their injuries. Police-led nursing teams in A&E are well-placed to do this. In this research, we aim to understand whether a dedicated team in A&E can identify patients' needs, refer them to services able to support them, and if this approach reduces these patients' subsequent use of emergency healthcare.

There are several schemes based in A&Es that refer patients with violence-related injuries to services that offer support. Those who are victims of domestic violence can be referred to as Domestic Violence Advocates who can offer support. However, there is little support for those who are most likely to visit A&E because of violence - young men. Violence Prevention Teams are funded by and work closely with the police. It is run by a nurse familiar with A&E. They approach all those attending A&E with injuries due to violence, irrespective of their age and gender, and work with them to identify the support that they need. This collaboration between the police and clinical staff is unique across the UK and we wish to understand if it reduces later emergency healthcare use in those who were offered support.

Who can participate?

People with violent injuries who go to A&E for treatment

What does the study involve?

We will identify patients who have been supported by the Violence Prevention Teams in Cardiff (from October 2019) and Swansea (from January 2022) and, using a Secure Anonymised Information Linkage facility, access their routinely collected healthcare records. For children, we can also access their school records. We can also do the same with other A&E patients across Wales who have no contact with a Violence Prevention Team but attended their local A&E with

violence-related injuries. In this way, we can see whether the approach in Cardiff and Swansea means patients are less likely to later access emergency healthcare due to the support provided by the Violence Prevention Team.

Patients and the public have commented on the proposal and their suggestions have been incorporated. We will further arrange focus groups with a broad range of people, including those who have experienced emergency healthcare because of their drug and alcohol use, and survivors of domestic violence. The research team includes two co-applicants experienced in providing patient and public involvement support. One promotes the involvement of patients and the public in research, and the other has experiences of equality and diversity.

Little research has looked at how A&E staff can refer patients for support beyond their immediate health needs. The UK Government has invested money to tackle violence and it is likely that our research will be of general interest. We will engage with the local and national government, police forces, practitioners, and the public through regular newsletters. We will also publish our findings in academic journals and present this research at international conferences.

What are the possible benefits and risks of participating?
There are no known benefits or risks to participants

Where is the study run from?
Cardiff University (UK)

When is the study starting and how long is it expected to run for?
October 2019 to December 2024

Who is funding the study?
National Institute for Health Research (NIHR) (UK)

Who is the main contact?
Professor Simon Moore (UK)
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Contact information

Type(s)
Principal investigator

Contact name
Prof Simon Moore

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Additional identifiers

Protocol serial number

2.2

Study information

Scientific Title

The effectiveness and cost-effectiveness of a clinical Violence Prevention Team based in A&E

Acronym

EDVIPE

Study objectives

Does an Accident and Emergency (A&E)-based violence intervention programme reduce future emergency healthcare utilisation?

Ethics approval required

Old ethics approval format

Ethics approval(s)

Approved 15/06/2022, Information Governance Review Panel, SAIL Databank (Data Science Building, Swansea University, Singleton Park, Swansea, SA2 8PP; telephone number not available; igrp@chi.swan.ac.uk), ref: not applicable

Study design

A controlled longitudinal study

Primary study design

Observational

Study type(s)

Prevention

Health condition(s) or problem(s) studied

Violent injury

Interventions

Violence Prevention Team, referring patients with assault-related injuries attending the Accident & Emergency (A&E) services (e.g. drug and alcohol teams) able to support vulnerabilities (e.g. drug, alcohol misuse) thereby reducing future exposure to violence

Intervention Type

Behavioural

Primary outcome(s)

Incidence of repeated unscheduled A&E attendance measured by the inspection of the A&E Data Set to recover attendance dates across the analytic period from 01/10/2019 to 01/09/2024

Key secondary outcome(s)

Cost-effectiveness of the Violence Prevention Team, as measured by all NHS costs considered in the base case and health outcomes measured in quality-adjusted life-years (e.g. attendances avoided attributable to the intervention) for all patients available with a two-year follow-up duration

Completion date

31/12/2024

Eligibility**Key inclusion criteria**

Attendance of an emergency department with an assault-related injury

Participant type(s)

Patient

Healthy volunteers allowed

No

Age group

All

Sex

All

Total final enrolment

0

Key exclusion criteria

Does not meet the inclusion criteria

Date of first enrolment

01/03/2023

Date of final enrolment

30/11/2024

Locations**Countries of recruitment**

United Kingdom

Wales

Study participating centre
University Hospital of Wales
Heath Park
Cardiff
Wales
CF14 4XW

Sponsor information

Organisation
Cardiff University

ROR
<https://ror.org/03kk7td41>

Funder(s)

Funder type
Government

Funder Name
National Institute for Health Research

Alternative Name(s)
National Institute for Health Research, NIHR Research, NIHRresearch, NIHR - National Institute for Health Research, NIHR (The National Institute for Health and Care Research), NIHR

Funding Body Type
Government organisation

Funding Body Subtype
National government

Location
United Kingdom

Results and Publications

Individual participant data (IPD) sharing plan

IPD sharing plan summary

Not expected to be made available

Study outputs

Output type	Details	Date created	Date added	Peer reviewed?	Patient-facing?
Results article		26/10/2025	04/11/2025	Yes	No
Results article	HVIP effectiveness overall and for sub-groups based on age and gender	26/03/2026	14/04/2026	Yes	No
Protocol article		18/02/2026	20/02/2026	Yes	No