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ARTICLE

Risk and vulnerability in knife-related crime: Insights from official data

Ana Figueira  | Emma Alleyne 

University of Kent, Kent, UK

Correspondence

Ana Figueira, School of Psychology, Keynes College, University of Kent, Canterbury, Kent CT2 7NP, UK.
Email: af609@kent.ac.uk

Abstract

Purpose: This study examines psychological and personal differences among young males engaged in violent knife offending, violent non-knife offending, and non-violent offending within a Youth Justice Service in London. By distinguishing knife-related crime from other forms of violence, the research aims to identify unique psychosocial vulnerabilities associated with violent knife offending and to consider implications for assessment and intervention.

Methods: Case files of young males aged 12–18 under Youth Justice Service supervision between 2018 and 2022 were analysed using data recorded in the AssetPlus assessment tool. Comparative analyses explored group differences in victimisation, gang association, trauma-related mental health difficulties, and neurodiversity needs. Moderated mediation models were employed to examine the relationship between gang involvement, victimisation, and knife-related offending.

Results: Young people involved in knife-related offending exhibited higher levels of gang association, victimisation, and trauma compared to both violent non-knife and non-violent groups. Victimisation significantly moderated the relationship between gang involvement and knife-related offending, amplifying the likelihood of violent behaviour among those with dual exposure. Mental health difficulties, although prevalent, did not mediate this relationship. AssetPlus facilitated comprehensive information-gathering but showed inconsistencies in analytical application, with variability in data entry quality highlighting the need for standardised quality assurance.

Conclusions: Findings indicate that violent knife offending represents a distinct subgroup characterised by elevated psychosocial vulnerabilities. Trauma-informed and

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contextually aware interventions are essential, with supplementary assessments focusing on gang involvement and victimisation recommended to enhance understanding of individual risk profiles and support more tailored responses to knife-related offending.

KEYWORDS

Adverse Childhood Experiences, Gang associations, Knife-related crime, Mental Health, Victimisation, Youth Justice

INTRODUCTION

Knife crime is frequently portrayed as one of the most pressing challenges facing communities today. Despite its prominence, developing a clear, evidence-based definition of 'knife crime' has proven difficult over the years (Williams & Squires, 2021). The literature reflects this inconsistency, often blurring distinctions between the carrying of knives and their use in acts of violence. While 'knife carrying' refers specifically to possession without lawful purpose, 'knife crime' encompasses a broader spectrum of offences involving knives (Allen & Harding, 2021). More recently CPS guidance has taken steps towards greater definitional clarity by framing knife crime within a wider category of offences involving bladed or sharply pointed weapons rather than knives alone (Crown Prosecution Service, 2023).

Official statistics indicate that in the year ending March 2024 police forces in England and Wales recorded 54,587 knife-related offences, representing a 2% increase compared with the previous year. According to the Ministry of Justice, 18,560 knife-related offences resulted in a caution or conviction in the year ending March 2024, with children accounting for 17% (3206) of these cases— a modest decline compared to previous years (Moj, 2025).

In the year ending March 2024, 46% of all homicides involved a knife or sharp instrument, with young people more likely to be victims than adults. Young people were twice as likely to be fatally stabbed compared to a decade ago (ONS, 2025). The public health implications are evident: in 2022–23, the NHS recorded 458 hospital admissions for assaults involving sharp objects among children aged 10–17 years, alongside 68,768 admissions related to external causes, underscoring the substantial burden of violence-related injuries on health services (NHS, 2024).

More recent figures suggest that some areas, most notably London, are beginning to show downward trends. In 2025, London recorded 97 homicides, representing an 11% decrease from 2024 and the lowest total since 2014, despite significant population growth (MET Police, 2026). Serious violence involving young people has also fallen, with teenage homicides reaching their joint lowest level in nearly three decades, with a 73% reduction since 2021 (MET Police, 2026). Hospital admissions for knife assaults among young people have similarly declined by 43% since 2019.

These improvements have been attributed to a combined enforcement and prevention approach (MET Police, 2026). Such reductions depend on ongoing, intensive efforts on multiple fronts. Without addressing the underlying structural and community-level drivers of violence, these gains may not be sustainable.

Although current levels of knife-related crime remain below the 2019/2020 peak, the significant physical and psychological harm it inflicts continues to mark it as a pressing public health and societal concern. It is therefore essential to explore the *who, what, when, where* and *how* of knife-related crime in order to continue to inform effective prevention and intervention strategies. The aim of this paper is to analyse existing official data in order to provide a preliminary examination of the key risk factors associated with knife-related offending. In doing so, this study makes a novel contribution to the field as the first to draw on officially recorded data from the UK Youth Justice System's national reporting framework.

Understanding risk factors: Insights from existing literature

Research on knife-related crime points to a cluster of overlapping factors, including carrying a knife with intent to harm, self-protection, feeling unsafe, low trust in the police, involvement with criminal peer groups, the pursuit of status and Adverse Childhood Experiences (ACEs) (Brennan, 2018; Dijkstra et al., 2010; Gray et al., 2021; Harcourt, 2006; Haylock et al., 2020; McVie, 2010; Palasinski & Riggs, 2012; Traynor, 2016). Gang affiliation and association have also been identified as a significant risk factor, as carrying a knife often constitutes an element of a broader criminal lifestyle (Haylock et al., 2020). This involvement further elevates the risk of victimisation, with some studies indicating that prior victimisation is a common feature among individuals involved in knife-related offences (see Figueira et al., 2024, for a systematic review of the literature). These individual-level characteristics sit within broader demographic and structural contexts that shape who becomes involved in knife-related offending and how such involvement is recorded.

Data from the Youth Justice Board (YJB) indicate that in the year ending March 2024, Black children accounted for 14% of knife-related offences despite comprising 6% of the child population, and mixed-ethnicity children 10% compared with 8% of the population (YJB, 2025). Police data from the Office for National Statistics (ONS) similarly show disproportionate involvement of some ethnic minority groups, particularly Black children and young men, as both victims and perpetrators (Haylock et al., 2020; Silvestri et al., 2009). These disparities reflect intersecting structural factors, including disproportionate stop and search, heightened exposure to economic marginalisation (Haylock et al., 2020; YJB, 2025) and structural racism (Williams & Squires, 2021). Importantly, research indicates that ethnicity alone does not have a statistically significant relationship with weapon carrying (Brennan, 2018) and when socio-economic and structural variables are controlled for, no direct association with knife crime is observed (Eades et al., 2007; Haylock et al., 2020; Williams & Squires, 2021). Given the consistent over-representation of males, scholars have examined masculinity and victimisation as potential drivers (Figueira et al., 2024; Palasinski & Riggs, 2012), though no integrated explanatory framework has yet emerged (Figueira et al., 2024).

An established victim-perpetrator overlap exists in knife-related crime, with individuals frequently appearing as both victims and offenders, sometimes within the same incident (Bailey et al., 2020). Both groups commonly have prior criminal histories and reappear in police data as future victims or perpetrators (Bailey et al., 2020), suggesting that examining the backgrounds of known victims and those involved in offending could inform more effective prevention strategies.

Building on this, it is necessary to consider how criminal justice agencies respond to individuals involved in knife-related offending. The Youth Justice Service (YJS) manages risk and rehabilitation for children under 18, while Probation Services oversee public protection and supervision for those aged 18 and over. Clarifying the remit of these agencies provides important context for understanding how preventative and supervisory strategies are operationalised in practice.

The Youth Justice System (YJS): Context and service user needs

The YJS supervises children and young people up to the age of 18 who have been sentenced by a court, as well as those who have come to the attention of the police for offending behaviour but were not charged and instead received an out-of-court disposal. Out-of-court disposals (OOCDS) are a collective term for the formal and informal outcomes available to the police or youth justice services as alternatives to charging a child with a criminal offence. These are also commonly referred to as out-of-court resolutions or diversion (Youth Justice Legal Centre, 2025). The YJS also works with young people who have not committed a crime but are considered to be at significant risk of doing so (HM Inspectorate of Probation, 2018). It operates through statutory, multidisciplinary teams that deliver multi-agency interventions tailored to local needs, providing supervision and intervention

programmes with a focus on supporting desistance from crime and preventing both initial offending and reoffending.

The YJS cohort is characterised by high levels of vulnerability, particularly in relation to Special Educational Needs and Disabilities (SEND). A substantial proportion of children in the YJS have SEND diagnoses, with some estimates indicating that up to 80% are identified as having such needs. In addition, around 85% of boys in secure establishments have previously been excluded from school (Leyland, 2024). Children with SEND are less likely to access diversionary interventions compared to peers without such diagnoses (McDonald-Heffernan & Robin-D'Cruz, 2024).

SEND-related communication difficulties can hinder children's engagement in legal processes and may compromise their defence (Kirby, 2021). Care-experienced children are also overrepresented in the YJS, with this overrepresentation especially evident among Black and Mixed ethnicity groups (HMIP, 2024; Hunter et al., 2023; YJB/MoJ, 2025). These children often face multiple adversities, including abuse, neglect and the criminalisation of behaviour within care settings (Baidawi et al., 2020; Baidawi & Ball, 2023; Gilbert et al., 2009).

Children involved in wider child-welfare systems also show elevated risk of justice involvement. Those designated as Child In Need (CIN) or on a Child Protection Plan (CP) are two to three times more likely than their peers to receive a caution or conviction by early adulthood (Leyland, 2024). ACEs, including abuse, domestic violence and parental imprisonment, are similarly prevalent among justice-involved children and are linked to poorer outcomes and increased risk of both perpetration and victimisation in violence (Fox et al., 2015).

Taken together, what emerges within the YJS is a population of children with complex vulnerabilities (Gray et al., 2021), underscoring the need for trauma-informed, systemic responses. Behaviours such as weapon carrying, aggression, withdrawal or non-compliance may reflect hypervigilance or survival strategies rather than deliberate defiance.

Recent evidence from reviews of trauma-informed practice within youth justice settings by Malvaso et al. (2024) emphasises that trauma-informed youth justice must extend beyond treating trauma symptoms to embedding trauma-informed principles across whole systems. Trauma-informed practice is only effective when the wider organisational environment is also trauma-informed (Crest Advisory, 2024). In Youth Justice settings, this requires sensitive exploration of trauma histories, interpreting risk within developmental and contextual frameworks, avoiding practices that may retraumatise children and strengthening relational work while integrating mental health, safeguarding, and welfare perspectives into risk management.

Youth justice risk assessment: The AssetPlus

AssetPlus, the structured assessment and planning framework used across the YJS, was implemented between 2015 and 2017 and later adopted in secure settings (YJB, 2014, 2020). It replaced the previous Asset tool and several standalone assessments, creating a unified system for identifying a child's strengths, needs, risks and barriers to change (Picken et al., 2019). Drawing on contemporary rehabilitation theory, AssetPlus incorporates principles from both the Risk-Need-Responsivity (RNR) model and the Good Lives Model (GLM).

The RNR framework emphasises proportionate intervention based on risk, a focus on criminogenic needs and tailoring support to individual characteristics (Bonta & Andrews, 2017), while the GLM highlights the importance of building strengths, supporting personal goals and promoting prosocial development as pathways to desistance (Ward & Maruna, 2007; Ward & Brown, 2004). These principles underpin AssetPlus's Scaled Approach, ensuring that intervention intensity is proportionate to a young person's level of risk and need and delivered within a strengths-based framework. Currently, there is very limited evidence available on the impact of AssetPlus on children's outcomes such as first-time entrants, reoffending and remands into custody (Picken et al., 2019).

Our study

Although existing research has identified a range of individual, social and structural risk factors associated with knife-related crime, very few studies have examined how these factors manifest within the assessment data routinely collected by Youth Justice practitioners. These assessments underpin decisions about intervention, risk management and support, yet it remains unclear whether the patterns identified in academic research are reflected in the profiles of young people known to the system. Limited research has compared distinct offending subgroups, specifically young people involved in knife-related violent offending, those involved in non-knife violent offending and those engaged in non-violent offending, to determine whether they exhibit different profiles of risk, need, victimisation and mental health difficulties. Addressing this gap is essential for understanding whether current assessment practices capture the complexities highlighted in the literature and for informing more targeted and evidence-aligned responses to knife-related offending.

Against this backdrop, the present study aims to examine differences in psychological and personal variables across three distinct groups: violent knife offending, violent non-knife offending and non-violent offending. In this study, 'violent knife offending' refers to any violent offence in which a knife or other bladed or sharply pointed article was present, used or possessed as part of the incident, including knife-enabled robbery, reflecting how such offences are recorded within Youth Justice assessment data. In the context of Youth Justice assessment data, knife-related offences, such as robberies committed with a knife, are recorded as separate index offences (e.g., knife possession alongside robbery). For analytical purposes, these cases were included within the violent-knife offending group, as the presence and use of a knife are central to the nature of the offence and to how practitioners assess risk, harm and intervention needs. By grounding this analysis in the assessment data used in practice, the study seeks to determine whether the Youth Justice System's existing information captures meaningful distinctions that can inform intervention planning.

The convergence of evidence on individual vulnerabilities, social and structural influences and group-level dynamics, together with the documented complexity of needs within Youth Justice populations, provides a clear rationale for the hypotheses that follow. We hypothesise that individuals involved in knife-related offending will demonstrate higher levels of gang association, greater exposure to victimisation, particularly physical victimisation and more pronounced mental health needs, especially trauma. Given research linking ACEs, such as exposure to domestic violence (Asmussen et al., 2020; Gray et al., 2021), with knife-related offending, we also expect the knife-related group to show higher rates of domestic violence exposure compared to the other two groups. Furthermore, we anticipate that both violent groups (knife and non-knife) will present higher rates of SEND and neurodiversity needs than the non-violent offending group. Finally, in line with reports and academic studies highlighting racial disparity within the Criminal Justice System (Guilfoyle & Pina-Sánchez, 2024; Lammy, 2017; Lymperopoulou, 2025; Zoubi, 2022), we expect a disproportionate representation of Global Majority individuals, particularly within the knife-related offending group.

METHODS

Participants

The study examined case files of young males aged 12–18 years who were under the supervision of a YJS in a London borough between January 2018 and December 2022. Inclusion criteria required that all participants had an official conviction recorded within this period. Participants were categorised into one of three groups based on their index offence:

1. *Violent-knife offending group (VK)*—individuals convicted of knife-related offences, including possession of an offensive weapon, possession of a knife and violent offences involving weapon use (e.g., robbery).

2. *Violent non-knife offending group (VNK)*—individuals convicted of violent offences without knife involvement, including murder, manslaughter, assault (common assault, Actual Bodily Harm (ABH), Grievous Bodily Harm (GBH), robbery) and sexual offences.
3. *Non-violent offending group (NV)*—individuals convicted of non-violent offences, such as theft, financial crimes, drug-related offences, and fraud.

A total of 437 case file records were reviewed, comprising the three groups: VK offending ($n=192$), VNK offending ($n=95$) and NV offending ($n=150$). The mean age of participants was 16.37. Age at first conviction was recorded for 89.7% of the total sample ($M=15.98$). The sample was ethnically diverse: White (35%, $n=152$), Black (34%, $n=148$), Asian (16%, $n=69$), Mixed (13%, $n=57$) and Other (3%, $n=11$). The majority of participants (93%, $n=407$) were recorded as having no history of being in care. In terms of offences recorded within each group, the VK offending group was primarily characterised by knife possession offences (80%), with a smaller proportion involving both knife and drug possession (13%). In contrast, the VNK offending group most frequently included robbery (29%) and common assault (22%). Within the NV offending group, drug possession accounted for the majority of offences (53%), followed by motoring-related offences (21%).

Variables extracted

The study examined several variables to explore potential differences between the three groups. They are as follows:

1. *Gang Association*: was coded using the indicator embedded within the AssetPlus assessment, which records whether a child is known or suspected to associate with a gang. This is typically recorded as a binary indicator (gang association Yes/No) with space for narrative justification. Cases with recorded gang association were coded as 1, and those without recorded association were coded as 0.
2. *Mental Health Difficulties*: This variable captured any recorded mental health diagnoses or concerns. Data were coded as 1 (yes) or 0 (no). Where available, specific difficulties were noted, including trauma, anxiety and low mood.
3. *Special Educational Needs and Disabilities (SEND)*: The presence of identified educational or developmental needs was coded as 1 (yes) or 0 (no).
4. *Neurodiversity Needs*: included documented diagnoses such as Autism Spectrum Disorder (ASD) or Attention-Deficit/Hyperactivity Disorder (ADHD), coded as 1 (yes) or 0 (no).
5. *Care History*: Individuals with a history of placement in local authority care were coded as 1 (yes), while those without such a history were coded as 0 (no).
6. *Victimisation*: any documented experience of victimisation coded as 1 (yes) or 0 (no). Sub-categories of victimisation were separately coded to capture specific forms of harm: bullying (2), emotional abuse by peers (3), physical abuse by peers (4) and other forms of abuse such as neglect or emotional/physical abuse within the family (5).
7. *Exposure to Domestic Violence*: Participants with recorded experiences of witnessing domestic violence in the home were coded as 1 (yes), and those without such exposure were coded as 0 (no).

Missing data considerations

AssetPlus is the assessment tool used by Youth Justice practitioners to record and analyse information about a child's circumstances, risks, strengths and needs as part of routine practice. As such, the dataset reflects only what was entered at the time of assessment. In relation to the extraction of variables, the absence of a recorded entry could not be assumed to represent missing data; rather, it may indicate that

a need, risk or characteristic was not identified, considered relevant or judged significant by the practitioner when completing the assessment. Accordingly, non-recorded items were treated as 'not present' rather than missing.

Procedure

As this study involved the analysis of pre-existing case records, ethical approval was obtained from the relevant institutional ethics board. Consent to access case records was also obtained from senior leaders within the YJS at the study site. Data were anonymised to protect participant confidentiality. No direct contact with participants was required, and all data handling adhered to the General Data Protection Regulation (GDPR) and ethical guidelines set forth by the British Psychological Society (BPS).

Data were extracted from AssetPlus, the electronic case-management system used in the YJS. AssetPlus comprises four sections: the Core Record, Information Gathering, Explanation and Conclusion and Pathways and Planning. The Core Record captures key details about the child, including needs, safeguarding, public protection and intervention priorities. Information Gathering covers personal, family, social and offending-related factors, alongside a self-assessment. In Explanation and Conclusion, practitioners analyse this material to understand behaviour in context and assess risks of reoffending, harm and safety. Pathways and Planning then informs a single intervention plan focused on reducing offending and managing risks. AssetPlus also contains modules for specific tasks, such as transferring information to the YJB Placement Service or completing Pre-Sentence Reports (YJB, 2020). For this study, data were extracted from the Core Record using a structured data-mining spreadsheet.

Analysis

Analyses were conducted in Jamovi using a significance threshold of $p < 0.05$. Descriptive statistics were used to summarise demographic and psychosocial characteristics across three offending groups: VK, VNK and NV. Group differences were examined using chi-square tests. A multinomial logistic regression was then conducted to identify predictors of offending group membership, with the VK group as the reference group. Finally, a moderated mediation analysis was then conducted to test the *proposed* model in which the indirect effect of gang association on knife-related offending, operating through mental health difficulties, was expected to vary as a function of victimisation. However, the preliminary analyses indicated that the original model did not align with the observed data. As a result, this stage of the analysis was treated as exploratory, and the model was adapted to reflect the empirical patterns that emerged.

RESULTS

Data were entered into Jamovi where analyses were conducted using a $p < 0.05$ level of significance. Descriptive statistics for the three offending groups, VK ($n = 192$), VNK ($n = 95$) and NV ($n = 150$), are presented in Table 1. There were no meaningful differences in age at first conviction across the three groups. Ethnic composition, however, varied: the VK and VNK groups included a higher proportion of Black children, whereas the NV group was predominantly White. Gang association was substantially more common among the VK and VNK groups than among the NV group. Mental health difficulties and neurodiversity needs followed a similar pattern, with higher prevalence in the violent offending groups. Victimisation was reported by most children in the VK group and by approximately half of those in the VNK and NV groups. SEND needs were present across all groups, with the highest proportion observed in the VNK group. Witnessing domestic violence and care history were more evenly distributed, although the proportion of children with care experience remained comparatively low.

TABLE 1 Descriptives and bivariate analyses for offending groups.

Variable	Violent knife (n=192)	Violent non-knife (n=95)	Non-violent (n=150)	χ^2	df	p
Age first conviction (M±SD)	16.03±1.15	15.83±1.31	16.01±1.08			
Ethnicity						
White	41 (21.4)	28 (29.5)	83 (55.3)			
Black	87 (45.3)	40 (42)	21 (14)			
Asian	33 (17.2)	12 (12.6)	24 (16)			
Mixed	29 (15)	13 (13.7)	15 (10)			
Other	2 (1)	2 (1)	7 (4.7)			
Gang association	112 (58)	53 (55.8)	6 (4)	118.52	2	0.001
SEND needs	43 (22)	33 (35)	39 (26)	5.00	2	0.082
Neurodiversity needs	34 (18)	23 (24)	9 (6)	16.86	2	0.001
Victimisation (overall)	181 (94)	47 (49)	72 (48)	137.76	8	0.001
Bullying	40	3	3			
Emotional peer	21	2	12			
Physical peer	102	25	38			
Other	18	17	19			
MH difficulties (overall)	71 (37)	39 (41)	25 (17)	39.63	6	0.001
Anxiety	10	7	15			
Low mood	16	8	7			
Trauma	45	23	3			
Witness DV	43 (22)	19 (20)	46 (31)	4.55	2	0.103
Care history	11 (6)	11 (11)	7 (5)	4.94	2	0.085

Note: Percentages are shown in parentheses. χ^2 =chi-square statistic; df=degrees of freedom; p=significance level.
Abbreviations: DV, domestic violence; MH, mental health; SEND, Special Educational Needs and Disabilities.

Bivariate analyses

Chi-square tests were used to examine differences across the offending groups (see Table 1). A significant association was found between group membership and gang association, $\chi^2(2, N=437)=118.52, p<0.001$, with VK and VNK groups exhibiting higher observed frequencies than expected. Neurodiversity needs also significantly differed across groups, $\chi^2(2, N=437)=16.86, p<0.001$, with it being more prevalent in the VNK group. Group differences in victimisation were significant, $\chi^2(8, N=437)=137.76, p<0.001$. The VK group reported higher rates across all subtypes of victimisation, including bullying, emotional and physical peer-on-peer victimisation and other forms. Similarly, mental health difficulties varied by group, $\chi^2(6, N=437)=39.63, p<0.001$, with trauma most prevalent in VK and VNK participants.

Group comparisons on gang associations, victimisation, neurodiversity and mental health variables

A multinomial logistic regression was conducted to examine predictors of type of offending with the VK offending group used as the reference group. Significant and marginally significant predictors are shown in Table 2. The overall model was statistically significant, $\chi^2(18)=305.70, p<0.001$, with the

TABLE 2 Multinomial logistic regression predicting type of offending (Reference group=violent knife offending, N=437).

Characteristic	Violent non-knife (n=95) %	Non-violent (n=150) %	Odds ratio (violent non-knife)	Odds ratio (non-violent)
Gang associations	55.8	4.0	1.37 (0.70–2.67)	0.05 (0.02–0.11)
MH difficulties: Anxiety	7.4	10.0	2.55 (0.75–8.72)	1.84 (0.64–5.34)
MH difficulties: Low mood	8.4	4.6	2.81 (0.99–7.99)	0.99 (0.32–3.05)
MH difficulties: Trauma	24.2	2.0	1.87 (0.83–4.22)	0.15 (0.04–0.56)
Neurodivergence	24.0	6.0	1.41 (0.64–3.14)	0.73 (0.25–2.14)
Victimisation: Bullying	3.1	2.0	0.01 (0.00–0.06)	0.01 (0.00–0.05)
Victimisation: Emotional peer	2.1	8.0	0.01 (0.00–0.07)	0.12 (0.04–0.37)
Victimisation: Other	17.9	12.6	0.14 (0.05–0.38)	0.30 (0.11–0.84)
Victimisation: Physical peer	26.3	25.3	0.03 (0.01–0.08)	0.12 (0.05–0.28)

model explaining approximately 33% of the variance in group type indicated by McFadden's $R^2=0.33$. The VNK group were significantly less likely to report experiences of victimisation across all measured subtypes. Specifically, the VNK group had substantially lower odds of reporting bullying, emotional and physical peer-on-peer victimisation, as well as other forms of victimisation, with all associations reaching statistical significance ($p<0.001$). In comparison to the VK group, the NVK group were also significantly less likely to report all forms of victimisation. Moreover, the NV group demonstrated significantly reduced odds of gang association and trauma-related mental health difficulties.

Mediation and moderation pathway analyses

A moderation mediation model was developed to explore the associations between gang association, victimisation, mental health difficulties and knife-related offending. This proposed conceptual model positioned gang association as the independent variable, knife-related offending as the outcome, mental health difficulties as a mediator and victimisation as a moderator. This initial model reflected established evidence that gang-involved young people experience elevated trauma exposure and psychological distress (Coid et al., 2013; Wood et al., 2016; Wood & Naldrett, 2021), and that such trauma-related symptoms can increase the likelihood of violent or weapon-related behaviour (Duke et al., 2010; Kerig & Becker, 2015). Victimisation was included as a moderator based on findings that gang-involved young people experience disproportionately high levels of victimisation (Pyrooz & Sweeten, 2015) and evidence that suggests that victimisation is linked with increased risk of knife-related offending (Bailey et al., 2020).

However, preliminary correlation analysis undertaken indicated that the empirical pattern of associations did not fully align with the proposed theoretical model. Victimisation showed the strongest association with knife-related offending ($r=0.49, p<0.001$), followed by a moderate association between gang association and knife-related offending ($r=0.35, p<0.001$). Victimisation was also moderately associated with mental health difficulties ($r=0.29, p<0.001$), whereas mental health difficulties demonstrated only a weak association with knife-related offending ($r=0.12, p=0.015$). These findings suggested that although mental health difficulties were theoretically relevant, their empirical relationship with knife-related offending was insufficient to support a strong mediating role. At the same time, the victimisation-knife offending association indicated that victimisation might function as a more influential predictor than originally conceptualised.

Given this pattern, the moderated mediation analysis was treated as exploratory, as the preliminary correlations indicated that the original model did not align with the data. The results indicated that mediation was not supported. Mental health difficulties did not significantly predict knife-related offending ($B=-0.05, p=0.417$), and the indirect effect of gang association through mental health difficulties was non-significant at all levels of victimisation. In contrast, the moderation component of the model was supported. The interaction between gang association and victimisation significantly

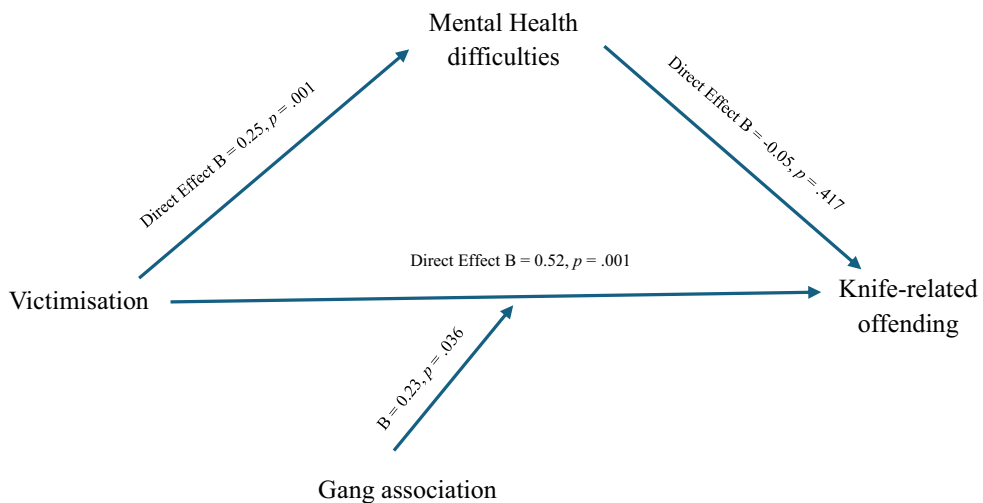


FIGURE 1 Conceptual depiction of the moderation model.

predicted knife-related offending ($B=0.23, p=0.036$), indicating that the association between gang involvement and knife behaviour was stronger at higher levels of victimisation. The direct effects remained significant. Victimisation showed a strong positive association with knife-related offending ($B=0.52, p=0.001$). Gang association showed a significant direct effect on knife-related offending ($B=0.25, p=0.001$). The final model is depicted in Figure 1.

DISCUSSION

The purpose of this study was to investigate psychological and personal differences across three offending groups: violent knife (VK), violent non-knife (VNK) and non-violent (NV). In doing so, it provides a more nuanced understanding of the profiles associated with knife-related violence and their divergence from other types of violent offending. We hypothesised that the knife-related offending group would exhibit higher levels of gang association, greater exposure to victimisation, especially physical victimisation and increased mental health needs, particularly trauma. In addition, drawing on evidence linking ACEs, such as exposure to domestic violence, with knife crime (Asmussen et al., 2020; Gray et al., 2021), we expected elevated rates of domestic violence exposure among the knife-offending group relative to NV individuals. We also anticipated that both violent groups would show a higher prevalence of SEND and neurodiversity compared to the non-violent offending group. Finally, reflecting documented racial disparities in the criminal justice system (Lammy, 2017), we predicted a disproportionate representation of Global Majority individuals within the knife-related offending group.

Significant differences were observed across the three groups in terms of gang association, victimisation, mental health difficulties and neurodiversity needs. These risk factors were disproportionately elevated in the violent offending groups, particularly among those who committed knife-related offences, compared to the non-violent offending group. Although SEND needs and care history varied descriptively across the offending groups, these differences did not reach statistical significance. However, existing literature indicates that children with SEND are disproportionately represented within the YJS (Leyland, 2024), and care-experienced children are more likely to become involved in the justice system compared to their peers (Hunter et al., 2023). Therefore, it is plausible to hypothesise that the absence of statistically significant findings may reflect limitations in data recording or entry practices, rather than the actual absence of these factors within the sample.

Neurodiversity needs were found to be significantly more prevalent among both violent offending groups compared to the non-violent offending group. This suggests that cognitive, communicative or learning-related difficulties may intersect with other psychosocial risk factors to influence pathways into violent offending, including knife-related violence. Children exposed to violence are known to develop cognitive and emotional processing biases, such as an increased sensitivity to anger cues (Shackman et al., 2007), heightened emotional reactivity to perceived threats (McLaughlin et al., 2015) and a generalisation of threat responses across stimuli (McLaughlin & Sheridan, 2016). These patterns can impair the ability to distinguish between safe and threatening situations, with prior victimisation reinforcing distorted perceptions of risk, alongside assumptions that others may be armed (Asmussen et al., 2020). Such effects may be further amplified in children with neurodiversity or SEND needs, who often experience difficulties in emotional regulation and social cognition. Consequently, these children may be particularly vulnerable to misinterpreting social threats and engaging in reactive or defensive behaviours, potentially contributing to their overrepresentation within the YJS.

One of the hypotheses of this study was that witnessing domestic violence would be significantly associated with knife-related offending, in line with existing research linking exposure to ACEs, particularly domestic abuse, with later violent behaviour (Adjei et al., 2024). Contrary to expectations, no statistically significant differences were observed across offending groups in relation to witnessing domestic violence. This may be attributable to limitations in data recording and extraction. In several instances, comprehensive AssetPlus assessments documented a history of domestic abuse, yet the corresponding Core Record fields, used for variable extraction, indicated its absence. Given the size of the dataset and the extensive nature of individual AssetPlus assessments, it was not feasible to manually verify every case. As such, the lack of a significant association in this analysis may reflect inconsistencies in data entry rather than a true absence of group differences in exposure to domestic violence.

Consistent with prior literature, the violent-knife group reported higher levels of gang association, victimisation and trauma-related mental health symptoms compared to their non-violent counterparts (Browne et al., 2022). Multinomial regression results revealed that these individuals were significantly more likely to have experienced peer bullying, emotional and physical victimisation and to have gang associations. In contrast, the non-violent group had significantly lower odds of reporting trauma, gang association and victimisation across all measured subtypes.

Knife-related offending among young people reflects a broader accumulation of risks rather than a standalone behaviour, emerging from multiple overlapping adversities. The moderation analysis showed that victimisation had a strong direct association with knife-related offending, and this relationship was significantly intensified among young people with gang associations. This finding aligns with research demonstrating that young people with gang associations experience heightened exposure to violence and navigate environments where retaliatory or defensive weapon carrying is more normative (Decker & Pyrooz, 2010).

Mental health difficulties did not explain the link between gang associations and knife-related offending. Instead, they appear to be co-occurring vulnerabilities rather than pathways to those behaviours. This aligns with evidence showing that mental health difficulties are highly prevalent among justice-involved young people, but do not independently account for violent or weapon-related behaviour once broader social and environmental risks are considered (Teplin et al., 2002).

On the other hand, victimisation emerged as a central explanatory factor, showing a strong direct association with knife-related offending and a significant interaction with gang association. This pattern is consistent with research demonstrating that victimisation is not only an outcome of violence but also a precursor to later offending. Rubio et al. (2023), for example, found that adolescent victimisation exerted a measurable causal effect on subsequent offending, increasing risk by nearly four percentage points.

The relationship between victimisation and gang association is bidirectional. Some young people may join gangs seeking protection, belonging or social capital following experiences of victimisation, while gang membership itself exposes individuals to heightened risk of further victimisation due to

the inherently violent and retaliatory nature of gang dynamics. This reciprocal pattern has been documented in prior research (e.g., Murry et al., 2018).

Further nuance is provided by evidence distinguishing gang-related from non-gang-related knife-related crime. The British Psychological Society (2024) highlights finding from Jareno-Ripoll et al. (2024) indicating that gang-related knife offences are typically instrumental, motivated by status, territory or economic gain, whereas non-gang-related knife offences are more expressive, emerging from emotional reactivity, trauma or marginalisation. The present findings resonate with this distinction: the amplification of victimisation effects among young people who have gang associations suggests that knife-related behaviours may be shaped by both instrumental pressures and heightened exposure to violence, whereas mental health difficulties may be more relevant to expressive, non-gang-related contexts. These results highlight the importance of differentiating between subtypes of knife-related behaviour and recognising the layered vulnerabilities that shape young people's involvement in knife-related offending.

Ethnic disparities were evident, with Black young people overrepresented in both violent offending groups. Although our dataset lacks structural or contextual variables to test explanations directly, this pattern aligns with wider research pointing to systemic inequalities, such as racialised policing, socio-economic disadvantage and community disinvestment as contributing factors (Sampson & Wilson, 1995; Schnittker, 2014; Youth Justice Board, 2025).

Although this study did not intend to evaluate AssetPlus, some insights emerged from working with its data. While the tool is grounded in strengths-based principles such as the Good Lives Model, the analytical component was not applied consistently. Analytical judgements were often embedded within descriptive sections, blurring the distinction between information gathering and analysis. Data quality also varied considerably across cases, highlighting the need for stronger, standardised quality-assurance processes to ensure reliable assessments.

Given the study's findings, it may be valuable to introduce a supplementary assessment for young people involved in knife-related offending, focusing specifically on gang associations and experiences of victimisation. Adding this layer of assessment could strengthen understanding of individual risks and support more targeted, effective interventions.

LIMITATIONS

The study offers important insights into psychological and contextual differences across offending groups, but some limitations must be acknowledged. First, the analysis relies on AssetPlus data, the quality of which depends on practitioner judgement and consistency in recording. Variability in depth of exploration, interpretation and sensitivity around topics such as mental health, trauma and victimisation may introduce measurement error or reporting bias. This is particularly relevant to the very high victimisation rate in the violent-knife group. Although victimisation is widespread among justice-involved children (Gray et al., 2021; HM Inspectorate of Probation, 2021), the prevalence observed here (94%) exceeds typical national estimates. This may reflect genuinely elevated vulnerability, but it may also result from more detailed questioning or more thorough documentation for higher-risk children, creating potential detection bias.

Second, limitations in how gang association is recorded within AssetPlus must be considered. The measure draws on police intelligence, practitioner judgement and partner-agency information. Policed gang databases have been criticised for disproportionality and questionable validity, particularly in relation to racialised surveillance practices (Information Commissioner's Office, 2018). Gang association should therefore be interpreted as *recorded* rather than *verified* involvement, meaning observed links with knife-related offending may partly reflect recording practices. Additionally, previous offending was not included, so some individuals classified as non-knife offending may have had earlier knife-related involvement not captured here.

Finally, the sample consists solely of children within the YJS and may not generalise to young people involved in knife-related behaviours who have not come into formal contact with the justice system.

CONCLUSION

This study shows that young people involved in violent knife-related offending form a distinct subgroup marked by elevated psychosocial vulnerabilities, including higher levels of gang association, trauma and victimisation. Victimisation constituted the most substantive predictor of knife-related offending, and its impact was significantly intensified among young people with gang associations. Mental health difficulties, while prevalent, did not mediate this relationship, suggesting that they reflect broader psychosocial vulnerability rather than a causal mechanism linking gang associations and knife-related behaviour. Notably, levels of recorded victimisation in this sample were higher than national averages. While this may reflect practice-related recording patterns, it nonetheless highlights a cohort of children with significant unmet needs who then enter a system that is not always fully trauma-informed. Although frontline practitioners may strive to work in trauma-informed ways, they often operate within wider structures and processes that are not consistently aligned with trauma-responsive principles.

Interpreted through the RNR framework, the concentration of trauma, victimisation and gang involvement reflects core criminogenic needs requiring targeted, intensive, multi-component support, alongside responsivity-focused, culturally and trauma-informed practice. The findings also align with the GLM, underscoring the importance of strengthening prosocial identity and access to meaningful opportunities as part of intervention planning.

This study aimed to assess whether patterns identified in academic research on knife-related offending are reflected in the profiles of young people known to the Youth Justice system; the findings confirm that they are. A key direction for future research, beyond the scope of the present study, is to examine how identified needs translate into actual intervention plans, enabling clearer insight into how RNR and GLM principles are operationalised in practice and the extent to which academic evidence informs contemporary work with young people vulnerable to knife-related harm. There may also need to be a stronger shift towards understanding knife-related crime as a harm-producing system rather than solely as individual behaviours, given the complexity and systemic nature of the drivers behind it.

Future directions and recommendations

Future research should adopt longitudinal designs to track how victimisation, gang involvement and mental health difficulties interact over time in shaping offending pathways. The inclusion of multi-level data, such as education, social care and neighbourhood deprivation, would strengthen the evidence base. Qualitative work with young people, including those who carry knives but are not justice-involved, is needed to better understand motivations, identity processes and contextual pressures.

The findings highlight clear implications for practice. Elevated trauma, victimisation, and gang association among the violent-knife offending group underlines the need for trauma-informed, developmentally attuned and culturally responsive interventions within Youth Justice. Practitioners should assess cumulative adversity, peer dynamics and identity-related pressures, tailoring intervention intensity to risk.

At a policy level, reducing knife-related crime requires addressing structural inequities that drive ethnic disparities in risk and justice outcomes. Investment in community resources, early intervention and equitable policing is essential, alongside robust evaluation of trauma-informed and contextually grounded programmes. Policy development should meaningfully incorporate lived experience, with co-production central to designing effective strategies.

Further work should examine how needs identified through AssetPlus translate into intervention plans, clarifying how RNR and GLM principles are operationalised and how evidence informs frontline decisions. Consideration should also be given to a supplementary assessment for young people involved in knife-related offending, explicitly exploring gang associations and victimisation. Finally, policymakers should adopt a systems-level perspective, recognising knife-related crime as a harm-producing system shaped by wider social and structural drivers.

AUTHOR CONTRIBUTIONS

Ana Figueira: Conceptualization; writing – original draft; methodology; writing – review and editing; formal analysis; data curation; resources; project administration; investigation. **Emma Alleyne:** Supervision; writing – review and editing.

CONFLICT OF INTEREST STATEMENT

The authors declare no conflicts of interest.

DATA AVAILABILITY STATEMENT

The data that support the findings of this study are available on request from the corresponding author. The data are not publicly available due to privacy or ethical restrictions.

ORCID

Ana Figueira  <https://orcid.org/0009-0008-1105-828X>

Emma Alleyne  <https://orcid.org/0000-0003-4335-7176>

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How to cite this article: Figueira, A., & Alleyne, E. (2026). Risk and vulnerability in knife-related crime: Insights from official data. *Legal and Criminological Psychology*, 00, 1–16. <https://doi.org/10.1111/lcrp.70050>