

Addressing violence following televised sports events: a need for reliable data

To the editor:

Public celebrations following the broadcasting of sports events have raised questions regarding their impact on health and the effectiveness of violence prevention policies. Following the 2014 Fédération Internationale de Football Association's (Zurich, Switzerland; FIFA) World Cup, the media repeatedly reported on violence following the live broadcast of the football matches in several countries. Indeed, live broadcasting of sports has been associated with increased alcohol intake and violence (1, 2).

We wondered if there was an association between the FIFA World Cup game results and violence (e.g., death rates, injuries, and assaults). What we found was dramatic discrepancies in the data. Addressing these sorts of questions requires having accurate data and quality monitoring and evaluation, something which continues to be a problem for many countries in the Americas. In Colombia, for example, media reports of violent celebrations did not match official health data. Furthermore, data collection methods did not allow attributing the events to the disorder around the games.

Although we found a paucity of literature assessing the effects of the live transmission of the FIFA World Cup on rates of aggression and number of emergency calls, there were two notable studies from the United Kingdom (1, 3). One, conducted in Liverpool, compiled data from 15 emergency departments and found that aggression rates increased by 37.5% when England played ($P < 0.01$). Emergency Department admissions were categorized into injury groups, facilitating identification of those due to assault (1). A second study, conducted in 2006 in Hampshire, documented emergency calls following the opening match of England versus Paraguay and found a 50% increase over a routine Saturday; most were assaults, road traffic accidents, unconsciousness, traumatic injuries, falls, and chest pain (3). However, a third study, which analyzed emergency department admission data over a 5-year period (2002–2007) at a district general hospital in United Kingdom, found no significant change in the rates related to live or televised sporting events (4).

These disparities prompted us to look more closely at the effects of the FIFA World Cup matches on violence in one specific city, Bogotá, Colombia. What we found was the absence of a reliable data collection system and no valid operational definitions to inform and address misconceptions and spin. For example, a leading news agency reported 3 000 brawls after the Colombia versus Greece game (2); the source, how-

ever, was a log of 3 000 calls to the public emergency line for a variety of reasons, not necessarily brawls (5). While some said the Mayor of Bogotá was failing to address the violence and that existing policies were not evidence-based (6), others rejected a causal relationship between alcohol consumption and homicide (7). The lack of an accurate data collection and monitoring system limits the ability to ascertain the magnitude of the problem, its causes, and its solutions.

Another impediment is the lack of an operational definition of sporting event-related violence. Countries such as the United Kingdom that have managed to collect accurate data and identify indicators and algorithms to establish causality have started with consensus on a definition. Once in place, reliable data can be collected, interventions assessed, and policies fine-tuned.

These studies from England shed light and share knowledge that can be adapted to low- and middle-income settings. Moreover, the Trauma and Injury Intelligence Group (Liverpool, United Kingdom; TIIG) can serve as an example for improving surveillance. Created by a multi-agency group comprising a range of stakeholders, from primary care trusts to ambulance services to academia, TIIG developed an injury surveillance system that allows for determining and monitoring trends, assisting partners dealing with injury intelligence, defining public health priorities, and evaluating interventions (8).

Given the above findings, key stakeholders should identify an operational definition of sports-related violence, develop a strategic and systematic way of collecting valid data, define indicators, and enable access to standardized summaries that allow for follow-up and identification of trends. After all, society at-large pays a heavy price for violence and for the inability to implement effective policies to quell it.

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