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Violence in England and Wales in 2021

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An Accident & Emergency Perspective

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Executive Summary

- This 21st annual study of serious violence in England and Wales is based on data from 74 NHS Emergency Departments, Minor Injury Units and Walk-in Centres in the National Violence Surveillance Network (NVSN).
- For the first time serious violence in Scotland was also studied from this perspective.
- Anonymised data on age, gender and attendance date of people injured in violence in the year ending 31st December 2021 were collected and analysed.
- An estimated 146,856 people attended emergency units in England and Wales for treatment of violence-related injury - up 27,745 (23%) from 2020. An estimated 8,549 people attended emergency units for violence-related injuries in Scotland.
- Easing of restrictions after the COVID-19 related national England and Wales lockdown in January 2021 was associated with increases in serious violence. Violence peaked in August 2021, almost reaching 2019 levels.
- Rates of serious violence in 2021 according to this measure were lower than in the years prior to the COVID-19 epidemic; down 24% and 49% relative to 2017 (3.24 per 1,000 residents) and 2011 (4.8 per 1,000 residents) respectively.
- Compared with 2020, the overall violent injury rate increased by 23% in 2021; the biggest increase since NVSN records began in 2001. This follows the biggest annual fall in serious violence in 2020.
- Serious violence rates and trends in 2020 and 2021 broadly aligned with COVID-19 mitigation and relaxation measures and returned almost to 2019 levels when restrictions were most relaxed.
- Serious violence affecting all age groups increased in 2021 compared to 2020; among children (0–10-year-olds; by 42%), young adults (18–30-year-olds; by 29%), adolescents (11–17-year-olds), and those aged 31–50 years (both by 20%), and those aged over 50, by 16%. There were no significant differences between increases in violent injury of males and females (up 23% and 24% respectively).
- Those at highest risk of violence-related injury in 2021 were males (3.38 per 1,000 residents - more than twice the risk for females) and those aged 18–30 (6 per 1,000 residents).

The methods used here and in previous years have all been subject to peer review and published¹.

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Introduction

Now in its 21st year, the National Violence Surveillance Network (NVSN) includes 158 Emergency Departments (EDs), minor injury units (MIUs) and walk-in centres in England and Wales. As in the 2021 NVSN report on violence in 2020, this report is notable because it covers the period of the COVID-19 epidemic. Importantly, in these two years when Crime Survey data which are obtained in face-to-face interviews are not available, this public health perspective of violence represents the only overall measure of violence causing serious, non-fatal harm. The aim of this study is to identify overall gender and age-specific violence-related injury rates and violence trends in England and Wales and Scotland from ED injury records over the twelve-month period ending 31st December 2021.

According to these NVSN data, serious violence - violence resulting in emergency hospital treatment in England and Wales - decreased by a third in 2020 compared to 2019¹. An estimated 119,111 people (81,453 males; 37,658 females) received emergency treatment for violence-related injuries in 2020 compared to 175,764 (122,134 males; 53,630 females) in 2019. COVID-19-related national lockdowns, and social gathering bans inside and outside homes, bars, nightclubs, and restaurants in 2020 were associated with this significant reduction in violence. Violence levels ebbed and flowed throughout 2020 as restrictions were eased and tightened^{1, 2}.

Fatal and non-fatal violence in the UK continues to be a principal concern. Most recently, following the high-profile kidnap and murders in 2021 of Sarah Everard and Sabina Nessa, violence against women and girls has been of serious concern. In the year ending March 2021, 177 women were murdered in England and Wales (a number similar to the previous year), sixty percent of whom knew their attacker; a third of the suspects were current or former partners³. In contrast, over the same period, murders of males decreased by 16%. In response, among other measures, the UK Government published its strategy 'Tackling violence against women and girls', designed to 'increase support for victims and survivors, increase number of perpetrator prosecutions and increase reports to the police leading to reduction in violence against women and girls'⁴.

Methods

Emergency Departments and records of violence related attendances

As in previous years, NVSN hospitals (Types 1 to 4) in England and Wales were contacted by email and telephone in January 2022 and asked for data on violence related emergency attendances (attendance date, age and gender of people who reported injury in violence)

and total emergency unit attendances in the 12 months ending December 2021. In a drive to increase NVSN coverage and objectivity further, all NHS Trusts and Health Boards in England and Wales were contacted, including hospitals not yet in the Network. The need for data collection and synthesis, namely, to provide clarity on national violence levels was explained. For the first time, hospitals in Scotland were also contacted. Here, the ED Datamart contains information on sites delivering emergency services; these include larger EDs (with 24-hour consultant led services), MIUs, smaller EDs, and health centres in rural areas. Smaller emergency units are usually GP or nurse led and may not be open continuously.

Inclusion criteria for sharing violence data were the same for hospitals in England and Wales and in Scotland, namely, compliance with the provisions of the 2018 Data Protection Act and Caldicott guidance. Patient confidentiality was always maintained. Most emergency units provided data in an Excel spreadsheet form with others providing data in PDF format.

Significant COVID-19-related service pressures in the NHS, including post-pandemic backlogs of patients waiting for treatment, continued to limit NVSN data sharing in England and Wales; 32 NHS Trusts and Health Boards did not provide violence data, citing high levels of staff absences; 52 NHS Trusts did not share data, citing low numbers of patients and concerns that sharing these limited data might allow individual patients to be identified. Violent injury rates by age and gender were estimated from data provided by the 74 emergency units in England and Wales which provided daily data (Table 1), up from 66 EDs in 2020. Data from emergency units in Scotland were analysed separately; there are 91 ED units in Scotland of which 30 are classed as Type 1 EDs. Only eight EDs in Scotland provided daily violence data; 24 provided aggregate data.

Data analyses

England and Wales

As in previous years, violence-related ED attendances were categorised by gender and five age groups: 0-10, 11-17, 18- 30, 31-50 and 51+ years. Hospitals providing daily data were grouped separately. To reduce biases in the sample due to emergency unit inclusion criteria the sample population was weighted using a national coverage ratio ($CR=B/A$), which compares the total annual attendance at EDs in the sample (B) with the total annual attendance at all EDs (A). Thus, a CR equal to one indicates full coverage of EDs. CR for 2021 was 0.26 for England and Wales (compared to 0.21 in 2020 and 0.31 in 2019) suggesting increased capacity for data sharing for violence prevention among EDs in 2021

compared to 2020, though still lower than pre-COVID levels. National violence statistics were obtained by multiplying the number of persons injured in the sample (n) by $1/CR$. As the total national resident population (N) is known, it was possible to estimate national violence-related injury rates by age and gender. A measure of the likelihood of being injured in violence is given by the equation: $V = ((1/CR) \times n) / N$

where

V = likelihood of being injured in violence

n = number of injured persons attending EDs in the sample

N = total resident population

Annual violence injury rates in England and Wales (numbers injured per 1,000 population) were estimated for both genders and for the five age groups. Population projections for 2021 were obtained from freely available ONS data and adjusted to reflect counts for the required age and gender subgroups. Annual injury rates for 2021 were compared to injury rates from previous years. When estimating national injury rates, it was assumed that the CR was the same for both genders and all age groups. As in 2020, the effect of COVID-19 restrictions, including the lockdown implemented in January 2021, on violence-related ED attendances were investigated. Trends in serious violence towards the end of 2020 which may have been affected by COVID-19-related factors were examined in greater detail.

Scotland

Thirty-two EDs in Scotland provided daily or aggregate violence-related attendance data overall and by gender. Due to lower numbers providing daily data, national violence estimates and injury rates for Scotland have not been studied by age group nor have weekly and seasonal trends been explored. CR for Scotland in 2021 was 0.63. National population projections were obtained from ONS. Weighted violence-related ED attendance and injury rates for Scotland were estimated using the same method described above.

Results

Violence-related ED attendances

In total, 37,475 people were treated for violence-related injuries in the 74 EDs, MIUs and Walk-in-Centres in England and Wales over the twelve-month period ending 31st December 2021 (Table 1). Age and gender distributions were similar to those in previous years; males accounted for almost seven in ten violence-related ED attendances ($n=25,580$; 68.2%). 40% ($n=15,141$) of attendances were of those aged 18-30 years followed in

descending order by those aged 31-50 years, 51 years and over, 11-17 years and children aged 10 years and under.

Violence injury rates

The overall violence-related injury rate in England and Wales in 2021 was estimated to be 2.45 per 1,000 residents; this equates to 146,856 people (100,242 males; 46,614 females) who sought treatment for violent injury (Table 2). Males (3.38 per 1,000 residents) were more than twice as likely as females (1.54 per 1,000 residents) to receive emergency hospital treatment following violent injury. For both genders, those aged 18-30 years had the highest injury rates per 1,000 population (males 8.09; females 6.01), followed by those aged 31-50 years (males 4.73; females 2.25), those aged 11-17 years (males 4.22; females 2.07), those aged 51 years and over (males 1.14; females 0.48) and those aged 10 years and younger (males 0.23; females 0.13).

Trends in serious violence

According to these ED data, serious violence affecting males and females in England and Wales increased by 23% in 2021 compared to 2020; this equates to 27,745 more violence-related attendances in 2021 (Table 3 and 4, Figure 1). Increases for males and females were similar (23.07% and 23.78% respectively). All age groups showed increases in violent injury compared to 2020; the largest increases were among children aged 0-10 years (up 41.9%), followed by those aged 18-30 years (up 29.2%), 11-17 years (up 20.4%), 31-50 years (up 19.8%) and 51 years and over (up 16.2%). There were no significant seasonal effects in 2021, with violence-related ED attendances, for both genders, showing steady increases from a low base in January 2021 to a peak in August 2021 and plateauing thereafter. Overall, violence-related ED attendances were most frequent on Saturdays and Sundays and remained similar during weekdays (Figure 3).

Serious violence and COVID-19

Overall, serious violence fell significantly ($p < 0.05$) between September 2020 and January 2021 (Figure 2). During this period, social gatherings of more than six people were banned, people were encouraged to work from home, and a 10pm curfew was imposed on the hospitality sector. In October 2020 a second national lockdown was introduced - imposed in England in the following month and replaced in December by three-tier, subsequently four-tier restrictions. The number of locations in England in the strictest tier was increased in the fourth week in December 2020, and a third national lockdown was imposed in January 2021. Between January 2021 and August 2021, serious violence increased

significantly ($p < 0.05$) and returned almost to pre-pandemic levels when restrictions were most relaxed later in the year (see Discussion).

Serious violence in Scotland

In total, 5,386 people were treated for violence-related injuries in the 32 EDs, MIUs and smaller EDs in Scotland over the twelve-month period ending 31st December 2021. Males represented 70% ($n=3,795$) of violence-related attendances - a similar gender distribution to England and Wales. Males were more than twice as likely to receive treatment for violent injury (2.26 per 1,000 residents) than females (0.90 per 1,000 residents). An estimated 8,549 persons attending EDs for violence-related injuries in Scotland in 2021 (6,024 males; 2,525 females).

Discussion

In its third decade, the NVSN of emergency units in England and Wales continues to provide an objective, clear measure of serious violence – an important contribution for public understanding and policy making alike. Based on data from 74 EDs, an estimated 146,856 people attended EDs for treatment of injury in violence in the twelve months ending 31st December 2021, compared to 119,111 in 2020, a 23% increase. This represents the biggest increase in serious violence in England and Wales in a single year since NVSN began. All age groups showed increases in violence in 2021; the largest and lowest increases were among children (0-10 years) and those aged 51 years and over, respectively. In 2021, as in the previous year, there was a strong positive correlation between serious violence levels and restrictions to mitigate the spread of COVID-19 – lower levels of serious violence in January 2021 associated with a third national lockdown were followed by a steady but steep increase to a peak in August 2021 as social restrictions were eased – increasing freedom of movement outside the home. In March 2021, outdoor gatherings of either six people or two households were allowed and ‘stay at home’ guidance came to an end. In April 2021, outdoor venues re-opened and in May 2021 people were allowed to mix outdoors and indoors including in pubs, restaurants and cinemas. By June 2021 levels of serious violence were similar to those at the peak observed in August 2020. July 2021 saw most of the remaining legal limits on social contacts removed in England and nightclubs reopened⁵. Overall, easing of COVID-19 restrictions in 2021 was associated with a significant increase in serious violence to August 2021 when levels almost reached pre-pandemic levels.

There were two COVID-19-related national lockdowns in England and Wales in 2020 (imposed in March and November), compared to one in 2021. A third national lockdown began in England on 6th January 2021 but, surprisingly, serious violence began to increase in the following month. This increase may reflect lockdown fatigue or perception of the lower COVID-19 risks associated with vaccination. As pandemic mortality rates fell in 2021, people went out more. Footfall in day and night-time economies also increased in 2021, compared to the previous year, providing greater opportunities for violence⁶.

Longer term serious violence trends over many years, however, show a steady decline; according to NVSN data, violence in England and Wales leading to ED treatment decreased by 23% in 2021 compared to 2017 and by 49% since 2011^{7,8}. CSEW estimates also suggest a steady decline in violence with injury since 2017; a rate of 634 per 1,000 residents in September 2021 according to a telephone Crime Survey, compared to 702 per 1,000 residents in March 2017 according to the traditional face-to-face Crime Survey⁹. Hospital admissions for violence, including for sexual violence, in England also decreased significantly, from 77,619 (2017 to 2019; 0.458 admissions per 1,000 population) to 71,043 (2018 to 2021; 0.419 admissions per 1,000 population)¹⁰. Admission rates for males (0.653 per 1,000 population) were consistently higher than for females (0.184 per 1,000 population).

As in previous years serious violence rates varied by age and gender. Males and young adults were at highest risk of serious violent injury; those aged 18-30 years were almost twice as likely to be treated for injuries sustained in violence as those aged 11-17 years and 31-50 years in 2021. Although serious violence levels for males and females increased by 23% in 2021 compared to 2020, these were still below rates in (pre-pandemic) 2019.

Despite concerns that COVID-19 restrictions may have increased the risk of violence for women and girls, these data provide no evidence that violence resulting in emergency hospital treatment increased disproportionately for these groups compared to males. However, these data relate to violence which results in serious injury and not to violence which results in other harm, for example, harm from emotional or psychological violence.

Shared Violence Research Group (VRG) and Office for National Statistics (ONS) interest in clarifying violence rates and trends is leading to increasing collaboration – for example, to the 2020 report on physical abuse of children¹¹. Implementation in England in

2017 of the new Emergency Care Data Set (ECDS) which includes Cardiff Model for Violence Prevention data (also known as Information Sharing to Tackle Violence (ISTV) data) has facilitated the collection of detailed information on violence location, weapon type and other injury mechanism, numbers of assailants and the relationships between those injured and their assailant(s)¹². VRG and ONS are developing a new strategic partnership to facilitate joint collection, analysis, and publication of regional and city level violence data from the new Cardiff Model data now available. This greater granularity would facilitate new understanding of violence incidence and trends by weapon type, violence location - in schools, parks, licensed premises and in the home, for example. As the overarching message in the government's 2018 Serious Violence Strategy states, 'Tackling serious violence is not a law enforcement issue alone. It requires a multiple strand approach involving a range of partners across different sectors¹³.'

Comparison of serious violence levels according to ED data in Scotland with those in England and Wales is not yet possible. Although 32 of 90 emergency units in Scotland shared violence data, only eight EDs were able to provide daily violence data, allowing analyses by age group and gender. Commonly cited reasons for not sharing data were service pressures, lack of staff and GDPR concerns due to low numbers of violence related attendances in some hospitals.

The pandemic years (2020 and 2021) have provided a natural experiment showing that levels of serious violence in England and Wales were lowered by restrictions in the night-time economy where most violence outside the home currently takes place and by restricting free movement of people. When these restrictions were loosened or ended, serious violence increased to pre-pandemic levels. The policy implications for violence prevention of these findings include the need for preserving valuable, popular night-time economies whilst increasing their safety. Ways in which this can be achieved are available and include prompt, decisive local action, based on a continuous stream of detailed, anonymised ED data, by police and local authorities particularly, to intervene early as soon as geographic and temporal concentrations (hotspots) of violence are identified week by week. The benefits of this are laid out in the Home Office Impact Assessment of "Public Health Measures", signed by Sajid Javid in 2019 when he was Home Secretary, which are the basis of the Serious Violence Duty (for specified authorities to collaborate to reduce serious violence) in the Policing, Crime, Sentencing and Courts Bill about to be enacted¹⁴. Importantly, if tried and tested prevention practice is implemented, the burdens on stretched EDs and other emergency services will be reduced as well as the disfiguring,

disabling effects of violence and its impact on mental health. Serious violence is preventable, not inevitable.

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Table 1 – National Violence Surveillance Network (NVSN) hospitals in England and Wales providing daily data (n = 74)

Birmingham City	New Cross (Wolverhampton)
Blackpool Victoria	Elizabeth (Welwyn)
Bradford Royal	Northampton General
Bristol Eye	Nottingham City
Bristol Royal Children's	Peterborough City
Bristol Royal Infirmary	Pinderfields General (Wakefield)
Calderdale Royal (Halifax)	Pontefract
Charing Cross (London)	Queen Elizabeth (Woolwich)
Cheltenham General	Queens Medical Centre (Nottingham)
Chesterfield Royal	Rotherham General
Chorley and South Ribble (Chorley)	Royal Albert Edward Infirmary (Wigan)
Conquest (Hastings)	Royal Bolton
Countess of Chester	Royal Gwent (Newport)
County (Stafford)	Royal Preston
Croydon University	Royal Stoke University
Cumberland Infirmary (Carlisle)	Royal Surrey County (Guildford)
Derriford (Plymouth)	Royal Victoria Infirmary (Newcastle Upon Tyne)
Dewsbury and District	Sandwell General (West Bromwich)
Diana, Princess of Wales (Grimsby)	Sheffield Childrens
Dorset County	St George's (London)
Eastbourne District General	St Mary's (Isle of Wight)
Gloucestershire Royal Infirmary	St Mary's (London)
Grange University (Cwmbran)	St Peter's (Chertsey)
Great Western (Swindon)	Stamford and Rutland
Halton General (Runcorn)	Stepping Hill (Stockport)
Hinchingbrook (Huntingdon)	Sunderland Royal
Huddersfield Royal	Tavistock MIU
John Radcliffe (Oxford)	University (Cardiff)
King's College (London)	University (Lewisham)
Kingston	University of North Tees (Stockton-on-Tees)
Lister (Stevenage)	Warrington
Manor (Walsall)	Warwick
Milton Keynes University	Watford General
MIU Haslemere	West Cumberland (Whitehaven)
Morrison (Swansea)	Western Eye (London)
Musgrove Park (Taunton)	Ysbyty Aneurin Bevan (Ebbw Vale)
Nevill Hall (Abergavenny)	Ysbyty Ystrad Fawr (Hengoed)

Table 2: Violence injury rates by age and gender 2021: patients who attended EDs, MIUs and Walk-in Centres in England and Wales for treatment following violence-related injury

Gender	N	%
Male	25,580	68.26
Female	11,895	31.74
Total	37,475	100

Age group (years)	N	%
0 to 10	393	1.05
11 to 17	3944	10.52
18 to 30	15,141	40.4
31 to 50	13,679	36.5
51+	4,318	11.52
Total	37,475	100

Annual violence injury rate (per 1,000 residents)	
Males	3.38
Females	1.54
Total	2.45
0 to 10	0.18
11 to 17	3.17
18 to 30	6.01
31 to 50	3.48
51+	0.79

Daily violence-related emergency attendances by age and gender were provided by 74 emergency units. 52 emergency units provided aggregate level data.

Table 3: Percentage change in serious violence in England and Wales. EDs, MIUs and Walk-in-Centres

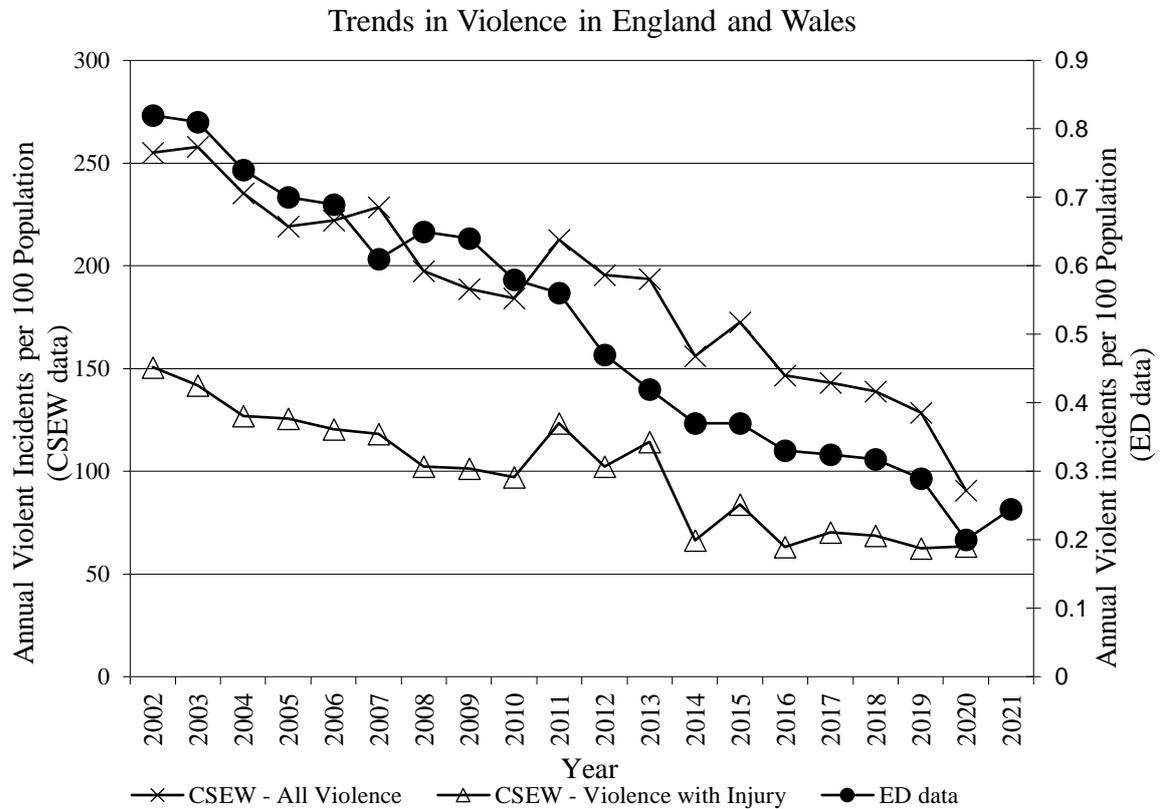
	Males	Females	Total
2010 – 2011	-5.3	-1	-4
2011 – 2012	-14	-14	-14
2012 – 2013	-12	-12	-12
2013 – 2014	-9.9	-9.5	-9.9
2014 – 2015	-2	1.5	0
2015 – 2016	-11	-9	-10
2016-2017	0.5	2.4	1
2017-2018	-2.5	0.2	-1.7
2018-2019	-6.6	-5.6	-6.3
2019-2020	-33.3	-29.7	-32.2
2020-2021	23	23	23

Table 4: ¹Estimated violence-related ED, MIU and Walk-in Centre attendances by age and gender in England and Wales

Age Groups	2020		2021	
	Males	Females	Males	Females
0 to 10	781	304	1,015	525
11 to 17	9,284	3,548	10,561	4,895
18 to 30	31,805	14,098	40,975	18,359
31 to 50	29,921	14,809	36,170	17,435
51+	9,662	4,899	11,521	5,400
Total	81,453	37,658	100,242	46,614

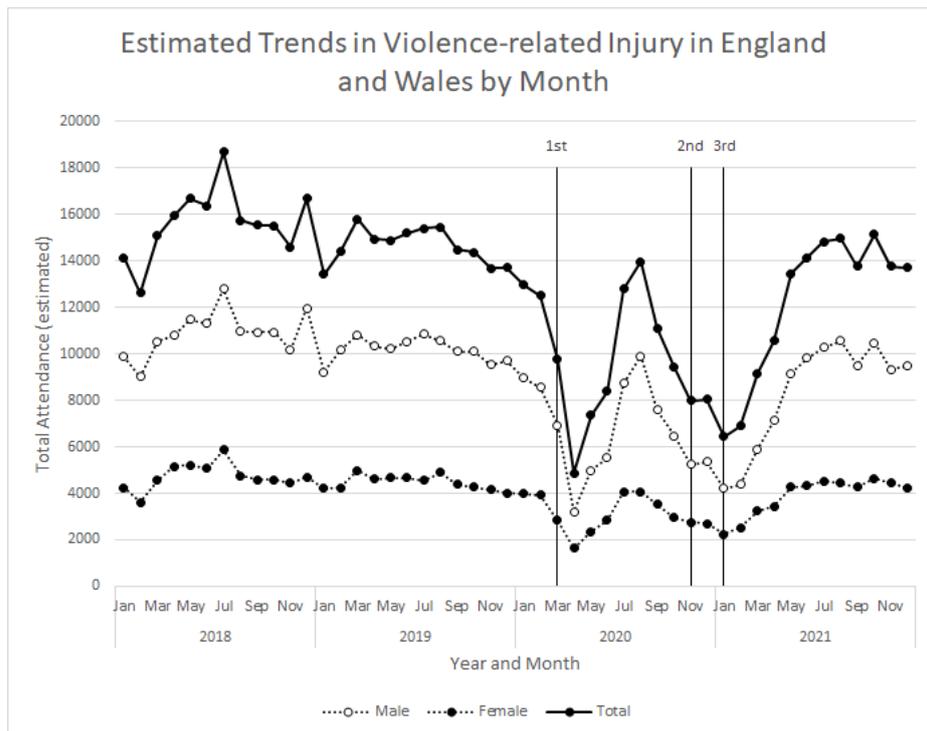
¹ Violence-related ED attendances by age and gender were provided by 74 and 66 EDs, MIUs and Walk-in Centres in 2021 and 2020 respectively.

Figure 1



Notes:

- Methodological change to the handling of repeat victimisation in the CSEW in 2018 led to revision of all historic CSEW violence.
- CSEW violence estimates for the year ending September 2020 were derived from telephone instead of face-to-face interviews with reduced sample size and number of questions. Hence direct comparison with previous CSEW estimates is not possible.

Figure 2**Notes**

Violence-related ED attendances 2018 to 2021 by males and females in England and Wales. First lockdown (from March 2020), second lockdown (from November 2020), and third lockdown (from January 2021) are shown. See explanations, pages 5, 6, and 7.

Figure 3

Estimated Trends in Violence-related Injury in England and Wales by Day

