Violence Research Group
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Violence in England & Wales in 2020

An Accident and Emergency Perspective

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Vaseekaran Sivarajasingam, Bo Guan,
Nicholas Page, Simon Moore, Jonathan Shepherd

Crime and Security Research Institute
Sefydliad Ymchwil Trosedd a Diogelwch

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V Sivarajasingam, [1]B Guan, [2]N Page, S Moore, JP Shepherd

Violence Research Group, Crime and Security Research Institute, Cardiff University, Heath Park, Cardiff, CF14 4XY

[1]Dr Bo Guan, Aberconwy Building, Cardiff Business School, Colum Drive, Cardiff University, Cardiff, CF10 3EU

[2]Dr Nicholas Page, Research Associate, DECIPHer, School of Social Science, 1-3 Museum Place, Cardiff University, Cardiff, CF10 3BD

Executive Summary

- This 20th annual report on serious violence in England and Wales includes data from 133 National Violence Surveillance Network (NVSN) certified NHS hospital Emergency Departments, Minor Injury Units and Walk-in Centres.
- Anonymised data relating to age, gender and attendance date of those treated for violence-related injuries were collected for the year ending 31st December 2020.
- Overall, in 2020, an estimated 119,111 people attended emergency units in England and Wales for treatment of violence-related injuries; 56,653 and 193,922 fewer attendances compared to 2019 and 2010 respectively.
- COVID-19 related national lockdowns and easing and tightening of restrictions had a significant effect on serious violence levels and trends in England and Wales throughout 2020.
- In England and Wales, violence according to this measure decreased by 32% in 2020 compared to the previous year and 62% compared to levels in 2010. Apart from no change in 2015 (relative to 2016) and 2017 (relative to 2016), levels of serious violence have fallen year-on-year since 2010.
- Violent injury among males and females declined by 33% and 29% respectively in 2020, compared to 2019; the biggest falls since NVSN records began in 2001.
- Serious violence affecting all age groups decreased in 2020 compared to the previous year; falls among children (0-10 year olds; down 66%), adolescents (11-17 year olds; down 37%), young adults (18-30 year olds; down 36%), those aged 51 years and over (down 30%) and those aged 31-50 years (down 23%).
- Those at highest risk of violence-related injury in 2020 were males (2.7 per 1,000 population: more than twice the risk for females) and those aged 18-30 (4.7 per 1,000 population).

The methods used here and in previous years have all been subject to peer review and published[1].

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Introduction

COVID-19 related national lockdowns and easing and tightening of restrictions continue to dominate the UK economic and social landscapes. Effects on public health, both directly and indirectly, have been unprecedented and are set to be at the forefront of government policy and health services for many years[2]. How the pandemic has affected serious violence in the UK, however, is not yet clear. In this report, serious violence is defined as violence resulting in emergency hospital treatment, a definition which is widely understood by the public and which is reflected in government policy. For example, the new public health duty in the Police, Crime, Sentencing and Courts Bill currently being considered by parliament for specified authorities to collaborate to prevent serious violence, is based on the benefits of the use of Emergency Department (ED) data to prevent such violence[3]. For this 20th annual report on violence in England and Wales, serious violence was studied from this injury perspective among adults and children before and during the pandemic.

Since 2001, led by the Violence Research Group at Cardiff University, the National Violence Surveillance Network (NVSN) of EDs, Minor Injury Units (MIUs) and Walk-in Centres in England and Wales has been an important source of information about serious violence[4 5]. The reliability and validity of this injury-based measure is recognised: for example, in the Office for National Statistics (ONS) Compendium on Child Physical Abuse in England and Wales[6]. Temporal and spatial distribution of violence according to NVSN data by age and gender has facilitated triangulation of conflicting Crime Survey for England and Wales (CSEW) and police records with this injury measure. This triangulation has clarified violence trends; NVSN and Crime Survey trends have been consistently similar over the period 2001-2019 whereas police records have not. Police records are known to be sensitive to reporting and recording bias. Uniquely in 2020, reflecting the inability during the COVID-19 epidemic of interviewers to carry out the face-to-face interviews on which the CSEW relies, the 2020 CSEW has been abbreviated to a telephone survey (see discussion)[7]. This variation in CSEW method means that the 2020 NVSN survey reported here provides the only source of information about serious violence which is consistent with reliable measures in previous years.

According to NVSN data, an estimated 175,764 people (122,134 males; 53,630 females) received emergency treatment in 2019 for violence-related injuries, a 6.3% (11,820) reduction compared to 2018[8]. In the longer-term, there were year-on-year overall decreases in violence from 2010 to 2019 (down 137,269; 43.8%), except in the two years

2015 and 2017 (no change and 1% increase respectively; Table 2). Similar longer-term reductions in violence estimates have been reported in the CSEW (Figure 2). Measuring violence from injury records is not without its limitations however. Violence resulting in emergency hospital treatment does not include violence which results in no injury or injury deemed not to require hospital treatment. According to CSEW estimates, 48% of all violent incidents resulted in physical injury in the year ending March 2020; NVSN data underestimates overall violence[7].

The aim of this report is to describe overall gender and age specific violence-related injury rates and violence trends according to NVSN data in England and Wales over the 12-month period ending 31st December 2020. The effects of national lockdowns and easing and tightening of restrictions on serious violence were also studied.

Methods

Emergency Departments

All certified NVSN EDs, MIUs and Walk-in Centres in England and Wales were contacted by email in January 2021. In order to increase national coverage, NHS Trusts and Health Boards with no NVSN EDs, MIUs and Walk-in-Centres were also contacted. The sample frame consisted of all emergency units in all nine regions of England (East of England, East Midlands, London, North East, North West, South East, South West, West Midlands, Yorkshire and Humberside) and Wales (Type 1 = consultant led 24hr service with resuscitation capabilities; Type 2 = consultant led single speciality ED service; Type 3 = other EDs/MIUs; Type 4 = National Health Service Walk-in Centres). Information relating to violence-related attendances (attendance date, age and gender of patients reporting violent injury) and total emergency unit attendance in the year ending 31st December 2020 were requested. NHS pressures due to COVID-19 and emergency unit and IT staff redeployment made violence data retrieval more challenging than in the previous 20 years of NVSN; 37 NHS Trusts and Health Boards did not provide violence data citing lack of staff due to redeployment and 10 NHS Trusts cited low numbers of patients reporting injury in violence rendering the requested data potentially patient identifiable information.

However, violence data from all the health regions in England and from Wales were retrieved from 133 EDs, MIUs and Walk-in-Centres – these included most of the certified members of NVSN together with other emergency units who were enrolled into the network (Figure 1). Standard NVSN inclusion criteria were recording of electronic data on violence-related attendances and compliance with the provisions of the 2018 Data

Protection Act and Caldicott guidance. For every violent incident a new record is created when patients first register and at all times during data retrieval patient confidentiality was maintained. Daily violence-related attendances by age and gender were provided by 66 emergency units and the remaining 67 hospitals provided aggregate level data. Therefore, estimates for injury rates by age and gender are based on data from 66 emergency units.

Data analyses

The potential bias associated with non-random selection of NVSN emergency units was limited by assigning appropriate weights in the sample EDs. This allowed comparisons to be made with violence-related injury rates in previous years. Emergency unit attendances were categorised by gender and five age groups, 0-10, 11-17, 18-30, 31-50 and 51+ years; an identical categorisation to that previously reported. National Coverage Ratio (CR; total annual attendance at emergency units in the sample compared to total annual attendance at all emergency units in England and Wales) was used to weight attendances for possible sample bias. CR for 2020 was 0.21 (compared to 0.31 in 2019) reflecting the reduced number of emergency units sharing violence data in 2020. Detailed methods for data analyses have been published previously[1].

Annual violence injury rates (number of injured per 1,000 population) were computed separately for both genders and for the five age groups. Population counts for England and Wales in 2020 by gender and age group were estimated from freely available ONS data. Estimates were computed using the method adopted in previous years. For 2020, adjustments were not made to account for a possible 'Covid effect' on population size (for example due to a rise in excess deaths), which could potentially impact on the magnitude of the injury rates reported[9]. Annual injury rates for 2020 were compared to injury rates from previous years. In computing national injury rates, it was assumed that the CR was the same for both genders and all age groups. The effect of lockdowns on violence-related ED attendances were also investigated, including with an analysis of associations between the imposition and lifting of restrictions in Cardiff, the capital city of Wales.

Interrupted time series analysis, using Stata MP 16.1, and adjusted for type AR serial correlation using Prais–Winsten estimation, was used to explore changes in violence across 2020, compared to 2019[10 11]. Estimates of violence in which males and females were injured by week were derived. Changes in violence incidence at week 12, the start of the first lockdown; week 32, when this lockdown ended and licensed premises re-opened fully; and week 49, the start of the second lockdown, were considered.

Results

Violence-related ED attendances

In the year ending 31st December 2020, 25,481 people injured in violence serious enough to attend emergency units in England and Wales were treated in the 66 EDs, MIUs and Walk-in Centres from which data were received. Over two-thirds of these were males (17,425; 68%); over a third were aged 18-30 and 31-50 years (9,820; 38.5% and 9,569; 37.5% respectively), followed in descending order by those aged over 51 years, young people aged 11-17 years, and children and infants aged ten years and under. Age and gender distributions are shown in Table 1.

Violence injury rates

Overall, 2.76 per 1,000 males and 1.26 per 1,000 females were treated in emergency units in England and Wales during 2020 for injuries sustained in violence (Table 1) – males were twice as likely as females to have received treatment for violent injury. Overall, estimated violence-related injury rate in England and Wales in 2020 was 2 per 1,000 population; this equated to 119,111 people (81,453 males; 37,658 females) who attended EDs (Table 1). For both genders, those aged 18-30 years had the highest injury rates (males 6.5; females 2.93/1,000 population) and children aged 0-10 years had the lowest injury rates (males 0.19; females 0.08/1,000 population). Injury rates for males and females aged 11-17 and 31-50 years were similar (males 3.79 and 3.71; females 1.5 and 1.83 respectively/1,000 population) followed by those aged over 51 years (males 0.96; females 0.45/1,000 population).

Trends in serious violence

Overall, according to this measure, serious violence decreased by 32.2% in 2020 relative to 2019; this equates to 56,653 fewer violence-related attendances in 2020 (Tables 2 and 3; Figure 2). Proportionately, decreases in males injured in violence (40,681; 33.3%) were greater than for females (15,972; 29.7 %). Violent injury among all age groups decreased (Figure 3); the largest decreases were among children aged 0-10 years (65.9%), followed by those aged 11-17 years (37.6%), 18-30 years (36.6%), 51 years and over (30.4%) and 31-50 years (23.6%). Overall, violence-related ED attendance was greatest on Saturdays and Sundays and remained similar during weekdays (Figure 5).

Serious violence and COVID-19

Intra-year violence trends were similar for males and females in 2020 (Figure 4). Analyses by week showed that levels of serious violence in England and Wales fell sharply in March 2020. For both men and women, in the first week of lockdown (week 12 in 2020) there was

a significant relative decrease in violence-related attendances of 1149.3 (p<0.001; 95% CI -1586.4 to -712.1) and 412.3 (p<0.001; 95% CI -610.7 to -214.0) respectively, compared to the same week in 2019. Between weeks 12 and 32, attendances increased by 164 for males (p<0.001; 95% CI 110.1 to 218.0) and 83.0 for females (p<0.001; 95% CI 58.3 to 107.6) each week, reaching a peak in August 2020. No significant change in violence-related attendances was observed for either gender when licensed premises re-opened in week 32. Between weeks 32 and 49, there was a second steep fall in serious violence in England and Wales for males (down 156.5 per week, p<000.1; 95% CI -193.9 to -119.1) and females (down 51.39 per week, p<000.1; 95% CI -68.5 to -34.2). No significant change was found when the second lockdown was imposed in week 49. Analyses of serious violence trends (outside the home) in Cardiff showed similarities; a steep drop in March 2020 for the first lockdown, increase in violence to the peak in August and a more gradual drop to the second lockdown in November 2020 (Figure 6). NVSN violence showed no significant intra-year variations in 2019 (Figure 4).

Discussion

Over the last two decades, NVSN records have provided clarity on trends in serious violence in England and Wales[1 4 5]. Unlike CSEW and police records, NVSN is a harm-based objective measure and depends on people attending emergency units for treatment after sustaining injuries in violence. With newer hospital IT systems and almost universal use of electronic data collection in emergency units the validity and reliability of NVSN data have improved since these data were first collected in 2001. The introduction of the new Emergency Care Data Set (ECDS) across England in 2017, and incorporation within it of Information Sharing to Tackle Violence (ISTV – Cardiff Model for Violence Prevention) data items, has also increased reliability and, importantly, facilitated the use of these more detailed data for local violence prevention[12].

According to the 20th NVSN anniversary data reported here, serious violence in England and Wales was 32% lower in 2020 compared to the previous year. This represents the biggest fall since NVSN records began. An estimated 119,111 people were injured in violence and received emergency hospital treatment in 2020, down from 175,764 in 2019. To put this in context, two in every 1,000 population in England and Wales attended emergency units for treatment of injuries sustained in violence in the year ending 31st December 2020 compared with around six in every 1,000 population a decade previously (Figure 3). According to CSEW and NVSN measures, trends in violence between 2001 and

2020 in England and Wales were similar (Figure 2). Overall, these almost continuous reductions – apart from no real change in 2015 and 2017 – are likely to reflect the emergence of violence as a public health issue, better multiagency prevention, targeted policing, public space CCTV and increases in the price of alcohol[13].

But the unprecedented annual fall in 2020 (of 32%) is likely to reflect the unprecedented restrictions imposed on free movement of citizens and businesses to limit the spread of the COVID-19 pandemic. Consistent with this, there were 1,277 admissions to NHS hospitals in England following violence by a sharp object between April 2020 and July 2020 – a decrease of 23% compared to the same period in 2019[7].

Police records of violence, which are not a designated National Statistic, showed a 4% decrease in the number of offences involving knives or sharp instruments for the year ending September 2020 compared to the previous year[7]. In the three months between July to September 2020, a period in which lockdown restrictions were eased, violence against the person offences increased by 19% in comparison with the previous quarter. There were 698 homicides (12 per million population) in England and Wales in the year ending September 2020, a 7% increase compared with the previous year – these included 39 victims of human trafficking found in Essex in October 2019. Since 2017, homicide numbers have been broadly stable in England and Wales[7].

The CSEW traditionally relies on face-to-face interviews of a large sample of household representatives relating to their experiences of crime in the previous 12 months. Face-to face interviews were suspended on 17th March 2020 due to the COVID-19 pandemic and lockdown restrictions[7]. This was replaced with a telephone version (TCSEW); crime estimates were derived from telephone interviews between May and November 2020 with residents in England and Wales aged 18 years and over. Reduced sample size and fewer questions reflected concerns about confidentiality and respondent safeguarding and mean that no estimates of domestic violence were possible. In addition, meaningful direct comparison with previous CSEW estimates cannot be made. According to the TCSEW, there were an estimated 1.4 million violent offences in the 12 months ending September 2020. Inconsistent both with NVSN and police data, no significant change in violence was identified in the TCSEW when the period July to September 2020 was compared with the previous quarter[7].

The initial significant fall in NVSN violence in April 2020 (down 50% compared to violence in March 2020) coincided with UK government mandatory closure of pubs, clubs, restaurants and other social venues in March 2020. This was followed within a few

days by the UK Prime Minister's announcement of the first pandemic-related lockdown (23rd March 2020), asking people to stay at home except to buy food, exercise once a day and seek medical assistance[14]. Citizens faced a fine for failure to comply with these new measures. The majority of violent offences which result in emergency hospital treatment occur outdoors particularly in the night-time economy (for a comparison of violence in and outside the home see Figure 6). The restrictions from lockdown brought strict limitations on social interactions and the hospitality sector was among the hardest hit, at times for longer than other sectors. The unprecedented government-imposed restrictions which exerted significant downward pressure on the spread of COVID-19 also substantially reduced serious violence in England and Wales.

By mid-April 2021, the number of people in hospital for COVID-19 had begun to fall in Wales and every region of England. Restrictions on people's movement had the intended effect of lowering virus transmission and COVID-19 related deaths in May and June 2020. This prompted easing of national lockdown measures during the four months May to August 2020, including phased reopening of schools, non-essential shops and the 'Eat Out to Help Out' initiative[15]. However, the COVID-19 outbreak led to increases in public anxiety: fear for self and significant others, fear of not knowing what would happen next, and fear of inaction. Even after easing of lockdown restrictions, more than 60% of Britons felt uncomfortable with the prospect of returning to bars and restaurants, using public transport or going to large gatherings[16]. Thirty percent of adults were reluctant to go to the shops and 46% were reluctant to meet friends[17]. However, NVSN violence data provides no evidence that these raised anxiety levels led to any decrease in serious violence. On the contrary, easing of COVID-19 restrictions was associated with a significant increase in NVSN violence from May to a peak in August 2020 when it reached pre-pandemic levels. Furthermore, tightening of restrictions before the second lockdown ('rule of six', return to work from home, 10pm curfew and the new three-tier system of COVID-19 restrictions) between August and November 2020, was associated with a significant decline in serious violence in England and Wales, perhaps reflecting that people's behaviour was influenced more by government-imposed restrictions than COVID-19 related anxiety. Trends in NVSN violence in 2020 correlated closely with the imposition, easing and lifting of restrictions; significant falls in violence immediately followed lockdown whilst violence increased as soon as restrictions were eased or lifted.

Intra-year (2020) violence trends in Cardiff, which may not be representative of trends in Wales, showed a slower (but significant) rise in serious violence from week 12

compared to that in England, possibly reflecting some differences in approaches between the two nations to limit the spread of the virus. For example, the First Minister of Wales extended the lockdown restrictions (with minor modifications) for a further three weeks in May 2020, people in Wales were asked to wear three-layer face covering in situations where social distancing was not possible and shielding advice was prolonged in June 2020. There were also differences in messaging between the two nations – 'stay at home, protect the NHS, save lives' was maintained in Wales while (in May 2020) England moved to 'stay alert, control the virus, save lives'.

But COVID-19 did not alter the distribution of risk in sustaining injury in violence by gender or age group. As in previous years, males and young adults aged 18-30 years were most likely to be injured. All age groups studied showed substantial falls in violence in 2020. Although the greatest reduction was found among children aged 0-10 years (down 66% since 2019) and this followed a 79% increase between 2018 and 2019, limited numbers of children of this age in the study (n=232) mean that these wide fluctuations need to be treated with caution. However, it is still likely that lockdown and school closure, by restricting children to the home, resulted in reduced violence risk. Unprecedented annual falls in violence in 2020 for those aged 11-30 years (down 37%), those aged 51 years and over (down 30%) and those aged 31-50 years (down 23%) seem largely attributable to lockdown restrictions in England and Wales.

The effects of lockdown on domestic violence across England and Wales are still unclear. In the year ending September 2020, 842,813 domestic violence-related offences were recorded by police, a 10% increase relative to the previous year[7]. But police records are a poor measure; large numbers of domestic offences are not reported. Although the ECDS used in every ED in England and some EDs in Wales include data items on the relationship between the injured and perpetrators and on precise violence location, only 6% of NVSN hospitals were able to provide information on violence location for 2019[8]. According to one report, two-thirds of women in abusive relationships suffered more violence from their partners during the pandemic and three-quarters of those harmed said they found it hard to escape from their abusers[18]. According to detailed ISTV (Cardiff Model) data from the capital city of Wales, the significant fall in ED attendances by people injured in violence following the UK lockdown was entirely due to a large reduction in violence outside the home (Figure 6). Violence at home in Cardiff did not increase.

From a policy perspective the findings presented here strongly suggest that efforts to prevent serious violence should be concentrated in night-time economies – where pubs,

clubs and other licensed premises are located. These findings also indicate that easing of lockdown and other restrictions is accompanied by rapid increases in violence; this easing should be a gradual process and accompanied by effective violence prevention measures such as real time public space CCTV surveillance – measures which are vulnerable to changing local authority budgets. Further steps are also needed to ensure that ED data are collected, analysed and used to prevent and measure serious violence. The data items required have already been codified and published by NHS Digital, Community Safety Partnerships and 18 new Violence Reduction Units have been established, and legislation currently before parliament seeks to mandate agency collaboration to prevent serious violence.

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Figure 1 – National Violence Surveillance Network (NVSN) hospitals (n = 133)

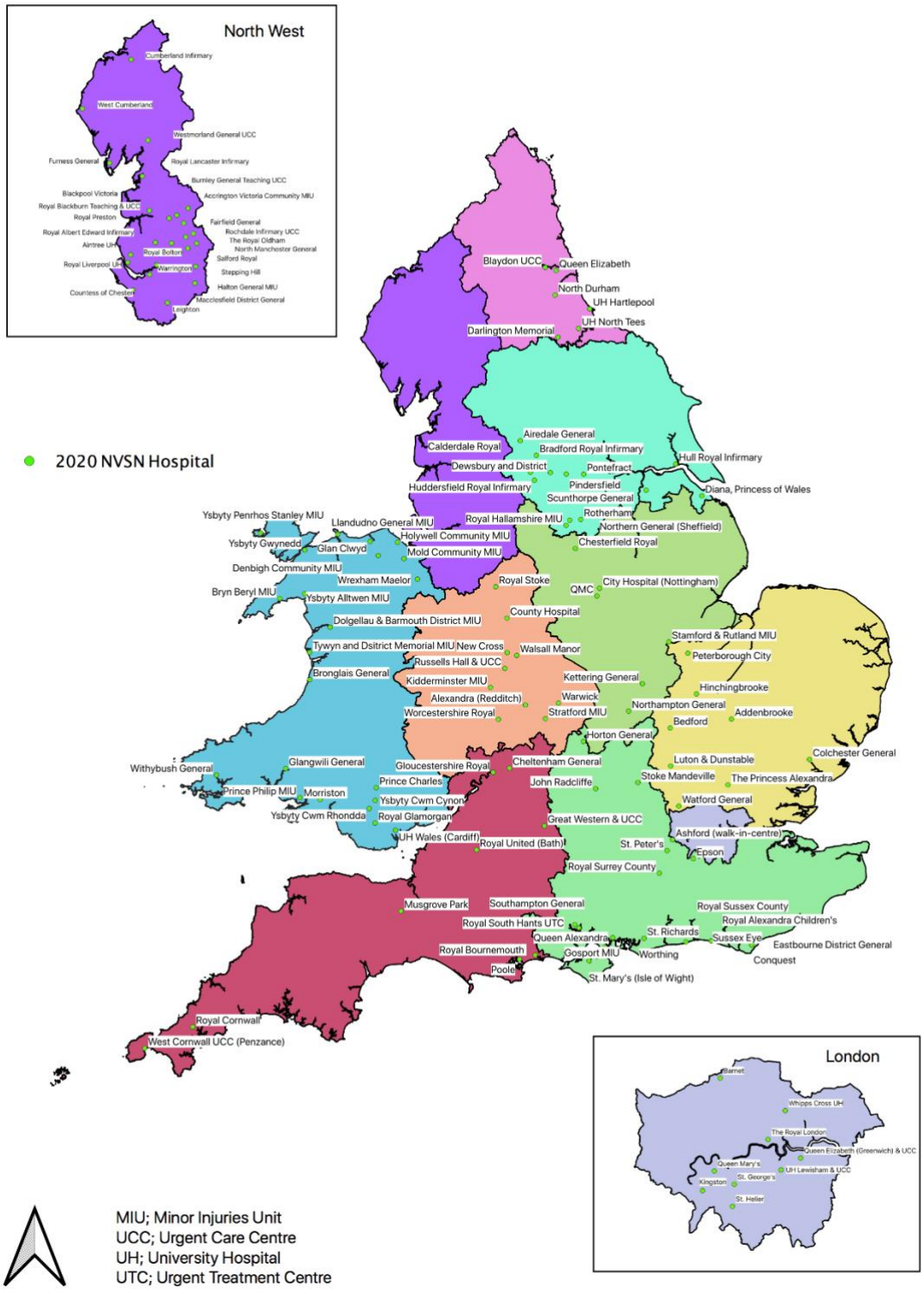


Table 1: Violence injury rates by age and gender 2020: patients who attended EDs, MIUs and Walk-in Centres in England and Wales for treatment following violence-related injury

Gender	N	%
Male	17,425	69.38
Female	8,056	31.62
Total	25,481	100

Age group (years)	N	%
0 to 10	232	0.91
11 to 17	2,745	10.77
18 to 30	9,820	38.54
31 to 50	9,569	37.55
51+	3,115	12.22
Total	25,481	100

	Annual violence injury rate (per 1,000 population)
Males	2.76
Females	1.26
Total	2
0 to 10	0.14
11 to 17	2.67
18 to 30	4.73
31 to 50	2.76
51+	0.7

Daily violence-related emergency attendances by age and gender were provided by 66 emergency units. 67 emergency units provided aggregate level data.

Table 2: Percentage change in serious violence in England and Wales. EDs, MIUs and Walk-in-Centres

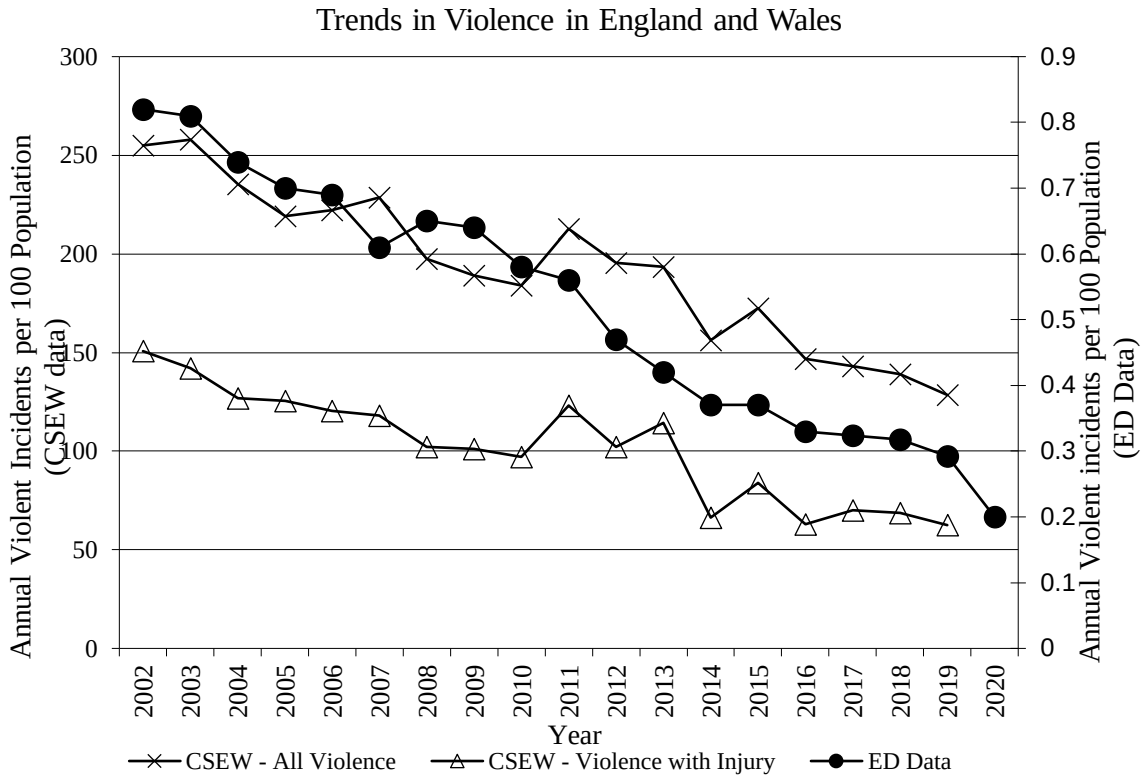
	Males	Females	Total
2010 – 2011	-5.3	-1	-4
2011 – 2012	-14	-14	-14
2012 – 2013	-12	-12	-12
2013 – 2014	-9.9	-9.5	-9.9
2014 – 2015	-2	1.5	0
2015 – 2016	-11	-9	-10
2016-2017	0.5	2.4	1
2017-2018	-2.5	0.2	-1.7
2018-2019	-6.6	-5.6	-6.3
2019-2020	-33.3	-29.7	-32.2

Table 3: [1]Estimated violence-related ED, MIU and Walk-in Centre attendances by age and gender in England and Wales

Age Groups	2019		2020	
	Males	**Females**	**Males**	**Females**
0 to 10	1,927	1,259	781	304
11 to 17	14,672	5,910	9,284	3,548
18 to 30	51,888	20,601	31,805	14,098
31 to 50	39,849	18,732	29,921	14,809
51+	13,798	7,128	9,662	4,899
Total	**122,134**	**53,630**	**81,453**	**37,658**

[1] Violence-related ED attendances by age and gender were provided by 66 and 111 EDs, MIUs and Walk-in Centres in 2020 and 2019 respectively.

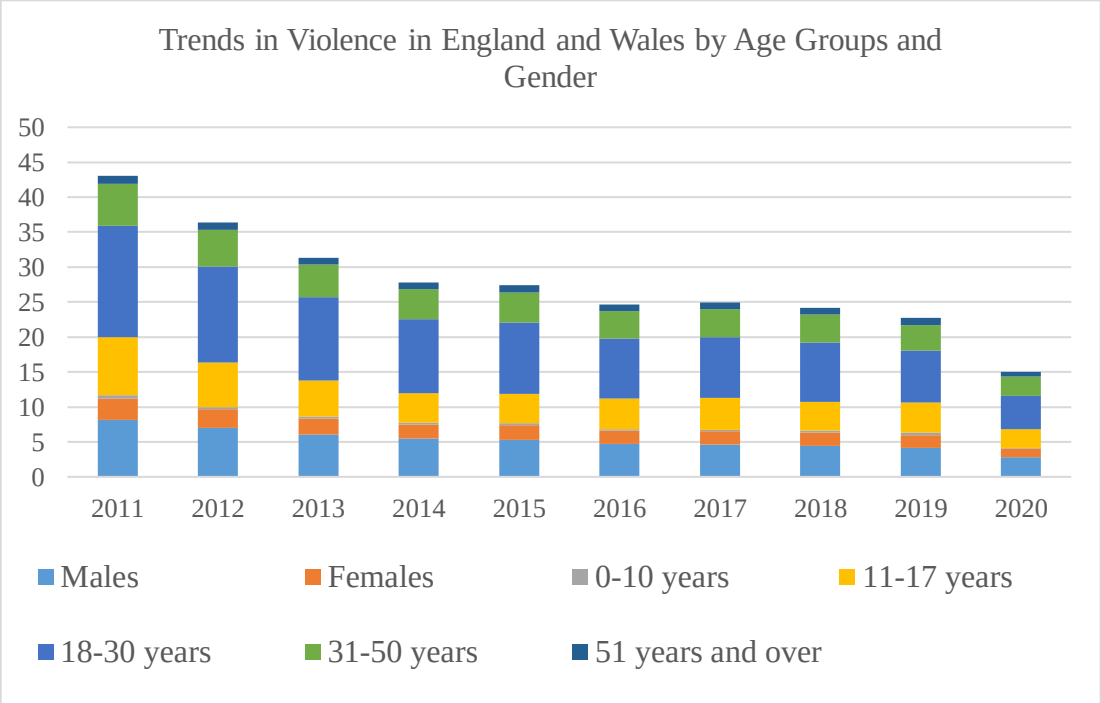
Figure 2



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 therefore possible.

Figure 3


Trends in Violence in England and Wales by Age Groups and Gender
50
45
40
35
30
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20
15
10
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2012
2013
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2015
2016
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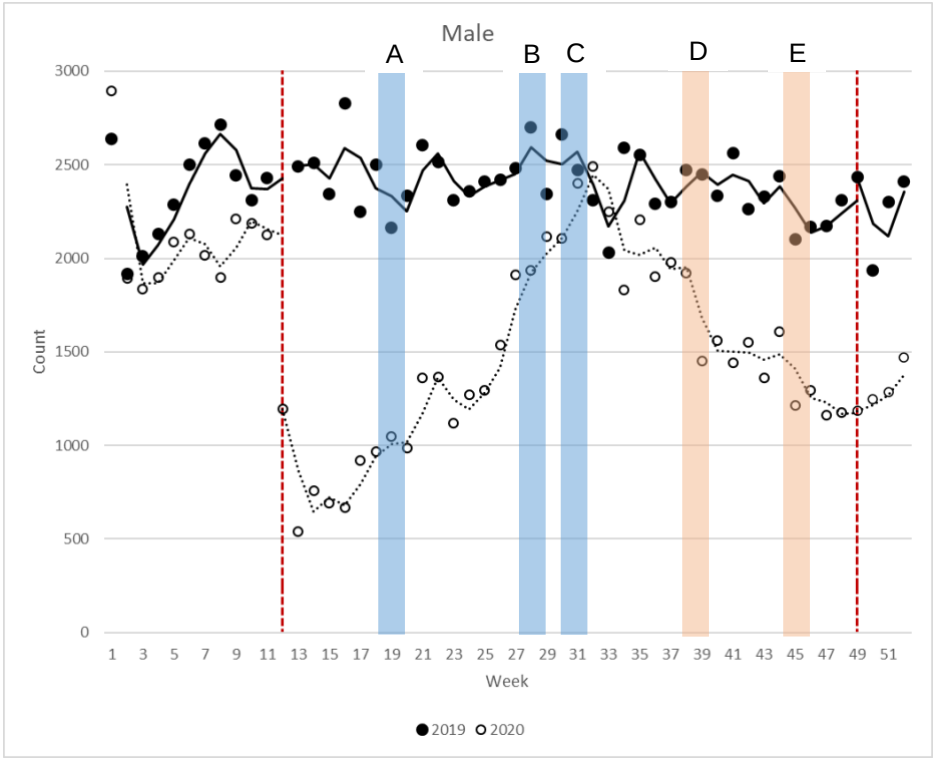
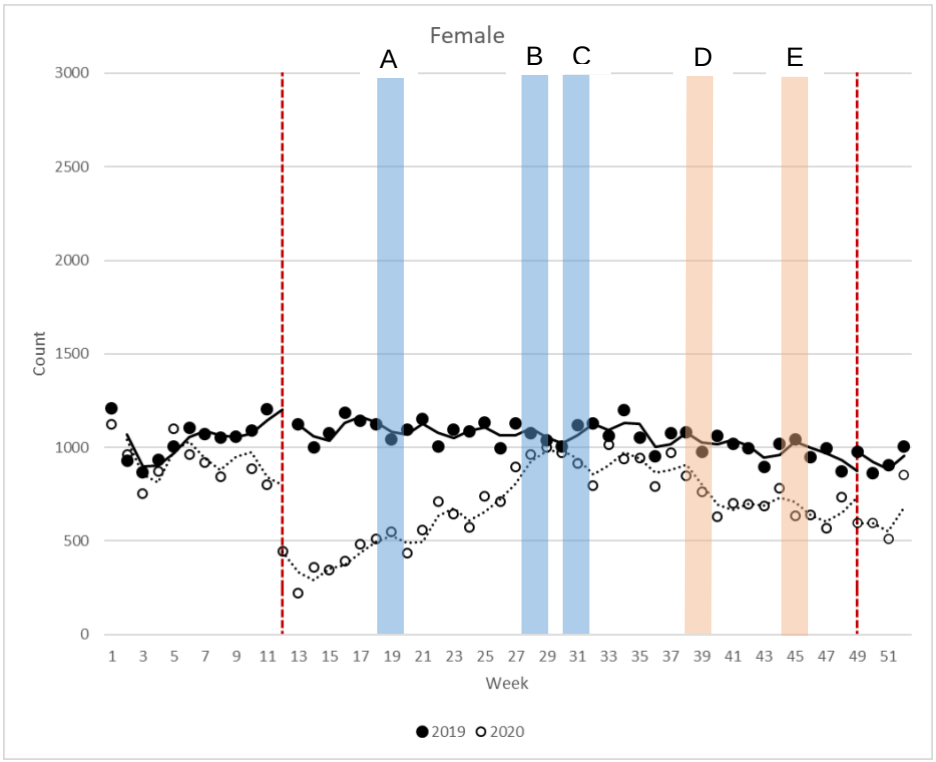
Males
Females
0-10 years
11-17 years
18-30 years
31-50 years
51 years and over

Figure 4





Notes

Violence-related attendances for years 2020 and 2019 by week, for men and women (England and Wales). Vertical dotted lines, first lockdown (week 12) and start of the second lockdown (week 49), easing (A, B and C) and tightening (D and E) of restrictions are shown. Trend lines show six-week moving averages. See explanations in text pages 5, 7 and 8.

Figure 5

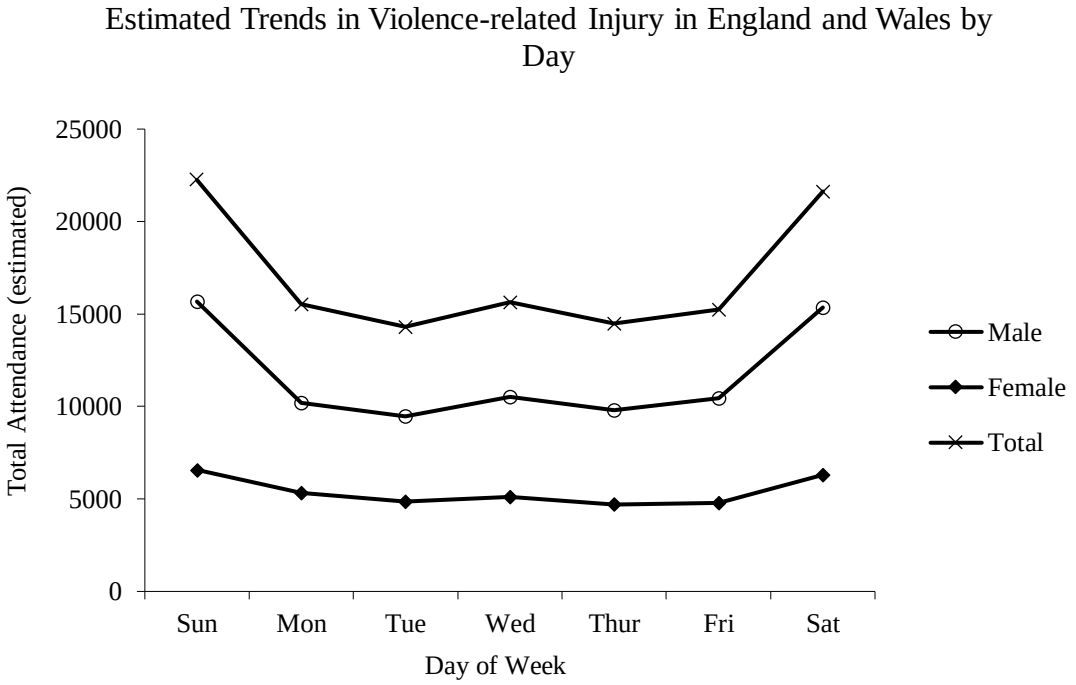
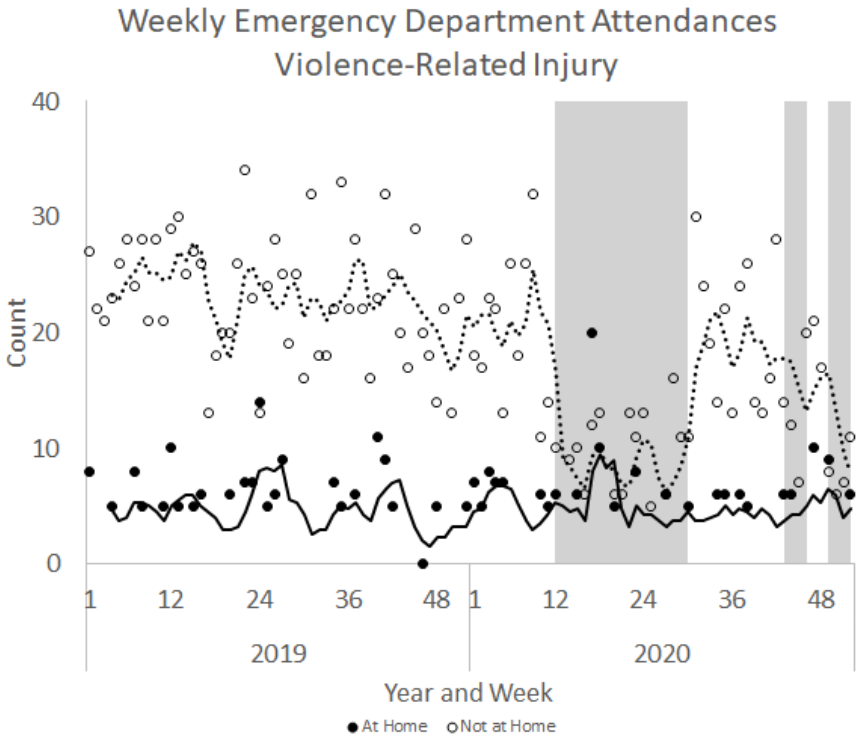

Estimated Trends in Violence-related Injury in England and Wales by Day
Total Attendance (estimated)
25000
20000
15000
10000
5000
0
Sun
Mon
Tue
Wed
Thur
Fri
Sat
Day of Week
Male
Female
Total

Figure 6: Violence data from Cardiff Hospitals in 2019 and 2020



Notes

First and second lockdowns in 2020 (at weeks 12 and 49 respectively). The short fire-break lockdown in Wales (between 23rd October and 9th November 2020) before the second full lockdown in December are also shown. Trend lines show six-week moving averages. Counts less than five and greater than zero are not shown.