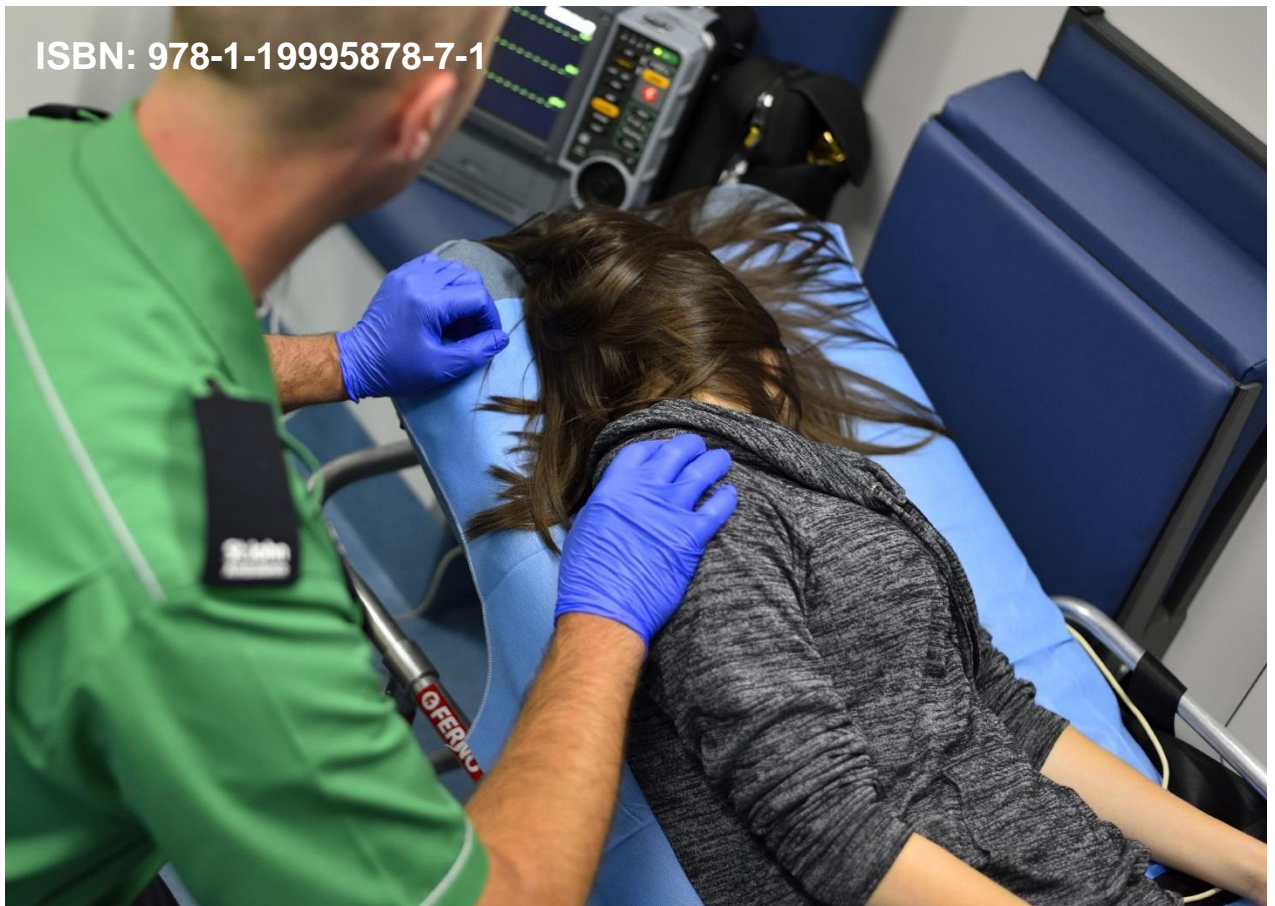


Serious Violence in England and Wales in 2022

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An Accident & Emergency Perspective

ISBN: 978-1-19995878-7-1



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Serious Violence in England and Wales in 2022: An Accident and Emergency Perspective

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Executive Summary

- This report on serious violence in England and Wales in 2022 is based on data from a structured sample of 88 Emergency Departments (EDs), Minor Injury Units (MIUs) and Walk-in Centres – all certified members of the National Violence surveillance Network (NVSN).
- Overall, an estimated 164,723 people attended EDs in England and Wales for treatment of injuries sustained in violence - up 17,867 (12%) from 2021. For a second consecutive year violence in England and Wales according to this measure increased by more than 10% - the only annual increases since 2001.
- Violence-related injury among males and females which resulted in emergency hospital treatment increased by 12.7% and 11% respectively in 2022 compared to 2021.
- Serious violence affecting all age groups increased significantly in 2022 compared to 2021; among children (0 to 10-year-olds; by 79.6%), adolescents (11 to 17-year-olds; by 24.4%), young adults (18 to 30-year-olds; by 3.75%), and those aged 31 to 50 years (by 14.4%) and those aged over 50 years (by 17%).
- Overall, serious violence in 2022 was 6.2% lower than pre-COVID levels in 2019 (175,764; 2.96 per 1,000 residents).
- Serious violence in which those aged 31 to 50 years in 2022 were injured was higher than in 2019 for the same age group (up 10%) – the only such age-related post COVID-19 increase.
- Increases in serious violence continue to broadly align with COVID-19 relaxation measures in 2022.
- Violence related injury which resulted in emergency hospital treatment, especially injury affecting males, was more frequent at weekends than on weekdays.

The methods used here and in previous years have all been peer reviewed and published¹.

Introduction

Since 2000 and including the period of the COVID-19 epidemic, data collected in hospital emergency departments (EDs) represent the only valid, reliable and consistent source of information on violence causing injury in England and Wales. Incidence and trends derived from these data closely correspond to those derived from the Crime Survey for England and Wales (CSEW). However, the Crime Survey in its usual form – face to face interviews with a large random sample of household representatives – was not possible during the COVID-19 epidemic². Compared with these two established data sources, police records are unreliable, especially of non-fatal violent offending. This unreliability reflects wide variations in violence reporting by the injured and witnesses and variations in recording by police forces; for these and other reasons designation of police records as a National Statistic was withdrawn by the UK Statistics Authority in 2014³.

Police in England and Wales recorded 663 homicides in the year ending September 2022, an 8% decrease compared with 719 homicides in the year ending March 2020 but a 7% increase relative to 620 homicides in the year ending March 2010. Of recorded homicides in the year ending September 2022, the proportion in which a knife or sharp instrument was used was 39% - a similar proportion to that in the year ending March 2020 (37%)⁴.

ED data on violence, enhanced in England since 2017 with the addition of items collectively known as Information Sharing to Tackle Violence (ISTV⁵) and incorporated into the NHS Emergency Care Data Set (ECDS⁶), also reflect a consistent seriousness threshold, namely, violence serious enough to result in emergency hospital treatment. An alternative threshold, violence serious enough to result in hospital admission (overnight stay), is less satisfactory for a number of reasons; it excludes large numbers of incidents causing lacerations, fractures and head injuries needing emergency treatment – all serious from the important public perspective, and because admissions can reflect factors other than injury seriousness such as avoidance of ED waiting time breaches. Furthermore, admissions data do not include contextual (ISTV) data the use of which increases violence prevention effectiveness and efficiency substantially according to rigorous evaluation and the 2019 Home Office Impact Assessment^{7,8}.

The National Violence Surveillance Network (NVSN) includes 158 EDs, minor injury units (MIUs) and NHS walk in centres in England and Wales. Incidence and trends in violence derived from NVSN data have been published annually since 2000⁹. Over the two decades 2000-2019 serious violence decreased steadily according both to these data and to Crime Survey data. As examples, violence resulting in ED treatment declined by

34% from an estimated 267,291 in 2012 to 175,764 in 2019, and by 7.9% from 190,747 in 2017 to 175,764 in 2019¹⁰. Hospital admissions for treatment following violence in England and Wales also decreased substantially in this period, for example from 77,619 admissions in 2017 (0.458/1,000 population) to 71,043 (0.419/population) in 2019¹⁰.

In the period of the COVID-19 epidemic, violence according to ED data fell steeply during the imposition of restrictions (see Figures 1 and 2), for example by a third from 2019 to 2020, from an estimated 175,764 people treated for violence related injury in 2019 to 119,111 in 2020. In 2021, when these restrictions had largely ended, serious violence according to this reliable measure increased once more, by 23%, from an estimated 119,111 attendances in 2020 to 146,856 in 2021⁹.

In every year since 2000, numbers of males injured in violence have been substantially greater than numbers of females. For example, in 2019, an estimated 122,134 males were treated in EDs compared with 53,630 females¹⁰.

This 2023 NVSN report documents incidence and trends in violence in England and Wales according to ED data collected from those injured in the calendar year 2022 and provides potential explanations for changes identified relative to 2021.

Methods

Emergency Departments and records of violence related attendances

Age, gender, and date of attendance of patients reporting injury in violence were collected from 88 certified member NVSN EDs in England and Wales for the twelve-month period ending 31st December 2022. These included EDs in all nine regions of England (East of England, East Midlands, London, Northeast, Northwest, Southeast, Southwest, West Midlands, Yorkshire and Humberside) and in Wales. EDs in this study were able to share prospective electronic data on violence-related attendances and complied with the provisions of the 2018 Data Protection Act and Caldicott guidance.

For patients reporting injury in violence, the first point of contact was usually with ED triage personnel prior to registration by ED receptionists. Reason for attendance, in this case violence-related injury, is entered by receptionists using standard ED software which in every ED in England includes the Emergency Care Data Set (ECDS). For every new incident a new record is created.

Data analyses

As in previous years, ED attendances were categorised by gender and five age groups: 0–10, 11–17, 18–30, 31–50 and 51+ years. Attendances were weighted using a

national Coverage Ratio (CR) representing the proportion of EDs sampled in England and Wales in 2022, so that comparison can be made with NVSN findings in previous years, and so that biases in the sample due to emergency unit inclusion criteria are reduced. CR is equal to total annual all-cause ED attendances sampled divided by the total annual all-cause ED attendances for all EDs (including those sampled) in England and Wales. Hence, a CR equal to 1 indicates full national coverage. CR for 2022 was 0.25 for England and Wales (CR for 2021 was 0.26). A detailed method for calculating appropriate weights has been peer reviewed and published¹. National violence estimates were generated by multiplying the number of persons injured in the sample (n) by 1/CR.

As the total population of England and Wales (N) is known, it was possible to derive injury rates by age and gender. A measure of the likelihood of being injured in violence is therefore 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 (number injured per 1,000 population) were estimated for both genders and for the five age groups. Population estimates by age and gender were obtained from the Office for National Statistics. Annual injury rates for 2022 were compared to injury rates from previous years. The CR used to estimate national violence injury rates was assumed to be the same for both genders and all age groups.

Results

Violence-related ED attendances

Daily violence-related attendances from 88 hospitals are included in this report; this represents 25% of all EDs in England and Wales. Fifty-five hospitals provided data that could only be used in aggregate form. Two hospitals provided incomplete data and were excluded from the study. In total, 41,628 people were treated for violence-related injuries in the 88 EDs, MIUs and Walk-in-Centres in England and Wales over the twelve-month period ending 31st December 2022 (Table 1). Disaggregation by age and gender indicated that patients were predominantly male (n = 28,552, 69%) and aged between 18 and 50

years (n =31,065, 74%); 15,557 people aged 18-30 and 15,508 aged 31-50 years attended sample EDs in 2022 following injury in violence.

Violence injury rates

Overall, in England and Wales, 2.75 per 1,000 residents (164,723) attended EDs for treatment of violence-related injury in 2022. Males (3.81 per 1,000 residents; 112,981) were more than twice as likely than females (1.71 per 1,000 residents; 51,742) to have received ED treatment following injury in violence (Table 2). Disaggregation by age group showed higher rates of violence-related injury for males than females; more than double for males aged 0 to 50 years and almost 2.5 times higher for males aged 51 years and over.

Those at highest risk were aged 18 to 30 years (6.23 per 1,000 residents; males 8.48 and females 3.87) followed by those aged 31 to 50 (3.98 per 1,000 residents; males 5.41 and females 2.58), those aged 11 to 17 (3.95 per 1,000 residents; males 5.27 and females 2.55), those aged 51 and over (0.93 per 1,000 residents; males 1.35 and females 0.55) and those aged 0 to 10 (0.33 per 1,000 residents; males 0.43 and females 0.21).

Trends in serious violence

Overall, serious violence increased by 12% in 2022 compared to 2021; an estimated 17,867 more violence-related attendances in 2022 (Table 3 and 4, Figure 1; $P < 0.001$). Violence affecting males and females increased by 12.7% and 11% respectively in 2022 ($p < 0.001$), compared to the previous year. Violent injury among all age groups increased in 2022 compared to 2021; a 3.75% increase among 18 to 30 years ($p < 0.001$) followed by injury among those aged 31 to 50 (up 14.4%; $p < 0.001$), those aged 51 years and over (up 17%; $p < 0.001$), those aged 11 to 17 years (up 24.45%; $p < 0.001$) and those aged 0 to 10 years (up 79.62%; $p < 0.001$).

Overall, serious violence was greatest on Saturdays and Sundays, mainly reflecting violence late on Fridays and Saturdays (Figure 3). Serious violence peaked in May and July (Figure 2).

Serious violence and COVID-19

COVID-19-related testing and restrictions on the movement of people in England and Wales were eased in 2022 by the UK and Welsh Governments. Requirements to present COVID passes at certain venues and events and to wear face coverings on public transport and in certain indoor locations, along with guidance to work remotely ceased to apply in January 2022 (February 2022 in Wales). All domestic COVID measures in England were

lifted in February 2022, including the legal requirement to self-isolate. Mass free COVID testing stopped in April 2022.

Discussion

The principal findings in this study are a 12% increase in violence in England and Wales leading to emergency hospital treatment in 2022 relative to 2021, increases in violent injury across all age groups and genders, larger increases among children aged 0-10 and smaller increases in adults aged 18-30 relative to other age groups, and, overall, an increase almost to levels in violence which resulted in emergency hospital treatment observed prior to the COVID-19 epidemic. Violence was much more frequent at weekends than during the week, especially violence in which males were injured.

According to ED data restrictions imposed during the COVID-19 epidemic in England and Wales were associated with substantial changes in the incidence of violence resulting in emergency hospital treatment. When premises licensed to sell and serve alcohol closed, and when schools closed, violent injury decreased. When these restrictions were lifted, violence increased^{11,12}. 2022 was a period of societal transition to circumstances more similar to those prevalent before the epidemic.

Helpfully, COVID-related changes in the incidence of violence point to the need to implement specific violence prevention strategies to deal with the increases in violence identified in this annual report. These changes include lack of transfer to the home during lockdowns of violence which would have happened outside the home; violence related injury outside the home fell sharply when restrictions were imposed and although the first lockdown was associated in one study with a small, significant increase in domestic violence, violence in the home did not rise commensurate with the substantial decrease elsewhere^{11,12}. This is consistent with recent research which shows that environments in which alcohol consumption occurs, not just intoxication, are influential in the genesis of violence¹³. Weapon use according to ED data was also instructive; frequency did not change during restriction periods in the County of Cardiff but violence in which weapons were not used decreased substantially¹¹. For injury outside the home, significant decreases have been found in ED treatment of females younger than 18 years and of males in all age groups, and violence in which the perpetrator was a stranger, acquaintance, or security officer¹¹. Overall, violence in which children were injured decreased during lockdowns and increased to pre-COVID levels when schools reopened¹². This finding fits with recent findings from the Youth Endowment Fund where children often missed school through fear of violence¹⁴.

These restriction-related findings point to the need to strengthen prevention of violence outside the home, especially at weekends. Night-time economies, where licensed premises licensed to sell and serve alcohol are concentrated, including in town and city entertainment areas, have long been known to be locations where the risk of violence is high relative to other locations and prevention effort should therefore be redoubled there¹³. Alcohol licensing which responds rapidly to violence risks identified from police and ED data^{12,15} and precision policing¹⁵, are effective interventions where investment pays dividends¹⁶; they should be strengthened¹⁴. Recent research has identified queues in the night-time economy as locations where the stresses of waiting, especially among intoxicated people, leads to violence; violence risk is explained not just by crowding but also by queueing¹⁷. Crowd and queue control are as important in night-time economies as they are at major sporting events; the same discipline and resources need to be applied to both.

The findings in this report, together with lessons learned from the period of the COVID epidemic also point to the need to strengthen prevention of violence in which children are injured outside the home, including those of primary school age and in and around schools^{14,18}. The World Health Organisation's INSPIRE Handbook for ending violence against children includes strategies the implementation of which results in safer routes to and from school, safer built environments and greater safety online¹⁹.

The most important message from the COVID-19 era as far as violence is concerned, is that it can be prevented. Violence is not inevitable. Redoubling and targeting prevention effort will reduce its burdens on citizens, families and across public services, not least on costly, hard pressed hospital emergency departments.

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Table 1 – National Violence Surveillance Network (NVSN) hospitals in England and Wales providing daily data (n = 88)

Alnwick Infirmary MIU	Orsett MIU (Essex)
Berwick Infirmary MIU (Berwick-upon-Tweed)	Pinderfields (Wakefield)
Blyth MIU	Pontefract
Bodmin MIU	Prince Charles (Merthyr Tydfil)
Bradford	Princess Alexandra (Harlow)
Camborne/Redruth MIU	Princess Royal University (Orpington)
Chelsea and Westminster	Queen Elizabeth (Woolwich)
Cheltenham General	Queen Elizabeth 11 (MIU, Welwyn Garden)
Chorley & South Ribble (and co-located MIU)	Queen Elizabeth The Queen Mother (Margate)
Conquest (St Leonards-on-Sea)	Royal Berkshire (Reading)
County Hospital (Stafford)	Royal Bolton
Croydon University	Royal Cornwall (Truro)
Cumberland MIU (Devonport)	Royal Derby
Darent Valley (Dartford)	Royal Devon and Exeter (Wonford)
Derriford (Plymouth)	Royal Glamorgan (Pontyclun)
Dewsbury and District	Royal Gwent (Newport)
Eastbourne	Royal Hallamshire (Sheffield)
Falmouth MIU (Cornwall)	Royal Preston
Gloucestershire Royal	Royal Stoke University (Stoke-on-Trent)
Grange University (Cwmbran)	Sidwell Street (Walk-in-Centre, Exeter)
Great Western (Swindon)	South Hams (MIU, Kingsbridge)
Halton Hospital (Urgent Treatment, Runcorn)	Southmead (Bristol)
Haltwhistle War Memorial (MIU)	St Austell MIU
Helston Community (MIU)	St George's (London)
Hexham Hospital	St James's (Leeds)
Honiton MIU	St Leonard's (Ringwood)
Horton General (Banbury)	St Mary (MIU, Portsmouth)
John Radcliffe (Oxford)	Stepping Hill (Stockport)
King's College (London)	Tavistock (MIU, Devon)
Kingston (Kingston upon Thames)	Torbay
Launceston MIU	Totnes
Leeds General	University Hospital of Wales (Cardiff)
Lister (Stevenage)	University Hospital (Lewisham)
Milton Keynes University	University Hospital (Stockton-on-Tees)
Morrison (Swansea)	Wansbeck (Ashington)
Neath Port Talbot	Warrington Hospital

Neville Hall (Abergavenny)	Warwick
Newquay MIU	Watford
Newton Abbot (Devon)	West Middlesex (Isleworth)
North Middlesex University	Whipps Cross (London)
North Tyneside (North Shields)	William Harvey (Ashford)
Northampton General	Ysbyty Cwm Cynon (Rhondda Cynon Taf)
Northern General (Sheffield)	Ysbyty Cwm Rhondda (Tonypandy)
Northumbria Specialist Emergency Care (Cramlington)	Ysbyty Ystrad Fawr (Hengoed)

Table 2: Violence injury rates by age and gender 2022: patients who attended EDs, MIUs and Walk-in Centres in England and Wales for treatment following violence-related injury.

Gender	N	%
Male	28,552	68.59
Female	13,076	31.41
Total	41,628	100

Age group (years)	N	%
0 to 10	699	1.68
11 to 17	4,861	11.68
18 to 30	15,557	37.37
31 to 50	15,508	37.25
51+	5,003	12.02
Total	41,628	100

Annual violence injury rate (Per 1,000 residents)	
Males	3.81
Females	1.71
Total	2.75
0 to 10	0.33
11 to 17	3.95
18 to 30	6.23
31 to 50	3.98
51+	0.93

Note: Daily violence-related emergency attendances by age and gender were provided by 88 emergency units. Fifty-five emergency units provided aggregate level data.

Table 3: Percentage changes and estimated numbers (see footnote) of violence-related ED, MIU and Walk-in-Centre attendances in England and Wales 2010-2022.

	Males	Females	Overall
2010 – 2011	-5.3	-1	-4 (307,998)
2011 – 2012	-14	-14	-14 (267,291)
2012 – 2013	-12	-12	-12 (234,509)
2013 – 2014	-9.9	-9.5	-9.9 (211,514)
2014 – 2015	-2	1.5	0 (210,215)
2015 – 2016	-11	-9	-10 (188,803)
2016-2017	0.5	2.4	1 (190,747)
2017-2018	-2.5	0.2	-1.7 (187,584)
2018-2019	-6.6	-5.6	-6.3 (175,764)
2019-2020	-33.3	-29.7	-32.2 (119,111)
2020-2021	23	23	23 (146,856)
2021-2022	13	11	12 (164,723)

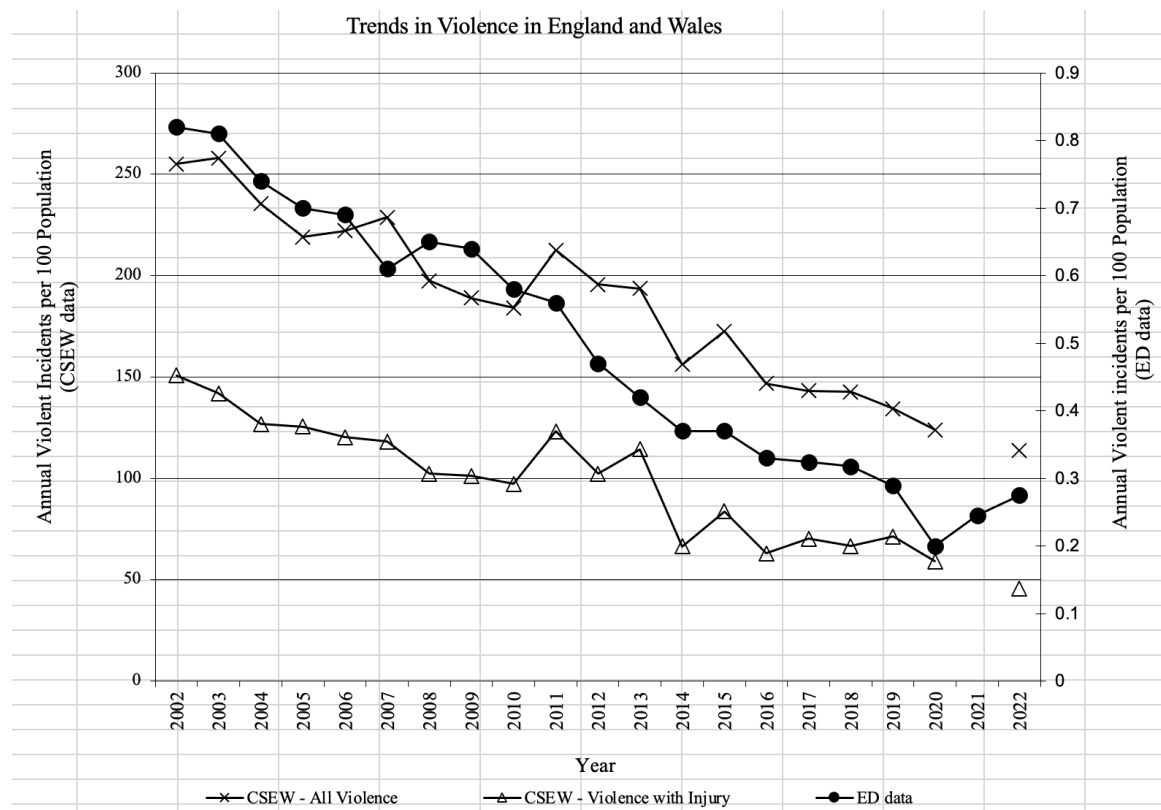
Note: Numbers denote numbers of people injured in the second year in the left-hand column. E.g., 307,998 people in 2011 and 164,723 in 2022.

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

Age Groups (years)	2021		2022	
	Males (per 1,000)	Females (per 1,000)	Males (per 1,000)	Females (per 1,000)
0 to 10	1,015 (0.23)	525 (0.13)	1,876 (0.43)	890 (0.21)
11 to 17	10,561 (4.22)	4,895 (2.07)	13,197 (5.27)	6,038 (2.55)
18 to 30	40,975 (8.09)	18,359 (3.81)	42,930 (8.48)	18,630 (3.87)
31 to 50	36,170 (4.73)	17,435 (2.25)	41,374 (5.41)	19,991(2.58)
51+	11,521 (1.14)	5,400 (0.48)	13,604 (1.35)	6,193 (0.55)
Total	100,242	46,614	112,981	51,742

Notes: Regression-based p-values were obtained from negative binominal models with population offset applied to monthly attendance counts, showed significant overall, gender and age group increases in serious violence between 2021 and 2022.

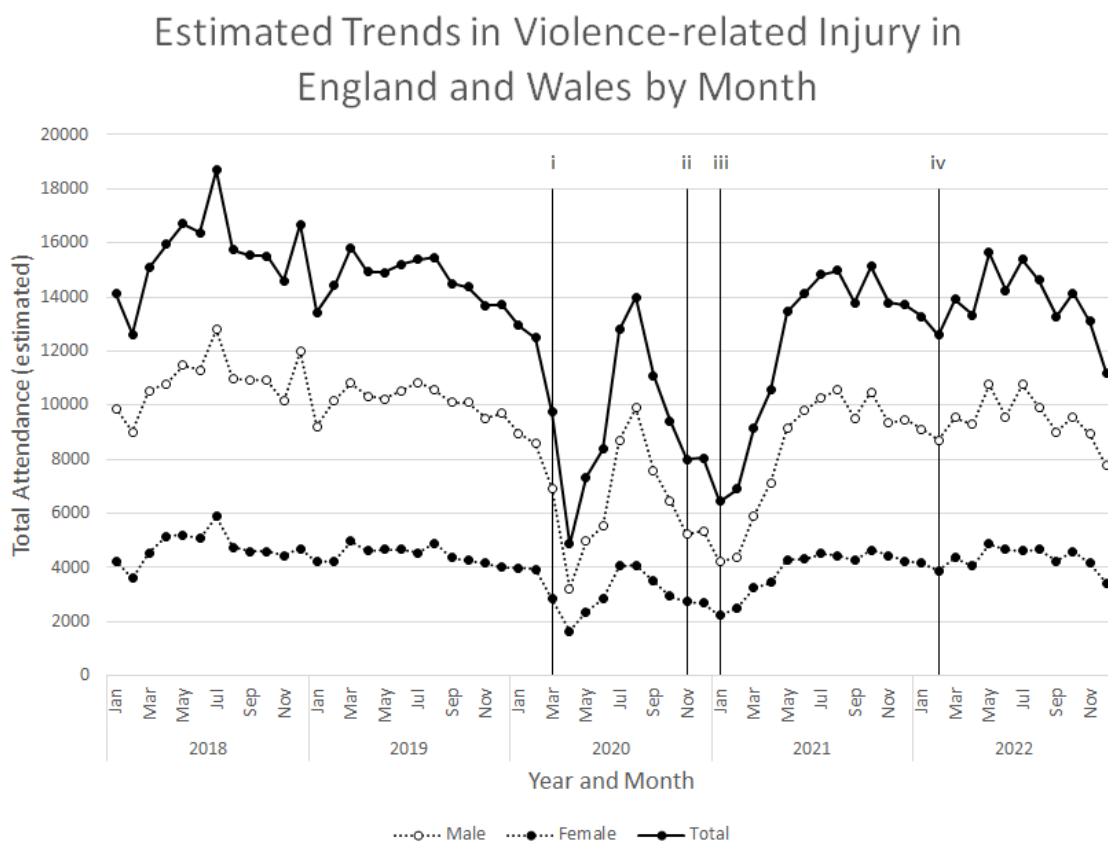
Figure 1



Notes:

- The Office for National Statistics requested a temporary suspension of National Statistics status for estimates from the Crime Survey for England and Wales (CSEW) in July 2022; this was granted by the UK Statistics Authority. This was based on ‘concerns about data quality, specifically, the low response rate for face-to-face interviews and the reduced time period of data for estimates.’
- 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; direct comparison with previous CSEW estimates is not therefore possible.

Figure 2



Notes:

Violence-related ED attendances 2018 to 2022 by males and females in England and Wales. Attendances associated with the first lockdown (i, from March 2020), second lockdown (ii, from November 2020), third lockdown (iii, from January 2021) and easing of COVID restrictions (iv, from February 2022) are shown.

Figure 3

