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Serious Violence in England and Wales in 2023

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An Accident & Emergency Perspective



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Serious Violence in England and Wales in 2023: An Accident and Emergency Perspective

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Executive Summary

- This 24th annual report on violence in England and Wales is based on data from 219 Emergency Departments (EDs), ED Minor Injury Units (MIUs), Specialist Hospital EDs, and ED Walk-in-Centres, all of which are members of the National Violence Surveillance Network. Serious violence is defined as violence serious enough to result in emergency hospital treatment.
- In 2023, an estimated 141,804 people with injuries sustained in violence were treated in EDs in England and Wales – down 22,919 (14%) compared to 2022.
- After the COVID-related decrease in serious violence in 2020 (32% relative to 2019), and post-COVID increases in 2021 and 2022 (23% and 12% relative to 2020 and 2021 respectively), the overall long term downward trend resumed in 2023.
- This downward trend largely reflects substantial year on year reductions of those aged 18 to 30 years of age attending EDs for treatment for violence related injury.
- There were an estimated 177,073 fewer ED violence-related attendances in England and Wales in 2023 compared to 2010 (318,877; down 55%), and 272,194 fewer compared to 2001 (413,998; down 66%).
- In 2023, males (3.07 per 1,000 residents) were twice as likely as females (1.61 per 1,000 residents) to be treated for violence related injury. In 2023 violence-related ED visits by those aged 11 to 50 years of age decreased (11 to 17-year-olds down 3.7%; 18 to 30-year-olds down 25%; 31 to 50-year-olds down 15.8%) and increased among 0 to 10-year-olds (up 52.8%*), and those aged over 50 (up 7.7%).
- Violence related injury that resulted in emergency hospital treatment, especially injury affecting males, was more frequent at weekends than on weekdays and in the month of May 2023.

Notes

The methods used here and in previous years have all been peer reviewed and published^{2,11}.

*The estimated increase among those aged 0-10 needs to be treated with caution. See discussion.

Introduction

Violence and fear of violence affect families, communities and individuals of all ages and genders. For example, half of all teenagers in England and Wales witnessed or were victims of violence in the 12 months up to November 2023¹. One in four teenagers either perpetrated or were the victims of violence and 70% of violence among teenagers resulted in physical injury, an estimated 360,000 13 to 17-year-old children in England and Wales¹. The prevalence of violent victimisation among teenagers varies significantly across England and Wales, affecting a quarter of children in London and one in ten in the southeast of England, for example. One in five children report staying away from school in the previous 12 months because of their fear of violence¹.

For 24 years, the National Violence Surveillance Network (NVSN) of Emergency Departments (EDs) has shed new light on serious violence in England and Wales^{2,3}. NVSN membership has remained steady with over 150 EDs, minor injury units (MIUs) in EDs, and ED Walk-in-Centres regularly sharing non-identifiable data. By collecting and synthesizing data on violence-related ED attendances, NVSN has facilitated triangulation with official violence data represented by the now annual Crime Survey for England and Wales (CSEW) and police records^{4,5}. In 2014, the UK Statistics Authority withdrew the gold standard “national statistic” status from police records due to growing evidence of their unreliability. More recently, CSEW was granted a temporary suspension of national statistic status for the data collected in the year ending September 2023 due to concerns about data quality during the COVID epidemic when its face-to-face interviews were not possible⁶.

The NVSN has continually provided a harm-based source of information on violence, including through the COVID period, providing intelligence on incidents that result in injuries serious enough to result in emergency hospital treatment. The focus on ED attendance data eliminates factors that influence hospital admission data, such as efforts to avoid breaching ED waiting time limits, changing policy on the management of head injuries, and variations in the training of ED clinicians. NVSN data have demonstrated both validity and reliability; trends are consistent with CSEW trends^{2,3} (see also Figure 1). For two consecutive years, 2021 and 2022, analysis of NVSN data identified overall increases in violence leading to emergency hospital treatment by 23% and 12% respectively, the only annual increases since 2001³.

This report derives violence-related injury rates and violence trends by gender and age using ED data from England and Wales for the twelve-month period ending 31st December 2023.

Methods

Emergency Departments and records of violence related attendances

Data on violence-related attendances were gathered from 219 EDs in England and Wales, covering the twelve-month period ending 31st December 2023. These EDs represent various service types: Type 1 EDs offer consultant-led, 24-hour services with full resuscitation facilities; Type 2 EDs are those in specialist hospitals; Type 3 EDs encompass other types of EDs and MIUs; and Type 4 EDs are NHS Walk-in-Centres. All 219 EDs are certified members of the NVSN and were selected based on their prospective data collection practice and willingness to share electronic data. Data retrieved (date of ED attendance, age and gender of patients reporting injuries caused by violence) were the same as those analysed for NVSN reports in previous years. Compliance with data protection regulations, including the 2018 Data Protection Act and Caldicott guidance, was ensured across all EDs, together with restricted access to computer systems granted to a limited number of staff. Receptionists typically served as the first point of contact for patients reporting violence-related injuries and entered information according to established categories in ED software packages. Patient confidentiality was rigorously maintained throughout data retrieval processes, with a new record created for each incident.

Data analyses

ED attendances were categorised by gender and five age groups: 0-10, 11-17, 18-30, 31-50, and 51 years and over, mirroring the categorisation used in prior NVSN publications. To mitigate biases stemming from the inclusion criteria used to recruit EDs, the sample population was weighted; total annual attendances across all EDs (A_1) in England and Wales were compared with total annual attendances within the ED sample (B_1), yielding the coverage ratio (CR), i.e., representing the national representativeness of the sample. A CR value of one indicates full coverage, where $CR = B_1/A_1$. Comparative national violence statistics were derived by multiplying the number of individuals injured in the sample by $1/CR$. Given the known total national resident population⁷, it was feasible to estimate national violence related injury rates by age and gender using the equation:

$$V = \frac{n}{CR \times N} \quad (1)$$

where V denotes the likelihood of sustaining injury from violence, n represents the number of injured persons attending EDs in the sample, and N signifies the total resident population. The methods for determining the appropriate weights have been peer reviewed and published⁸. As in 2022, a negative binomial model was fitted to the “daily” (non-aggregate) data for the number of assaults at each ED, where probability weights were used here to adjust for differences in population and sample profiles over strata of sex and age band. 95% confidence intervals were derived. These data were then used to obtain estimated numbers of assaults in the England and Wales population via a simple linear scaling and to construct statistical tests comparing results in 2022 and 2023.

Results

Violence-related ED attendances

In total, there were 71,567 ED attendances of people who sustained physical injuries in violence and who were treated in the 219 NVSN EDs, MIUs and Walk-in-Centres in 2023 ($CR = 0.5$ for daily/non-aggregate and aggregate data; Table 1). Data from 104 EDs were only available in aggregate form and lacked specific details on age and gender. Of these eighty-three EDs provided data in a usable format. Hence, 21 EDs were excluded from age and gender-based analyses. One hundred and fifteen EDs provided daily violence data including age and gender of those seeking treatment following violence. Age and gender disaggregation showed a predominance of males ($n = 28,028$, 65%) within the non-aggregate sample (115 EDs) aged between 31 to 50 years ($n = 10,094$; 36%); similarly, among females, those aged 31 to 50 years were most numerous ($n = 5,520$; 37%).

Violence injury rates

Overall, in England and Wales in 2023, the estimated annual violent injury-related attendance rate (V) was 2.33 (95% CI 2.32, 2.34) per 1,000 residents (3.31 per 1,000 residents in Wales and 2.19 per 1,000 residents in England). Males had the highest rate (3.07 per 1,000 residents) and were almost twice as likely than females (1.61 per 1,000 residents) to have received treatment in EDs, ED MIUs and ED Walk-in-Centres for injuries sustained in violence (Table 2). Those at highest risk were aged between 18 to 30 years (4.73 per 1,000 residents; males 6.03, females 3.35) followed by those aged 11 to 17 (3.53 per 1,000 residents; males 4.52, females 2.49), those aged 31 to 50 (3.33 per 1,000

residents; males 4.28, females 2.36), those aged 51 years and over (0.94 per 1,000 residents; males 1.31, females 0.61) and those aged 0 to 10 years (0.56 per 1,000 residents; males 0.7, females 0.41).

Trends in serious violence

In 2023 in England and Wales there were an estimated 22,919 fewer violence-related ED attendances than in 2022, a 14% reduction ($P < 10^{-6}$, Tables 3 and 4, Figure 1). This decrease in serious violence harm was greatest among males ($P < 10^{-6}$, down 18% from 112,981 to 92,661 compared to females ($P < 10^{-6}$, down 5% from 51,742 to 49,145). Decreases in violence related ED attendances were identified in those aged 11-50 years ($P < 10^{-6}$); the largest reductions were observed among people aged 18 to 30 (down 25.1% from 61,560 to 46,102), followed by those aged 31 to 50 years (down 15.9% from 61,365 to 51,620), and those aged 11 to 17 years (down 3.7% from 19,235 to 18,517). In contrast, among the youngest (those aged 0 to 10 years) and the oldest (those aged 51 years and older) age groups there were increases in ED violence-related attendances (up 52.9% from 2,766 to 4,228 and up 7.8% from 19,797 to 21,337 respectively, $P < 10^{-6}$).

Violence-related ED attendances were most frequent on Saturdays (estimated 23,156 attendances), Sundays (estimated 25,856 attendances) and Mondays (estimated 24,253 attendances) and peaked in May 2023 (estimated 13,516 attendances) – reflecting the same patterns in 2022 (Sundays estimated 33,571 attendances; Saturdays estimate 30,592 attendances, Mondays estimated 22,487 attendances; May 2022 estimated 15,650 attendances). The lowest numbers of violence-related attendances were observed in January (estimated 10,453 attendances), February (estimated 10,635 attendances) and November 2023 (estimated 10,645 attendances) - similar patterns were observed in 2022 December (estimated 11,202 attendances), February (estimated 12,591 attendances) and November (estimated 13,098 attendances).

Discussion

This report is based on data from the largest number of EDs to contribute to this annual survey since its inception in 2001. It demonstrates a substantial fall in injury sustained in violence in England and Wales in 2023 compared with 2022. This fall was driven by reductions among people aged 18 to 30 years of age and to a lesser extent by those aged 31 to 50 and those aged 11 to 17. Serious violence, according to this reliable ED measure,

decreased for both genders, though, as in past years, males were nearly twice as likely as females to sustain injuries resulting in emergency hospital treatment. Reflecting lockdowns and the closure of hospitality and other public venues, the COVID period saw substantial reductions in this measure of serious violence, followed by post-pandemic annual increases in 2021 and 2022³, returning almost to pre-COVID levels. In 2023, however, this trend reversed, and the long-term downward trend observed since 2001 re-emerged. The estimate of 141,804 violence related ED attendances in 2023 is the lowest since these NVSN studies commenced in 2001, except for the year ending 31st December 2020 when there were an estimated 119,111 attendances. The decrease in attendances due to violence in the decade to 2023 largely reflects decreases among those aged 18-30, not among those aged 0-10 and those aged over 50 (Figure 4).

Although data collected in the CSEW over the two years ending September 2023 were not designated as national statistics, these findings are similar to the falls in violence reported in the CSEW – a 28% fall in all violent crime for the year ending September 31st, 2023, compared with the pre-COVID year ending March 2020. This CSEW fall was largely driven by a 31% fall in violence with injury⁶.

In contrast, police in England and Wales recorded 2.1 million offences of violence against the person (which include homicides, violence with and without injury and stalking and harassment) in the year ending September 2023, a 3% decrease compared with the year ending September 2022⁶. As always, this disparity reflects lack of reporting by many, even most, injured people⁹. The CSEW continues to show that at least half of violent offences in England and Wales are not reported to the police⁴. Differences in police and NHS ascertainment of knife crime tell this story more starkly. For example, knife-enabled crime in England and Wales (excluding Devon and Cornwall and Greater Manchester Police) recorded by the police in the year ending September 2023 increased by 5% to 48,716 offences compared to the year ending September 2022 in which 46,367 offences were recorded¹⁰. All forces recorded an increase in knife-enabled crime in the year ending September 2023. Gwent Police (in Wales) recorded the largest percentage increase by any force between 2012/13 and 2022/23, up nearly fivefold. However, NHS hospital admissions data showed that although knife-related injuries increased by 31% from 2012/13 to 2018/19, the number of hospital admissions due to knife violence in 2022 was 5% lower compared to a decade earlier¹⁰.

Reasons for the substantial falls in emergency hospital treatment of people injured in violence in 2023, compared to 2022, are likely attributable to the implementation of effective violence-prevention interventions. These include organised joint prevention implemented by the police, local authorities, and the NHS, the Cardiff Model for Violence Prevention, for example¹¹, which is based on the use of specific ED data items¹² incorporated in the Emergency Care Data Set (ECDS) used in every ED in England since 2017¹³. Local and regional prevention are increasingly led by police force area Violence Reduction Units¹⁴ (VRUs; termed Violence Prevention Unit in Wales) as well as statutory Community Safety Partnerships¹⁵. Importantly, VRUs are obliged to allocate a proportion of their resources to evidenced-based interventions identified as effective in the Youth Endowment Fund toolkit¹⁶. The statutory Serious Violence Duty¹⁷, included in the Police, Crime, Sentencing and Courts Act 2022, requires specified authorities to collaborate to prevent serious violence and the resulting joint activities arising may contribute further to the reductions in violence observed here. UK Home Office “Grip” funding has enhanced police targeting of locations identified as serious violence hotspots¹⁸. A further intervention known to be effective in reducing violence is increasing real alcohol prices. However, based on a 2023 study of the relationship between violence related ED attendances, alcohol prices and alcohol duty in the UK, the overall effect of changes in alcohol duty implemented in August 2023 together with a duty freeze in 2022 seem likely to be a small increase in violence risk in 2023¹⁹. A potential explanation for the marked decrease in ED attendances of those aged 18-30 is that young adults are staying at home with their parents longer than previously²⁰.

The estimated 53% increase in emergency violence-related ED attendances among children aged 0-10 needs to be treated with considerable caution because numbers were low (1279 in 2023) and have fluctuated greatly between years (for example, the estimated number in 2022 was 699); in addition, confidence limits were wide (Table 4). However, since this follows a substantial estimated increase in this age group in 2022 relative to 2021 it seems probable that an increase over the period 2021-2023 occurred at least to some extent.

Violence-related ED attendances demonstrated consistent weekly and seasonal patterns across 2022 and 2023, similar to previous NVSN findings, with peaks occurring on Saturdays, Sundays, and Mondays, and notably in May. Lowest attendances were observed

in January, February, and November. These variations need to be considered in ED resource allocation and targeting violence prevention interventions in England and Wales.

Overall, serious violence in England and Wales according to this ED measure has decreased by 55% since 2010 and by 66% since 2001; very substantial falls by any standard and at weekends when emergency services across policing and the NHS are especially stretched and costly.

References

1. Children, violence & vulnerability 2023 The second annual Youth Endowment Fund report into young people's experiences of violence. November 2023. <https://youthendowmentfund.org.uk/reports/children-violence-and-vulnerability-2023/>
2. Sivarajasingam V, Page N, Morgan PH, Matthews KGP, Moore SC, Shepherd JP. 2014. Trends in community violence in England and Wales 2005-2009. *Injury* 45: 592-598. [10.1016/j.injury.2013.06.020](https://doi.org/10.1016/j.injury.2013.06.020)
3. Sivarajasingam V, Guan B, Page N, Moore S, Shepherd JP. Serious Violence in England and Wales in 2022: An Accident and Emergency Perspective. Violence Research Group, Crime and Security Research Institute, Cardiff University, 2023. Available at: <https://orca.cardiff.ac.uk/id/eprint/159146/1/NVSN%20Annual%20Report%202023.pdf> [accessed April 2024]
4. Crime in England and Wales: year ending September 2021. Available at: <https://www.ons.gov.uk/peoplepopulationandcommunity/crimeandjustice/bulletins/crimeinenglandandwales/yearendingseptember2021> [accessed April 2024]
5. Crime in England and Wales: year ending September 2022. Available at: <https://www.ons.gov.uk/peoplepopulationandcommunity/crimeandjustice/bulletins/crimeinenglandandwales/yearendingseptember2022> [accessed April 2024]
6. Crime in England and Wales: year ending September 2023. Available at: <https://www.ons.gov.uk/peoplepopulationandcommunity/crimeandjustice/bulletins/crimeinenglandandwales/yearendingseptember2023> [accessed April 2024]
7. Population estimates for England and Wales: mid-2022. Available at: <https://www.ons.gov.uk/peoplepopulationandcommunity/populationandmigration/populationestimates/bulletins/populationestimatesforenglandandwales/mid2022> [accessed March 2022]
8. Sivarajasingam V, Page N, Wells J, Morgan P, Matthews K, Moore SC, Shepherd, J. 2015. Trends in violence in England and Wales 2010-2014. *Journal of Epidemiology and Community Health* 70(6), pp. 616-621. ([10.1136/jech-2015-206598](https://doi.org/10.1136/jech-2015-206598))
9. Sutherland I, Sivarajasingam V, Shepherd JP. 2002. Recording of community violence by medical and police services. *Injury Prevention* 8:246-247. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC1730870/>
10. Popham C. Is knife crime at record highs? November 2023. <https://youthendowmentfund.org.uk/is-knife-crime-at-record-highs/#:~:text=The%20police%20record%20knife%20crime,20%20in%20England%20and%20Wales.> [accessed April 2024]

11. The Cardiff Model for Violence Prevention
<https://www.cdc.gov/violenceprevention/fundinghub/fundedprograms/cardiffmodel/index.html> [accessed April 2024]
12. Emergency Care Data Set (ECDS).
<https://digital.nhs.uk/data-and-information/data-collections-and-data-sets/data-sets/emergency-care-data-set-ecds>. [accessed April 2024]
13. Information Sharing to Tackle Violence Minimum Data Set.
<https://digital.nhs.uk/data-and-information/information-standards/information-standards-and-data-collections-including-extractions/publications-and-notifications/standards-and-collections/isb1594-information-sharing-to-tackle-violence-minimum-dataset> [accessed April 2024]
14. Violence Reduction Units
<https://www.gov.uk/government/publications/violence-reduction-units-year-ending-march-2023-evaluation-report/violence-reduction-units-2022-to-2023> [accessed April 2024]
15. Community Safety Partnerships
<https://www.gov.uk/government/publications/community-safety-partnerships> [accessed April 2024]
16. YEF Toolkit. An overview of existing research on approaches to preventing serious youth violence. <https://youthendowmentfund.org.uk/toolkit/> [accessed April 2024]
17. The Serious Violence Duty
<https://www.gov.uk/government/publications/serious-violence-duty> [accessed April 2024]
18. Grip and Funded Hotspot Policing
<https://www.gov.uk/government/publications/hot-spot-policing-in-england-and-wales-year-ending-march-2022/evaluation-report-on-grip-and-bespoke-funded-hot-spot-policing> [accessed April 2024]
19. Matthews K, Heravi S, Morgan P, Page N, Shepherd JP, Sivarajasingam V. 2023. Alcohol prices, the April effect, and the environment in violence-related injury in England and Wales. *European Journal of Health Economics*.
<https://doi.org/10.1007/s10198-023-01583-w>.
20. Office for National Statistics. 2023. More adults living with their parents.
<https://www.ons.gov.uk/peoplepopulationandcommunity/populationandmigration/populationestimates/articles/moreadultslivingwiththeirparents/2023-05-10>

Table 1 – National Violence Surveillance Network (NVSN) hospitals in England and Wales providing daily ($n = 115$) and aggregate data ($n = 104$)

Airedale General (Steeton)	Neville Hall (Abergavenny)
Alexandra General (Redditch)	New Cross (Wolverhampton)
Alnwick Infirmary	Newham University (London)
Altrincham General	Newquay MIU
Barnet	North Devon District (Barnstaple)
Basildon University	North Manchester General
Bassetlaw (Worksop)	North Tyneside (North Shields)
Bedford	Northampton General
Berwick Infirmary (Berwick-Upon-Tweed)	Northern General (Sheffield)
Blackpool Victoria	Northumbria Emergency Care (Cramlington)
Blayden Walk-in Centre	Northwick Park (Harrow)
Bodmin MIU	Northwick Park UTC (Harrow)
Bournemouth	Old Swan Walk-in-Centre (Liverpool)
Bradford Royal	Orsett MIU
Brecon War Memorial	Penrith Urgent Treatment Centre
Bridgwater MIU	Peterborough City
Bristol Eye	Pilgrim (Boston)
Bristol Royal	Pinderfields (Wakefield)
Bronglais General (Aberystwyth)	Pontefract
Broomfield (Chelmsford)	Poole
Bryn Beryl MIU (Pwllheli)	Prince Charles (Merthyr Tydfil)
Burnham-on-Sea MIU	Prince Philip (Llanelli)
Buxton UTC	Princess Alexandra (Harlow)
Calderdale Royal (Halifax)	Princess Royal (Telford)
Camborne Redruth MIU (Redruth)	Queen Alexandra (Portsmouth)
Central Middlesex UCC	Queen Elizabeth (Birmingham)
Chard MIU	Queen Elizabeth (Woolwich)
Charing Cross (Hammersmith)	Queens (Burton)
Chase Farm (Enfield)	Redcar Primary Care
Chelsea and Westminster	Ripley UTC
Cheltenham General	Ripon Community MIU
Chesterfield Royal	Rochdale Infirmary
City Hospital (Birmingham)	Rotherham General
City Walk-in-Centre, Mersey Care NHS	Royal Albert Edward Infirmary (Wigan)
Clacton MIU	Royal Alexandra Children's (Brighton)
Colchester Emergency	Royal Berkshire (Reading)
Colchester UTC	Royal Bolton
Conquest (Hastings)	Royal Cornwall (Truro)
Countess of Chester	Royal Derby
County Hospital (Stafford)	Royal Devon and Exeter (Wonford)

Croydon	Royal Free (London)
Cumberland Infirmary (Carlisle)	Royal Glamorgan (Llantrisant)
Darlington Memorial	Royal Gwent (Newport)
Denbigh MIU	Royal Hallamshire (Sheffield)
Derriford (Plymouth)	Royal Lancaster Infirmary
Dewsbury and District	Royal Lancaster Infirmary MIU
Doncaster Royal	Royal London
Ealing UTC (Southall)	Royal Manchester Children's
East Surrey (Redhill)	Royal Oldham
Eastbourne District General	Royal Stoke University (Stoke-On-Trent)
Exeter (Sidewell Street) Walk-in-Centre	Royal Surrey County (Guildford)
Fairfield General (Bury)	Royal Sussex County (Brighton)
Falmouth MIU	Royal United (Bath)
Freeman (Newcastle Upon Tyne)	Salford Royal
Freeman MIU (Newcastle Upon Tyne)	Salisbury District
Friarage (Northallerton)	Samuel Johnson Community MIU (Lichfield)
Frome MIU	Sandwell General (West Bromwich)
Furness General (Barrow-in-Furness)	Shepton Mallet MIU
Glangwili General (Carmarthen)	Sir Robert Peel Community MIU (Tamworth)
Gloucestershire Royal	South Liverpool WIC
Grange University (Cwmbran)	Southend University (Southend-on-Sea)
Grantham and District	St Austell MIU
Great Western (Swindon)	St James University (Leeds)
Great Western UTC (Swindon)	St Mary's (Isle of Wight)
Halewood Walk-in-Centre (Liverpool)	St Mary's Isles of Scilly MIU
Halton General (Runcorn)	St Peter's (Lyne, Surrey)
Harrogate District	St Richard's (Chichester)
Harwich MIU	Stamford & Rutland Hospital
Helston MIU	Stratton MIU
Hexham General	Sussex Eye (Brighton)
Hillingdon	Tameside General (Ashton-under-Lyne)
Hinchingbrooke (Huntingdon)	The County (Hereford)
Holywell MIU	Trafford General UCC
Honiton MIU	University Hospital (Lewisham)
Huddersfield Royal Infirmary	University Hospital of North Durham
Hull Royal	University Hospital of North Tees (Stockton-on-Tees)
Huyton Walk-in-Centre (Liverpool)	University Hospital of North Tees MIU (Stockton-on-Tees)
Ilkeston UTC	University Hospital of Wales (Cardiff)
Ipswich	Urgent Care Centre (Loughborough)
James Cook University (Middlesbrough)	Victoria Infirmary (Northwich)
James Paget University (Norfolk)	Victoria Memorial MIU (Welshpool)
Keswick UTC	Wansbeck General (Ashington)
Kettering General	Warrington

Kidderminster General	Warwick
Kingsmill (Sutton-in-Ashfield)	Watford General
Kingston	West Cumberland (Whitehaven)
Kirkby Walk-in-Centre (Kirkby)	West Mendip MIU
Kirkby Walk-in-Centre (Knowsley)	West Middlesex University (Isleworth)
Launceston MIU	West Suffolk (Bury St Edmunds)
Leeds General Infirmary	Western Eye (London)
Leighton (Crewe)	Westmorland General (Kendal)
Leighton UCC (Crewe)	Whipps Cross (London)
Lincoln County	Whipps Cross UCC (London)
Liskeard MIU	Whitworth UTC (Matlock)
Lister (Stevenage)	Withybush General (Haverfordwest)
Litherland UTC (Sefton)	Worcestershire Royal
Litherland Walk-in-Centre	Worthing
Llandrindod Wells Memorial MIU	Wrexham Maelor
Llandudno MIU	Wythenshawe
Luton and Dunstable	Yeovil District
Manchester Royal	Ysbyty Alltwen MIU (Tremadog)
Manchester Royal (Eye)	Ysbyty Aneurin Bevan MIU
Medway Maritime (Gillingham)	Ysbyty Cwm Cynon (Mountain Ash)
Milton Keynes University	Ysbyty Cwm Rhondda (Tonypandy)
Minehead MIU	Ysbyty Glan Clwyd (Rhyl)
Mold MIU	Ysbyty Gwynedd (Bangor)
Montagu (Mexborough)	Ysbyty Penrhos Stanley MIU (Holyhead)
Morrison (Swansea)	Ysbyty Ystrad Fawr MIU
Musgrove Park Hospital (Taunton)	Ystradgynlais Community
Neath Port Talbot	

Table 2: Violence injury (unweighted) attendances and rates by age and gender 2023: patients who attended EDs, MIUs and Walk-in-Centres in England and Wales for treatment following violence-related injury. 95% confidence intervals are shown in square brackets and are derived from daily data.

Gender	N	%
Male	28,028	65.3
Female	14,865	34.7
Total	42,893	100

Age group (years)	N	%
0 to 10	1,279	3.0
11 to 17	5,601	13.1
18 to 30	13,945	32.5
31 to 50	15,614	36.4
50+	6,454	15.0
Total	42,893	100

Annual violence injury rate (V) [per 1,000 resident population]	
Males	3.08 [3.07,3.09]
Females	1.60 [1.59,1.61]
Total	2.33 [2.32,2.35]
0 to 10	0.56 [0.53,0.59]
11 to 17	3.53 [3.51,3.55]
18 to 30	4.73 [4.72,4.74]
31 to 50	3.33 [3.32,3.34]
51+	0.94 [0.93,0.94]

Daily violence-related emergency attendances by age and gender were provided by 115 emergency units.

Table 3: Percentage changes and estimated numbers of violence-related ED, MIU and Walk-in-Centre attendances in England and Wales 2010-2023.

	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)
2022-2023	-18	-5	-14 (141,804)

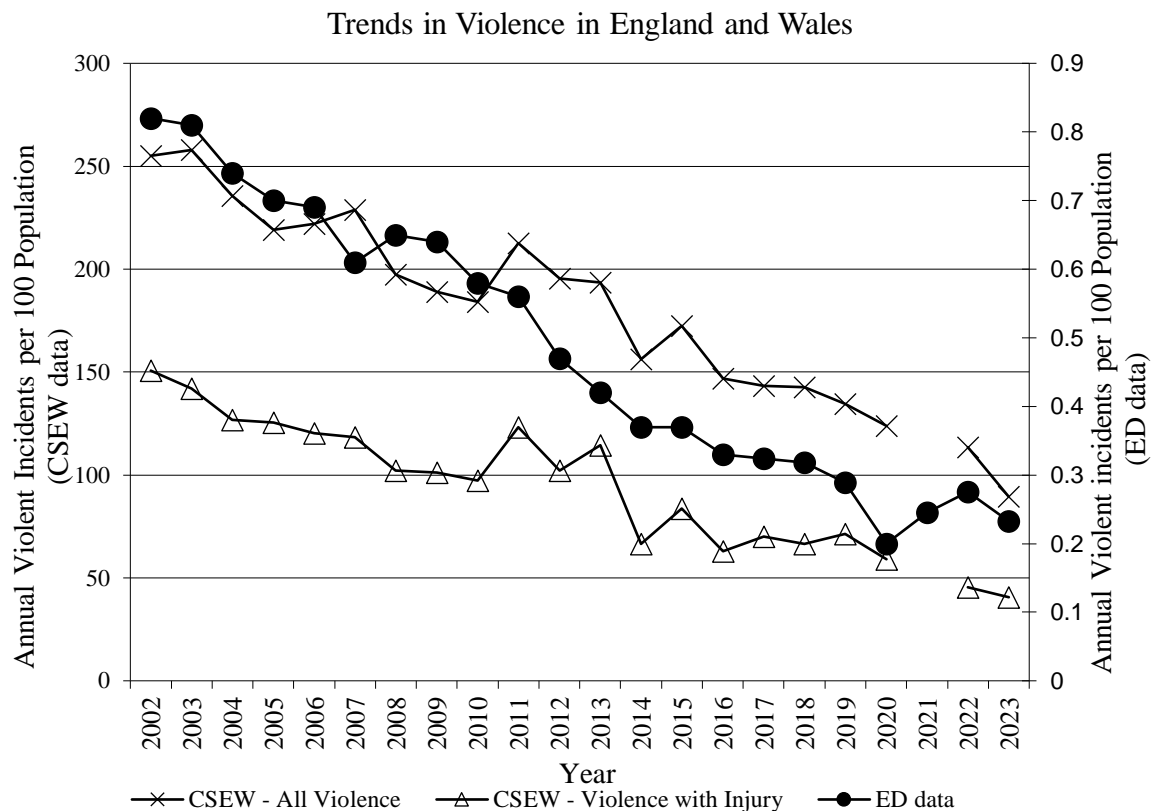
Note: Numbers denote numbers of people injured in the second year in the left-hand column. e.g., 307,998 people in 2011 and 141,804 in 2023.

Table 4: Estimated violence-related ED, MIU and Walk-in-Centre attendance rates by age and gender in England and Wales in 2022 and 2023. (95% confidence intervals are in square brackets and violence incidence rates (*V*) are in round brackets.)

Age Groups (years)	2022		2023	
	Males (per 1,000)	Females (per 1,000)	Males (per 1,000)	Females (per 1,000)
0 to 10	1876 [1739,2012] (0.43 [0.40,0.46])	890 [770,1011] (0.21 [0.19,0.24])	2731 [2598,2863] (0.70 [0.67,0.74])	1498 [1392,1604] (0.41 [0.38,0.44])
11 to 17	13197 [13159,13234] (5.27 [5.26,5.29])	6038 [6000,6077] (2.55 [2.53,2.56])	12169 [13104,12235] (4.52 [4.49,4.54])	5348 [6284,6411] (2.49 [2.46,2.51])
18 to 30	42930 [42891,42968] (8.48 [8.47,8.48])	18630 [18592,18667] (3.87 [3.86,3.88])	30310 [30247,30372] (6.03 [6.02,6.04])	15793 [15732,15854] (3.35 [3.33,3.36])
31 to 50	41375 [41335,41414] (5.40 [5.40,5.41])	19991 [19953,20029] (2.58 [2.57,2.58])	33371 [33308,33434] (4.32 [4.32,4.33])	18249 [18189,18309] (2.34 [2.33,2.35])
51+	13604 [13569,13640] (1.35 [1.34,1.35])	6193 [6155,6231] (0.55 [0.55,0.56])	14080 [14018,14143] (1.31 [1.30,1.31])	7257 [7189,7324] (0.61 [0.60,0.61])
Total	112981 [112694,113268] (3.81 [2.80,3.82])	51742 [51470,52014] (1.71 [1.70,1.72])	92661 [92276,93046] (3.08 [3.07,3.09])	49144 [48786,48502] (1.60 [1.59,1.61])
All Subjects	164723 [164163,165283] (2.75 [2.74,2.76])		141805 [141062,142548] (2.33 [2.32,2.35])	

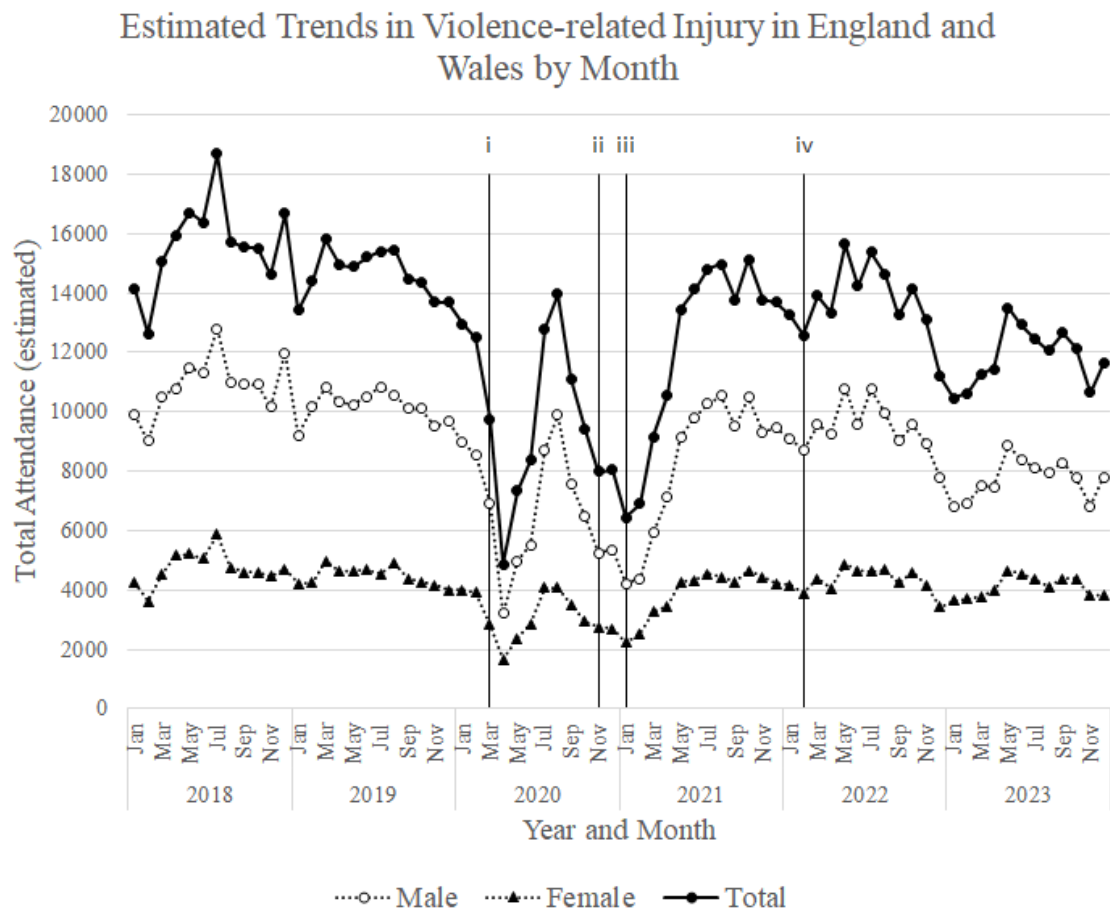
Notes: Statistical tests showed highly significant ($P < 10^{-6}$) changes in serious violence between 2022 and 2023 for total ED attendances, all males and all females, and all age groups (Bonferonni corrections for multiple testing have been made).

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 and again in September 2023; this was granted by the UK Statistics Authority, 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 which resulted in 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 2023 by males and females in England and Wales. Attendances associated with the first COVID 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

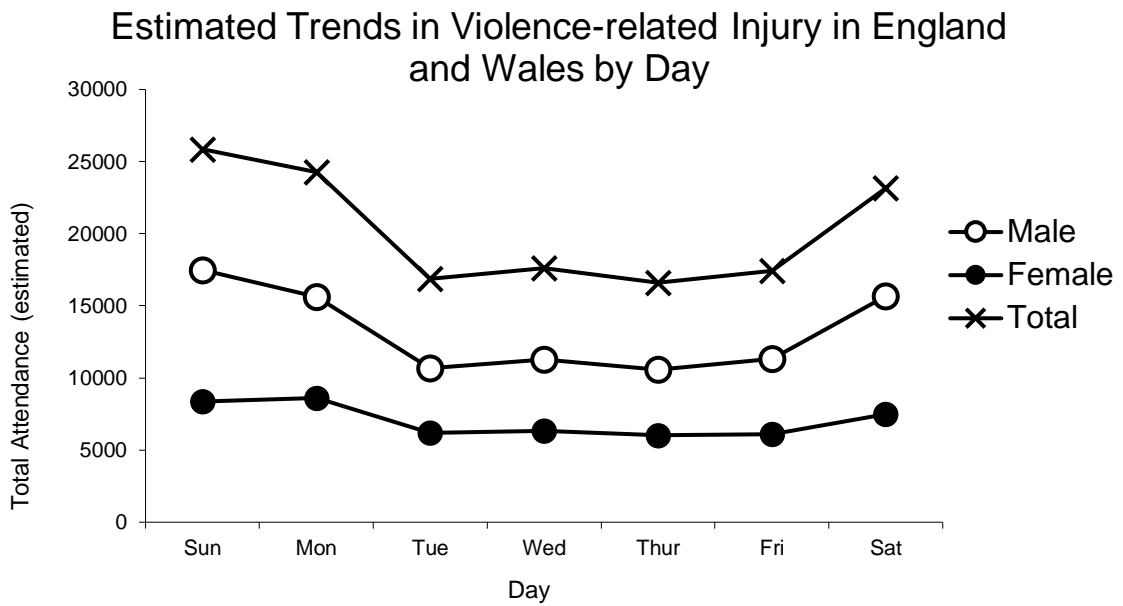
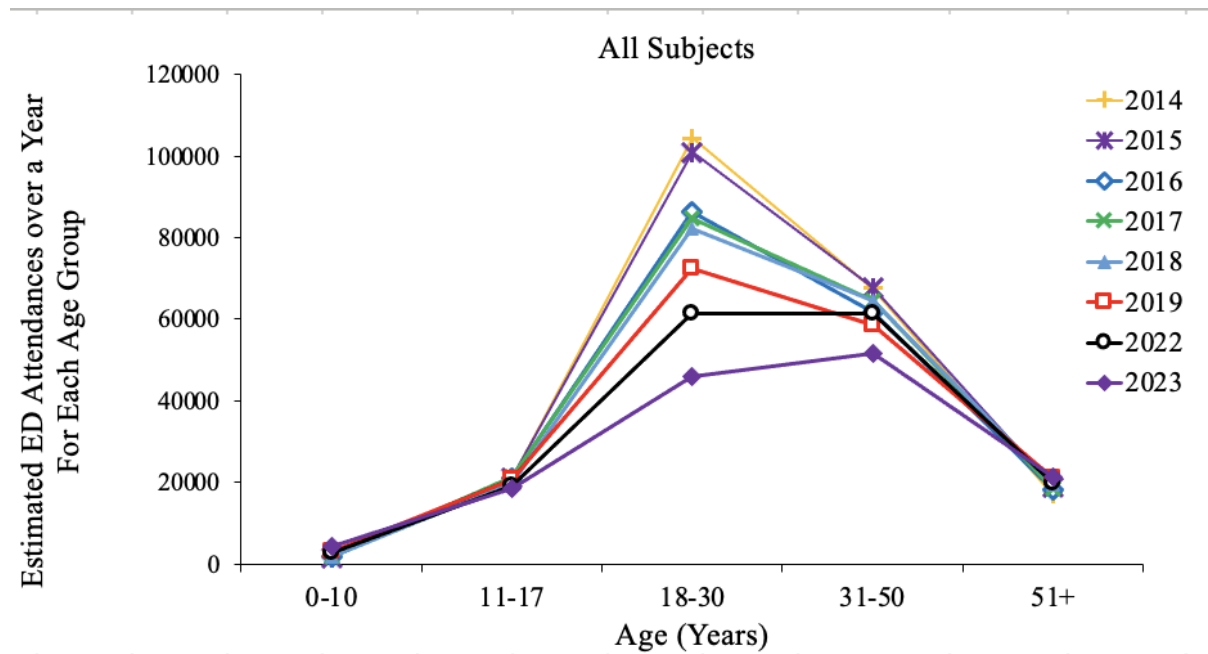


Figure 4. Violence-related ED attendances 2014 to 2023 in England and Wales by NVSN age group.



Note: For the ten years ending 2023, falls in violence-related ED attendances were mainly due to those aged 18 to 30 years.