

Serious Violence in England and Wales in 2024

An Accident & Emergency Perspective



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Serious Violence in England and Wales in 2024: An Accident and Emergency Perspective

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Executive Summary

- This 25th annual National Violence Surveillance Network (NVSN) report on serious violence in England and Wales in the year ending December 31st, 2024 is based on data from 189 Emergency Departments (EDs), Minor Injury Units (MIUs), Specialist Hospitals, and Walk-in-Centres*.
- NVSN data are anonymised prospective data on age, gender, and attendance date of people treated on an emergency basis for violence-related injury.
- In 2024, an estimated 145,271 people attended EDs for treatment of injuries sustained in violence, 3,466 more than in 2023. Males (3.48 per 1,000 residents) were twice as likely as females (1.69 per 1,000 residents) to be treated for violence-related injuries.
- In 2024, serious violence according to this measure was 53% lower than in 2010 (down 162,727) and 65% lower than in 2001 (down 268,727) highlighting the significant long-term reductions in violence in England and Wales – reductions mainly among those aged 18-30.
- The highest risk of violent injury resulting in ED treatment was experienced by those aged 18 to 30 years (5.17 per 1,000 population), followed by those aged 31 to 50 years (3.8 per 1,000 population), 11 to 17 years (3.56 per 1,000 population), those aged 51 years and over (1.01 per 1,000 population), and children aged 0 to 10 years (0.27 per 1,000 population).
- Violence related ED attendances of children aged 0 to 10 decreased markedly, from an estimated 4,229 in 2023 to 1,797 in 2024. This followed marked decreases during the COVID-19 years prior to which numbers rose in 2019 after five years in which numbers changed little.
- Violence related attendances peaked on Saturdays, Sundays, and Mondays; rates were highest in May and lowest in January and December.

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

*NVSN data comply with the Office for Statistics Regulation's (OSR's) code of practice for statistics.

Introduction

Violence continues to be a serious and costly problem in England and Wales, affecting individuals, families, communities, and public services¹. Whilst National Violence Surveillance Network (NVSN) data collected in 2023 indicated a 14% reduction in people with violence-related injuries treated in Emergency Departments (EDs) relative to 2022 (an estimated 141,804 in 2023 compared with 164,723 in 2022²), knife violence continues to be of particular concern³. The frequency with which children as young as 11 carry knives for the purpose of protecting themselves is alarming⁴. In England and Wales in the year 2022/3 42 young people aged 16 to 19 were killed by assailants using a sharp object and 467 children sustained injuries inflicted by a knife or sharp object⁵. Youth violence in educational and online settings has also emerged as a problem requiring urgent attention⁶. Domestic homicides and assaults also continue to pose a significant risk, with many cases linked to long-term abuse⁷. Addressing these forms of serious violence requires a collaborative, multi-agency approach which combines public health, policing, and community engagement strategies⁸.

The NVSN, created and led by Cardiff University's violence research group, is a public health surveillance initiative in England and Wales which, since 2000, has used data collected from people injured in violence who are treated in hospital emergency departments, minor injury units and walk-in centres to measure violence rates and trends^{9,10}. This approach complements and triangulates official national measures: the Crime Survey of England and Wales (CSEW) and police records. In 2025, the Office for Statistics Regulation (OSR) recognised NVSN compliance with OSR's Code of Practice for Statistics. This code sets standards on trustworthiness, quality, and value to which producers of official statistics must adhere. NVSN's voluntary adherence to this standard ensures that its data collection and reporting processes are reliable and meet expectations set for official statistical bodies¹¹.

Based on data recorded in EDs, this 25th annual NVSN study reports violence-related attendance rates and trends by gender and age in England and Wales for the twelve-month period ending December 31st, 2024.

Methods

Emergency Departments and records of violence related attendances

Requests to retrieve and share data on violence-related ED attendances in the twelve-month period ending 31st December 2024 were sent to all NHS Trusts and Health Boards with EDs in England and Wales in January 2025. 189 EDs, MIUs, and Walk-in Centres, all members of the National Violence Surveillance Network (NVSN), provided these data. Type 1 EDs provide consultant-led, 24/7 care with full resuscitation capabilities; Type 2 EDs operate in specialist hospitals; Type 3 EDs include MIUs and other emergency care facilities; and Type 4 EDs are NHS Walk-in Centres. Participating EDs recorded violence-related data prospectively on date of ED attendance and patient age and gender; NHS Trusts and Health Boards stored them in their hospital Patient Management Systems. All EDs complied with data protection regulations including those in the 2018 Data Protection Act and Caldicott guidance. Access to stored data was restricted to a limited number of staff.

Data analyses

Methods used to analyse NVSN data have been peer reviewed and published^{9,10}. In summary, as for this report, ED attendances were grouped by gender and five age categories (0-10, 11-17, 18-30, 31-50, and over 50 years). To ensure national representativeness, sample data were weighted by comparing total annual ED attendances in England and Wales with the study sample, generating a coverage ratio (CR). A CR of one indicates full coverage. National estimates were derived by scaling the sample data using the CR, allowing calculations of violence-related injury rates by age and gender. This method was applied alongside a negative binomial model to adjust for population differences across age and gender. Confidence intervals (95%) were calculated, and a linear scaling method was used to estimate total violence related ED attendances and compare trends.

Results

Violence-related ED attendances

In 2024, a total of 69,727 people with violence-related injuries received treatment at the 189 EDs, MIUs, and Walk-in Centres in England and Wales (CR = 0.48) (Table 1). 96 EDs provided data in aggregate form; 93 EDs provided data by day. Analyses of these data showed that males attended most often (n = 26,791; 67%), and that the largest proportion

were aged 31 to 50 years (n = 10,472; 39%). Among females, the largest proportion were also aged 31 to 50 years (n = 5,437; 40%).

Rates of violence-related ED attendances

In 2024, the estimated annual violence-related injury rate in England and Wales (estimated from disaggregated data) was 2.57 per 1,000 residents (95% CI 2.56, 2.57). Males experienced the highest injury rate: 3.48 per 1,000 residents (95% CI 3.47, 3.49) and were twice as likely as females (1.69 per 1,000 residents; 95% CI 1.68, 1.69) to be injured in violence and treated in EDs (Table 2). The rate among those aged 18-30 age group was highest (injury rate 5.17 per 1,000 residents (males 6.83; females 3.46)), followed by those aged 31 to 50 years (3.8 per 1,000 residents; males 5.13, females 2.53). For those aged 11 to 17 years the injury rate was 3.56 per 1,000 residents (males 4.75; females 2.32), while the rate among those aged over 50 was 1.01 per 1,000 residents (males 1.43, females 0.64). The lowest risk was observed in children aged 0 to 10 years, where the injury rate was 0.27 per 1,000 residents (males 0.32; females 0.21).

Trends in serious violence*

Compared with 2023, in 2024 there were an estimated 3,466 more violence related ED visits in England and Wales, a 2.4% rise (tables 3 and 4, Figure 1). Violence-related ED attendances of males were up 4,029 (a 4% increase), and of females were down 563 (a 1% decrease). Attendances of those aged 11 to 17 years were down 1,313 (a 7% decrease). Attendances of those aged 18 to 30 years were up 1,887 (a 4% increase); of those aged 31 to 50 years were up 5,796 (an 11% increase); and of those aged over 50 were down 473 (a 2% decrease). Attendances of those aged 0 to 10 years were down 2,432 (a 57% decrease). Changes from 2023 to 2024 by age group showed a similar pattern for both females and males. (Figure 2).

Figure 3 demonstrates trends by age group and year starting in 2011. In every one of these years, substantial decreases in numbers occurred among those aged 18 to 30 – to the extent that (as in 2023) there were more violence related attendances of those aged 31 to 50 than there were of those aged 18 to 30.

Figure 4 shows that attendances of children aged 0 to 10 decreased from more than 4,000 in 2023 to under 2,000 in 2024. This followed marked decreases during the COVID-19

years prior to which numbers rose in 2019 after five years in which numbers changed little. In 2024, estimated violence related ED attendances were highest on Saturdays (23,090 cases), Sundays (25,739 cases) and Mondays (25,999 cases), with a peak in May (13,750 cases), mirroring concentrations in 2023 (Figure 5). Lowest monthly violence related ED attendances occurred in January (10,996 cases) and December 2024 (10,971 cases). Figure 5 also shows that between 2014 and 2024 violence related injury became steadily more concentrated in the period from late spring to mid-summer.

Discussion

Now in its 25th year, the NVSN includes almost half of all EDs in England and Wales. The principal finding in this study of violence leading to emergency treatment in 2024 is a 2.4% increase compared to the previous year. This overall increase reflects an increase among males, especially those aged 18 to 30 and 31 to 50. In contrast, there were small decreases among females, those aged 11 to 17 and those aged over 50.

As in previous years, in all age groups males were much more likely than females to sustain injury in violence serious enough to result in emergency ED treatment. As in 2023, the estimated number of violence related ED attendances was highest among those aged 31 to 50 (Figure 3). Numbers of those aged 18 to 30 years were next highest, followed by those aged over 50 years, those aged 11 to 17 years, and children aged 0 to 10 years. Both NVSN and CSEW data consistently show that males are injured in violence more frequently than females¹².

This study identified marked changes in numbers of young children injured in violence. Violence related ED attendances of children aged 0 to 10 decreased from more than 4,000 in 2023 to under 2,000 in 2024. This followed decreases during the COVID-19 years before which numbers rose in 2019 after five years in which numbers changed little. The reasons for these substantial changes are not clear from NVSN data but may include relatively small numbers from which to estimate overall numbers and the effects and control of social media use by children of primary school age which can fuel violence related injury¹³.

As in previous years violence related ED attendances peaked at weekends. From a seasonal perspective, attendances peaked in May in 2024 - the same month as in 2023. The months of January and December saw the fewest monthly attendances; in 2023 fewest attendances

were also observed in January. Peaks in the Christmas and New Year period are less frequent than 10 years previously. It is clear from these findings that violence prevention needs to be strengthened in the period May to August.

An estimated, 145,271 people received emergency ED treatment for violence-related injuries in 2024, compared with 141,805 in 2023, a 2.4% increase. This increase is consistent with year-on-year trends in both violence with injury and all violence identified in the Crime Survey of England and Wales (CSEW, Figure 1). In contrast, violence with injury recorded by the police in England and Wales decreased by 5% in the year ending September 30th 2024¹². Triangulation therefore confirms a small overall increase in violence in 2024 relative to 2023. This follows a 14% decrease in violence resulting in ED treatment in 2023 compared to 2022 – a reduction consistent with the steady decreases observed in the two previous decades.

Long-term trends in violence according to ED and Crime Survey data are also closely aligned. Compared with numbers of violence related ED attendances in 2024, 162,727 (53%) fewer people were treated in EDs for violence related injuries in 2010 and 268,727 (65%) fewer in 2001. It is clear from Figure 3 that these substantial decreases are very largely explained by annual decreases among those aged 18 to 30. This may reflect decreasing alcohol consumption and nights out in this age group which in turn may reflect changing priorities and lower disposable income^{14,15}.

In contrast to changes in ED and CSEW recorded violence, in the 10 years to September 30th, 2024, there was a 44% increase in violence with injury recorded by the police¹⁶. This is likely to reflect increases in numbers of people reporting offences rather than a real increase in this violence.

NVSN data provide a valid and reliable measure of serious violence – violence serious enough to result in emergency hospital treatment^{9,10}. More granular ED data, on precise violence location, weapon, and assailant characteristics, are also the basis of the Cardiff Model for Violence Prevention¹⁷. This strategy, reflecting that at least half of violence which results in emergency hospital treatment is not ascertained by police, is supported by the Home Office which in 2024 and 2025 funded a standard operating procedure for the recording in EDs and sharing of these data together with regional workshops and

information published by the Royal College of Emergency medicine (RCEM) to promote implementation in England and Wales¹⁸. Tackling knife crime specifically is also a UK Government priority. In the year ending 30th September 2024, 3,735 hospital admissions were recorded in England and Wales for the treatment of injury caused by assault with a sharp object. 1,439 of these were of young people aged under 25 years¹⁶. The 2025 Crime and Policing Bill includes additional police powers to seize, retain and destroy bladed articles found on private property. It also includes increasing the maximum penalty for sale of dangerous weapons to those under 18 and creating a new criminal offence of possessing a bladed article with the intent to cause harm¹⁹.

The triangulation which, with CSEW and police measures, this ED measure of violence provides, demonstrates over the past two and a half decades that serious violence in England and Wales has decreased substantially. This message needs to be much better known, not least because it reflects better prevention and because fear of violence, often stoked by reports of rare tragic violent events, corrodes individual and community wellbeing, and tourism. This long-term decrease is no reason for any complacency, however. As exemplified in 2024, decreases in violence serious enough to result in emergency hospital treatment can stall and even reverse. As with threats of violence from overseas, violence at home always needs to be taken seriously. “The safety of the people shall be the highest law” Cicero rightly reminds us²⁰.

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Table 1 – National Violence Surveillance Network (NVSN) hospitals in England and Wales providing daily ($n = 93$) and aggregate data ($n = 96$)

Airedale General (Steeton)	Nevill Hall (Abergavenny)
Alder Hey Children (Liverpool)	New Cross (Wolverhampton)
Alexandra Royal	Newham University (London)
Altrincham General	Norfolk and Norwich University
Aneurin Bevan MIU	North Bristol
Barnet	North Devon District (Barnstaple)
Basildon University	North Manchester General
Bassetlaw	North Middlesex
Bedford	Northern General (Sheffield)
Blackpool Victoria	Old Swan Walk-in Centre (Liverpool)
Blayden Walk-in Centre	Penrith Urgent Treatment Centre
Bolton	Peterborough City
Bradford	Pinderfields (Wakefield)
Bridgwater MIU	Pontefract
Bristol Eye	Prince Philip (Llanelli)
Bristol Royal	Princes of Wales (Bridgend)
Bronglais General	Princess Royal (Telford)
Burnham-on-Sea MIU	Queen Elizabeth (Birmingham)
Burton	Queen Elizabeth (Woolwich)
Cambridge University	Queens (Burton)
Charing Cross	Redcar Urgent Treatment Centre
Chase Farm	Ripley Urgent Treatment Centre
Chelsea and Westminster	Rochdale Infirmary
Cheltenham General	Royal Albert Edward Infirmary (Wigan)
Chesterfield Royal	Royal Alexandra Children's (Brighton)
Colchester Emergency	Royal Berkshire (Reading)
Colchester UTC	Royal Derby
Conquest (Hastings)	Royal Devon and Exeter (Wonford)
Countess of Chester	Royal Free (London)
County Hospital (Stafford)	Royal Gwent (Newport)
Cromer MIU	Royal Hallamshire (Sheffield)
Croydon	Royal Lancaster Infirmary
Cumberland Infirmary	Royal London
Cumberland UTC	Royal Manchester Children's
Darlington Memorial	Royal Oldham
Derriford (Plymouth)	Royal Stoke University (Stoke-On-Trent)
Dewsbury and District	Royal Sussex County (Brighton)
Dewsbury Walk-In Centre	Russel Hall (Dudley)
Doncaster	Salford Royal
East Surrey	Salisbury District

Eastbourne District General Hospital	Samuel Johnson Community MIU (Lichfield)
Epsom	Shepton Mallet MIU
Exmouth MIU	Sidwell Street Walk-in Centre (Exeter)
Fairfield General	Sir Robert Peel Community Hospital
Friarage Urgent Treatment Centre	Smithdown Walk-in Centre (Liverpool)
Frimley Park	Solihull Hospital
Frome MIU	South Hams Minor Injury Unit (Kingsbridge)
Furness General	Southend University (Southend-on-Sea)
Garston UTC (Liverpool)	St George's (London)
Glangwili General	St Helier
Gloucestershire Royal	St Leonard's
Good Hope	St Mary's (Isle of Wight)
Grange University	St Mary's (London)
Great Western (Swindon)	St Peter's (Chertsey)
Great Western UTC (Swindon)	St Richard's (Chichester)
Halewood Walk-in Centre (Liverpool)	Stamford and Rutland
Halton General (Runcorn)	Stepping Hill
Haslemere	Stratford
Heartlands	Sussex Eye
Hinchinbrooke (Huntingdon)	Tameside Walk-in Centre
Horton General	Taunton
Hull Royal	Tavistock Minor Injury Unit
Huyton Walk-in Centre (Liverpool)	Tenby Cottage
Ilkeston UTC	The County (Hereford)
Ipswich	The Rotherham General
James Cook University (Middlesborough)	Trafford General
James Padget University (Norfolk)	University Hospital North Durham
John Radcliffe (Oxford)	University Hospital (Cardiff)
Keswick UTC	University Hospital (Lewisham)
Kettering General	University Hospital of North Tees (Stockton-on-Tees)
Kidderminster General	University Hospital of North Tees MIU (Stockton-on-Tees)
King George	Victoria Infirmary (Northwich)
Kingston	Warrington
Kirkby	Warwick
Leighton (Crewe)	Watford General
Leighton UTC (Crewe)	Watford General UTC
Lister (Stevenage)	West Cumberland (Whitehaven)
Litherland UTC (Sefton)	West Mendip MIU
Luton and Dunstable	West Middlesex University (Isleworth)
Manchester Royal	West Suffolk (Bury St Edmunds)

Manchester Royal (Eye)	Weston General (Weston-Super-Mare)
Medway Maritime (Gillingham)	Westmorland General (Kendal)
Mid Essex (Chelmsford)	Wexham Park (Slough)
Midland Metropolitan University Hospital (Smethwick)	Whipps Cross (London)
Milton Keynes University	Whitworth UTC (Matlock)
Minehead MIU	Withybush General (Haverfordwest)
Montagu Hospital	Worcestershire Royal
Morriston (Mexborough)	Worthing
Mount Vernon	Wythenshawe
Musgrove Park (Taunton)	Yeovil District
Neath Port Talbot	Ystrad Fawr MIU

Table 2: Unweighted attendances and rates by age and gender 2024: patients who attended EDs, MIUs and Walk-in centres in England and Wales for treatment for violence-related injury. (95% confidence intervals are shown in square brackets and derived from daily data.)

Gender	N	%
Male	26,791	66.6
Female	13,464	33.4
Total	40,252	100

Age group (years)	N	%
0 to 10	498	1.2
11 to 17	4,767	11.9
18 to 30	13,297	33
31 to 50	15,909	39.5
50+	5,781	14.4
Total	40,252	100

Annual violence injury rate (<i>V</i>) (per 1,000 resident population)	
Males	3.48 [3.47,3.49]
Females	1.69 [1.68,1.69]
Total	2.57 [2.56,2.57]
0 to 10	0.27 [0.25,0.28]
11 to 17	3.56 [3.54,3.57]
18 to 30	5.17 [5.16,5.17]
31 to 50	3.8 [3.79,3.8]
51+	1.01 [1.01,1.02]

Daily violence-related emergency attendances by age and gender were provided by 93 emergency units.

Table 3: Percentage changes and estimated numbers of violence-related ED, MIU and Walk-in Centre attendances in England and Wales 2010-2024.

	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)
2023-2024	4	-1	2.4 (145,271)

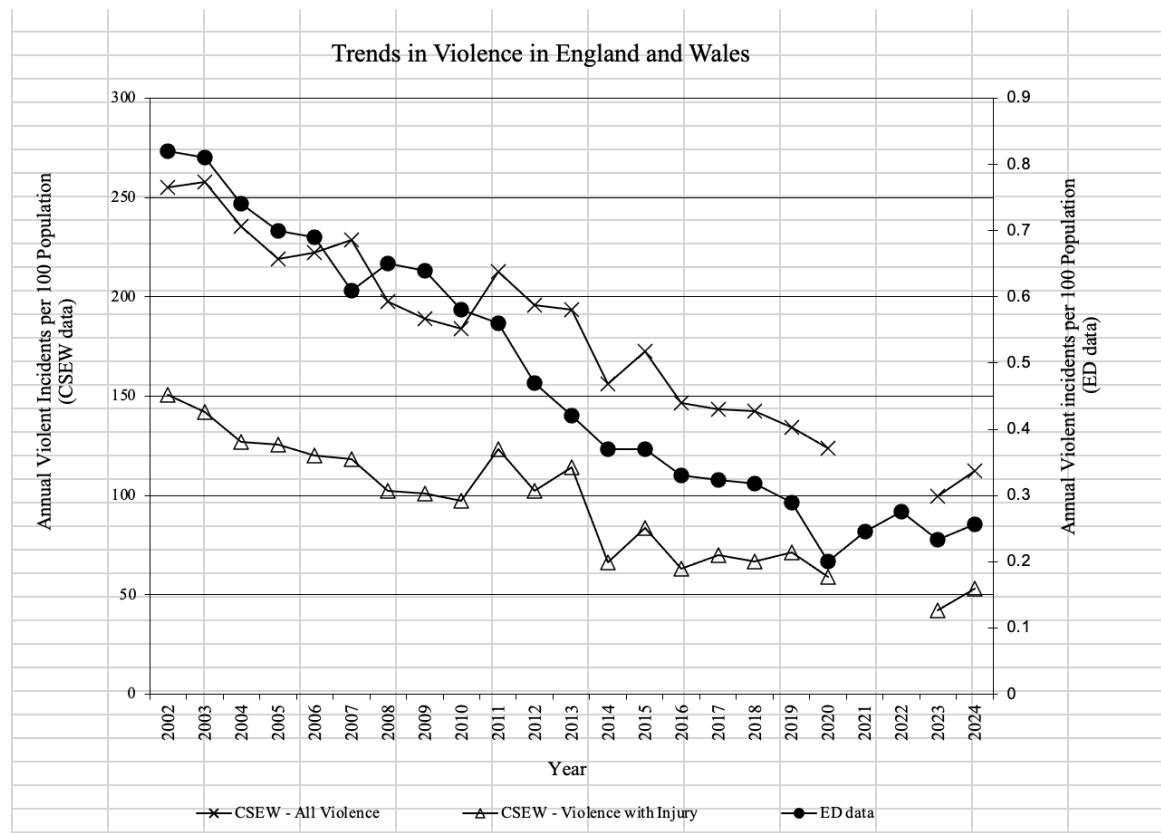
Note: Numbers denote numbers of injured people treated in the second year in the left-hand column. e.g., 307,998 people in 2011 and 145,271 in 2024.

Table 4: Estimated violence-related ED, MIU and Walk-in centre attendance numbers and rates by age and gender in England and Wales in 2023 and 2024. (95% confidence intervals are shown in square brackets and violence incidence rates (V) are given in round brackets.)

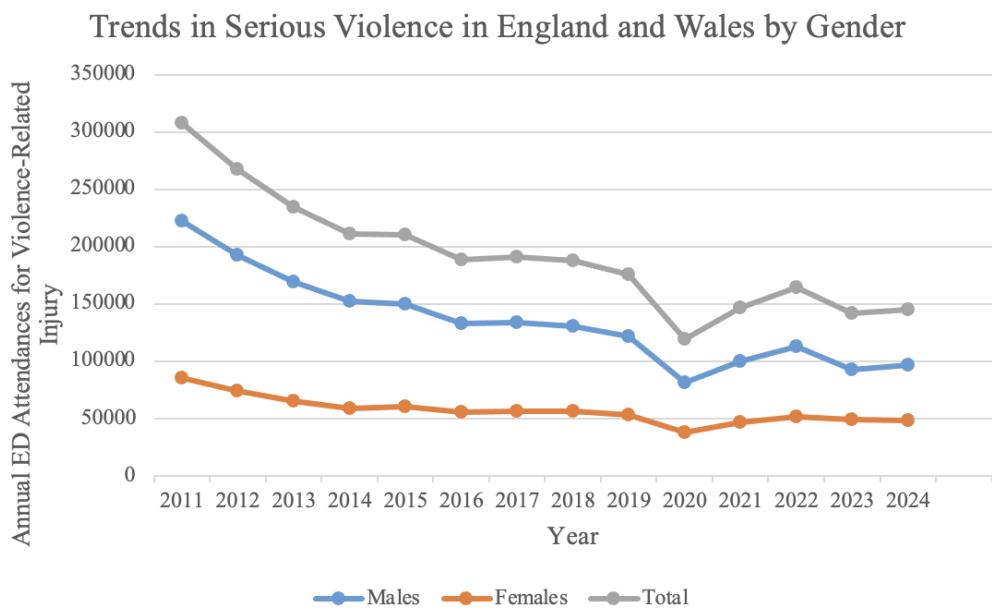
Age Groups (years)	2023		2024	
	Males (per 1,000)	Females (per 1,000)	Males (per 1,000)	Females (per 1,000)
0 to 10	2731 [2598, 2863] (0.70 [0.67, 0.74])	1498 [1392, 1604] (0.41 [0.38, 0.44])	1097 [1052, 1142] (0.32 [0.30, 0.33])	700 [660, 740] (0.21 [0.20, 0.22])
11 to 17	12169 [12104, 12235] (4.52 [4.49, 4.54])	6348 [6284, 6411] (2.49 [2.46, 2.51])	11711 [11672, 11751] (4.75 [4.73, 4.76])	5493 [5457, 5529] (2.32 [2.30, 2.34])
18 to 30	30310 [30247, 30372] (6.03 [6.02, 6.04])	15793 [15732, 15854] (3.35 [3.33, 3.36])	32110 [32075, 32144] (6.83 [6.82, 6.84])	15880 [15847, 15912] (3.46 [3.45, 3.47])
31 to 50	33371 [33308, 33434] (4.32 [4.32, 4.33])	18249 [18189, 18309] (2.34 [2.33, 2.35])	37794 [37758, 37830] (5.13 [5.12, 5.13])	19622 [19589, 19656] (2.53 [2.53, 2.54])
51+	14080 [14018, 14143] (1.31 [1.30, 1.31])	7257 [7189, 7324] (0.61 [0.60, 0.61])	13978 [13946, 14010] (1.43 [1.43, 1.43])	6886 [6856, 6916] (0.64 [0.63, 0.64])
Total	92661 [92276, 93046] (3.08 [3.07, 3.09])	49144 [48786, 49502] (1.60 [1.59, 1.61])	96690 [96502, 96878] (3.48 [3.47, 3.49])	48581 [48410, 48753] (1.69 [1.68, 1.69])
All Subjects	141805 [141062, 142548] (2.33 [2.32, 2.35])		145271 [144912, 145630] (2.57 [2.56, 2.57])	

Notes:

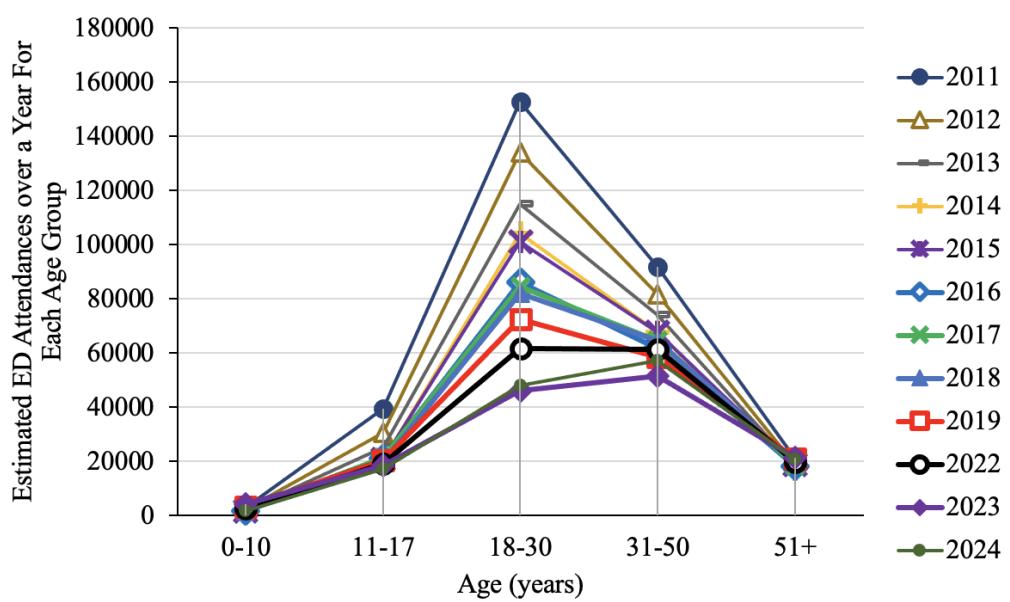
Statistical tests showed that changes in serious violence between 2023 and 2024 for all subjects were statistically significant ($P < 0.05$), as well as comparisons between 2023 and 2024 for all sex and age groups shown above ($P < 0.05$ in all cases). Using a Bonferroni correction for the ten comparisons for 2023 versus 2024 grouped by age and sex, all comparisons remain statistically significant ($P < 0.005$), except for the estimated attendance numbers for females aged 18 to 30 ($P > 0.005$).

Figure 1**Notes:**

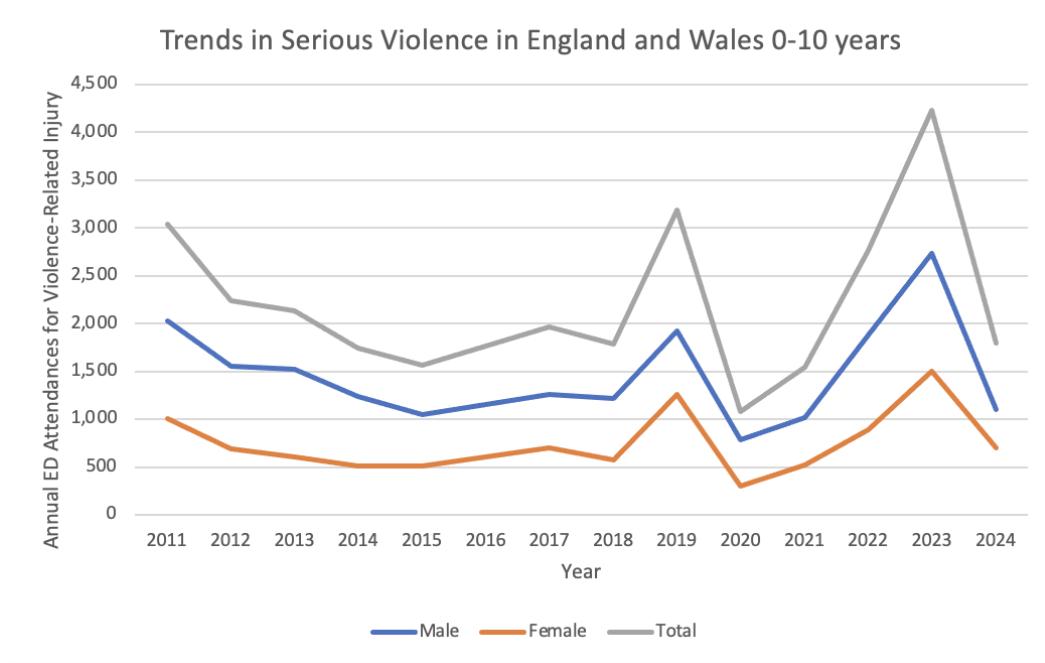
- CSEW data cover individuals aged 16 years and over.
- CSEW was suspended during the Covid-19 pandemic, hence data are not available for the years ending March 2021 and March 2022.
- Methodological change to the handling of repeat victimisation in the CSEW in 2018 led to revision of all historic CSEW violence.

Figure 2**Notes:**

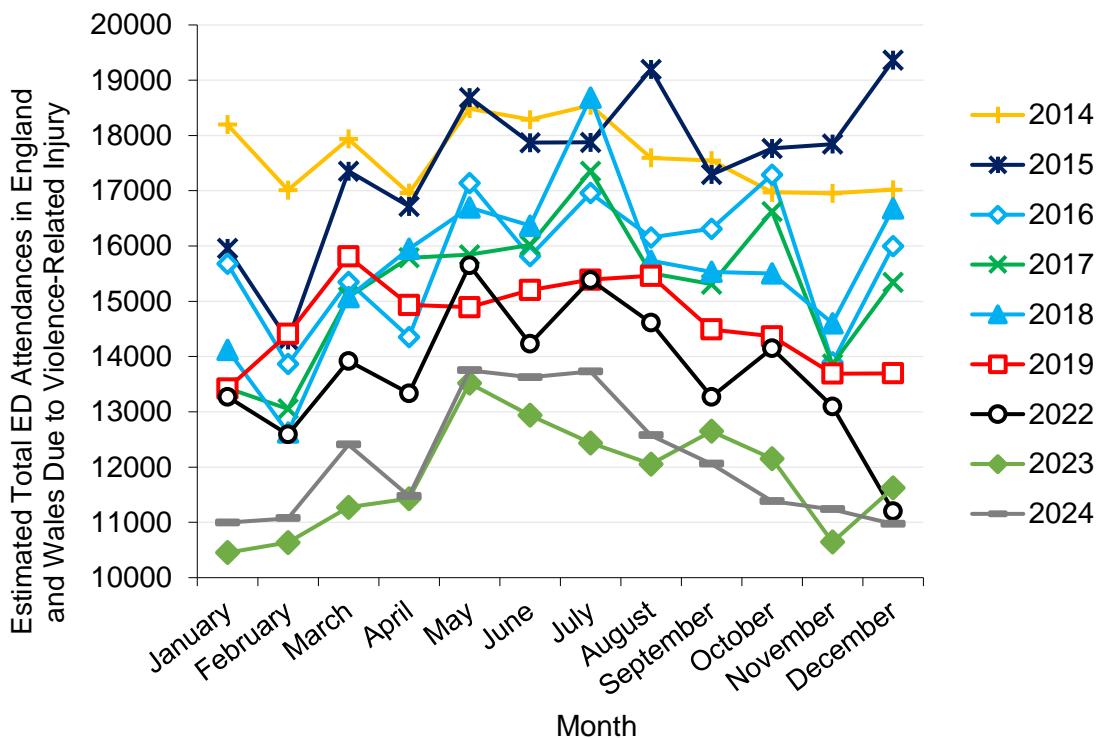
Violence-related ED attendances by year and gender in England and Wales.

Figure 3**Notes:**

Violence-related ED attendances by NVSN age groups in England and Wales; falls in violence-related ED attendances were mainly due to falls in those aged 18 to 30 years. In 2024, for the first time in 10 years, attendances were higher for those aged 31-50 than those aged 18-30.

Figure 4**Notes:**

Violence-related ED attendances by males and females for 0 to 10-year-olds in England and Wales.

Figure 5**Notes:**

Violence-related ED attendances in England and Wales by month of the year.