

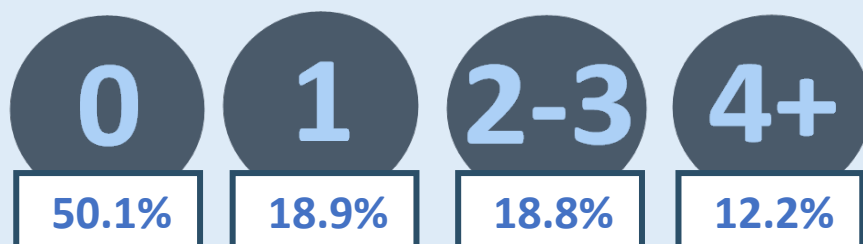
Adverse Childhood Experiences (ACEs) across Merseyside

Nature, prevalence, and associations with health, health risk behaviours, and community safety and cohesion

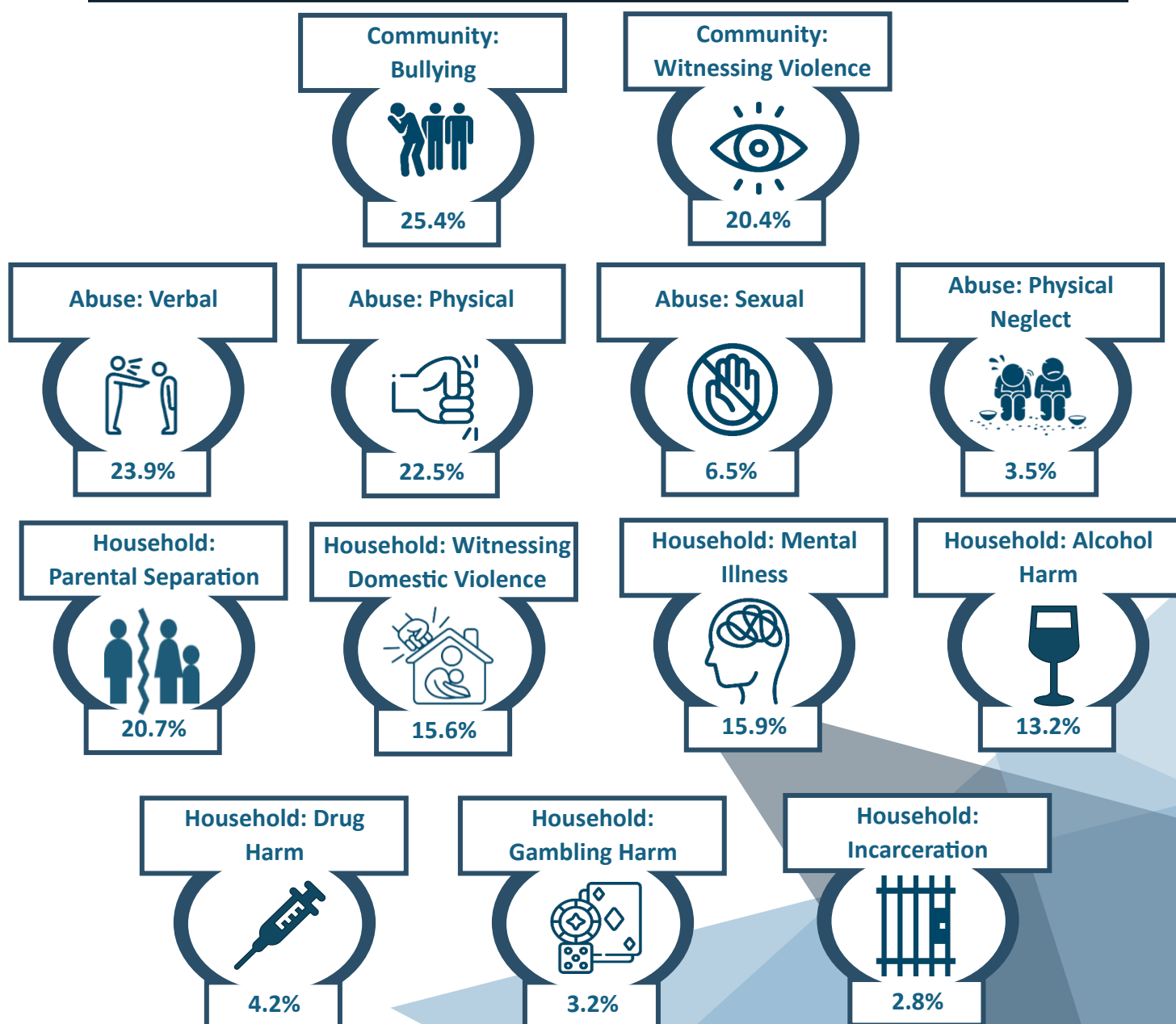
The MerVCom survey is a population-level representative household survey of adults (aged 18+ years) who are residents in Merseyside. The survey aims to better understand community feelings of safety and cohesion, and perceptions and experiences of violence (including ACEs) across Merseyside, and relationships of these with health and wellbeing, and other outcomes. This report forms part of a suite of outputs from the MerVCom survey, and specifically examines experiences of ACEs. The survey was carried out between November 2023 and April 2024. The total sample size of the survey was 5,395.

Extent and nature

Adjusted ACE count for adults in Merseyside*^



























Adjusted prevalence of thirteen individual ACEs for adults in Merseyside*



Increased risk in those experiencing 4+ ACEs[^] vs. experiencing 0 ACEs

(controlling for age, sex, ethnicity and deprivation)

Health and health risk behaviours			Employment	
	Alcohol (current, 5+ drinks on one occasion at least weekly)	1.4x		Unemployed (current) 1.9 x
	Smoking and/or vaping (current daily)	2.0x	Adulthood relationships	
	Use of any drug (past 12 months)	8.4x		Does NOT feel close to adults that they live with 1.9x
	Gambling-related harm (of those who gambled in past 12 months)	4.0x		Does NOT feel close to relatives that they do not live with 2.5x
	Poor general health (current)	1.5x		Does NOT have close or good friends 1.9x
	Low mental wellbeing (current)	2.6x	Perceptions of personal safety	
Criminal justice exposure and violence victimisation				Feel unsafe from violence in Merseyside generally 2.4x
	Been arrested (ever)	5.2x		Feel unsafe from violence in their neighbourhood 2.9x
	Been incarcerated (ever)	6.2x	Neighbourhood cohesion	
	Violence victimisation (since age 18 years)	9.7x		Low levels of overall neighbourhood cohesion 1.8x
	Violence victimisation (past year)	6.8x		Low levels of neighbourhood influence 2.1x
Perceived prevalence of violence			Negative childhood experiences	
	Violence is common in their neighbourhood	1.8x		Excluded from school (up to age 18) 8.4 x
	Violence is common in Merseyside	1.3x		No trusted adult support (up to age 18 years) 9.6x
* Adjusted for population level socio-demographics - sex, age, ethnicity and deprivation. [^] Based on nine individual ACEs included in the national England ACE survey				NOT engaged in any extracurricular/ community activities (up to age 18 years) 1.2x
				NOT have a trusted friend (up to age 18 years) 3.9x

Conclusion and Recommendations

Conclusion

The MerVCom survey highlights that ACEs are common in Merseyside and likely experienced at higher levels compared to England. Critically, ACEs are significantly associated with increased risks of a range of negative outcomes across the lifecourse, with impacts on health and risk-taking behaviours, socio-economic prospects, community safety, violence, and criminal justice exposure. ACEs and trauma are cross-cutting issues that require responses from political leaders, the community, and multi-agency partners who support children, families, and communities. Across Merseyside there is clear commitment to preventing and responding to ACEs and trauma, evidenced in the accompanying review of current ACE and trauma-informed practices (McCoy et al, 2025). Local and national policy makers, services, practitioners, and communities should use the evidence in this report and the review, alongside wider data and evidence to advocate for increased investment in preventing and responding to ACEs and trauma. Critically, policymakers and practitioner must ensure investment is tailored to the needs of the local community, targeted towards those who need it most, and has a strong focus on early intervention.

Key recommendations

These recommendations should be read alongside the recommendations for developing a trauma responsive Merseyside presented in McCoy et al, 2025.



1. Establish clear leadership and buy-in for developing an ACE and trauma-responsive Merseyside from political leaders, key partners (with director, strategic, and senior roles), and critically the community. This includes statutory and non-statutory partners across health and social care, public health, safeguarding, education, youth and family services, criminal justice, and academia.



2. Set up a Merseyside multiagency task and finish group, to develop a strategy and action plan for becoming a truly ACE and trauma-responsive region. This group should identify clear roles and remits for stakeholders across the system, and accountability for actions to drive the agenda forward.



3. Develop local authority level ACE and trauma-responsive task and finish groups, to enhance place-based approaches that meet the needs of the local community, whilst contributing to Merseyside becoming a truly trauma-responsive region.



4. Use evidence from the MerVCom survey and wider data sources to advocate for increased investment in ensuring the children of Merseyside are given the best start in life. This includes prioritising early intervention and building resilience and capacity in families and communities to mitigate the impacts of ACEs and trauma and break the intergenerational transmission of ACEs.



5. The availability of local data means that local partners are in a unique position to understand the impact of ACEs on individuals and communities, and which groups are most at-risk. The data presented in this report should be used to develop more nuanced and targeted prevention activity and direct provision towards areas and groups most at-risk.



6. Ensure local responses to ACEs and trauma consider the existing evidence base on what works to prevent and respond to ACEs (see box 2 in main report; [21]) and incorporate research and evaluation to build understanding of what works to prevent and respond to ACEs and trauma across Merseyside, and beyond.

Quigg Z et al. (2025). *Adverse Childhood Experiences (ACEs) across Merseyside. Nature, prevalence, and associations with health and wellbeing, health risk behaviours, violence, community safety and cohesion.* Liverpool: Liverpool John Moores University/Merseyside Violence Reduction Partnership.