

Adulthood violence victimisation across Merseyside

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

Extent and nature of adult violence victimisation in Merseyside



Any violence - since age 18 years
32.9%

(Knowsley 28.4%; Liverpool 33.4%; Sefton 28.8%; St Helens 30.1%; Wirral 39.4%)



Intimate partner 11.1%



Sexual 11.0%



Night-time economy 10.6%



Any violence – past 12 months
4.5%

(Knowsley 3.1%; Liverpool 5.4%; Sefton 3.8%; St Helens 3.5%; Wirral 5.0%)



Physical violence

Since age 18 years
23.9%*

Male
28.3%*



Female
19.9%*

Relationship to the perpetrator¹



Stranger

51.5%

Location of victimisation¹



At home

35.0%

Reporting of victimisation^{1,2}

72.3%



Of those reporting:
42.8% to family/friends
31.5% to police



Psychological abuse and coercive control

Since age 18 years
9.4%*

Male
5.3%*



Female
13.3%*

Relationship to the perpetrator¹



Ex-boy/girlfriend

22.8%

Location of victimisation¹



At home

83.5%

Reporting of victimisation^{1,2}

65.0%



Of those reporting:
45.1% to family/friends
19.1% to police



Stalking and harassment

Since age 18 years
9.1%*

Male
5.0%*



Female
12.8%*

Relationship to the perpetrator¹



Stranger

34.8%

Location of victimisation¹



At home

50.6%

Reporting of victimisation^{1,2}

78.8%



Of those reporting:
52.1% to family/friends
35.2% to police



Indecent exposure

Since age 18 years
5.4%*

Male
1.3%*



Female
9.2%*

Relationship to the perpetrator¹



Stranger

84.8%

Location of victimisation¹



Public space

64.7%

Reporting of victimisation^{1,2}

71.0%



Of those reporting:
42.0% to family/friends
20.5% to police



Unwanted sexual touching

Since age 18 years
8.1%*

Male
2.3%*



Female
13.5%*

Relationship to the perpetrator¹



Stranger

45.6%

Location of victimisation¹



Night-time economy

35.0%

Reporting of victimisation^{1,2}

60.8%



Of those reporting:
38.8% to family/friends
8.3% to police



Rape or assault by penetration

Since age 18 years
3.0%*

Male
0.6%*



Female
5.2%*

Relationship to the perpetrator¹



Friend/acquaintance

26.3%

Location of victimisation¹



At home

54.5%

Reporting of victimisation^{1,2}

46.2%


















Of those reporting:
28.2% to family/friends
10.9% to police

* Adjusted for population level socio-demographics - sex, age, ethnicity and deprivation.

¹ The highest response prevalence only reported in this infographic; ² and police prevalence (a full list of responses is available in the full report).






Increased risk of adulthood outcomes in those experiencing violence (since age 18 years) vs. not experiencing violence

(adjusted for age, sex, ethnicity and deprivation)

Health and health risk behaviours			Neighbourhood cohesion		
	Alcohol (current, 5+ drinks on one occasion at least weekly)	1.4x		Low levels of overall neighbourhood cohesion	1.2x
	Smoking and/or vaping (current daily)	1.5x	Adulthood relationships		
	Use of any drug (past 12 months)	3.3x		Does NOT feel close to adults that they live with	1.2x
	Gambling-related harm (of those who gambled in past 12 months)	2.5x		Does NOT feel close to relatives that they do not live with	1.3x
	Poor general health (current)	1.2x		Does NOT have close or good friends	1.4x
	Low mental wellbeing (current)	2.0x	Perceptions of personal safety and prevalence of violence		
Criminal justice exposure				Feel unsafe from violence in Merseyside generally	2.1x
	Been arrested (ever)	2.9x		Feel unsafe from violence in their neighbourhood	3.0x
	Been incarcerated (ever)	2.8x		Perceive violence is common in their neighbourhood	1.7x

Increased risk of violence in adulthood (since age 18 years) in those experiencing negative childhood experiences vs. not experiencing negative childhood experiences

(adjusted for age, sex, ethnicity and deprivation)

Adverse childhood experiences~			School exclusion		
	1 ACE	2.5x		Excluded from school (up to age 18 years)	2.8x
	2-3 ACEs	4.4x	Trusted adult support		
	4+ ACEs	9.7x		No trusted adult support (up to age 18 years)	2.1x

~Based on nine individual ACEs included in the national England ACE survey

Conclusion and Recommendations

Conclusion

Interpersonal violence is one of the most preventable causes of premature morbidity and mortality and is a key target of the United Nation's Sustainable Development Goals. The MerVCom survey highlights that exposure to violence is common across Merseyside, with one third of adults experiencing some form of violence victimisation. Tackling violence and its root causes can improve the health and wellbeing of individuals and communities and have wider positive implication for the economy and society. Across Merseyside there is clear commitment to preventing and responding to violence across the lifecourse, with partners adopting a place-based, whole system framework for violence prevention with interventions targeted at different levels (i.e. primary, secondary and tertiary prevention). 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 lifecourse violence prevention and response (including both ACEs and adulthood violence). 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 based on this report:



1. Use evidence from the MerVCom survey and wider data sources to advocate for increased investment in Merseyside to prevent and respond to violence across the lifecourse. Critically, 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 violence.



2. The availability of local data means that local partners are in a unique position to understand the impact of violence 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.



3. Ensure findings current study findings on the extent and nature of violence across Merseyside (including by LA and Ward level) are incorporated into the MVRP data hub system ([VRP Hub - Merseyside](#)) along with police, health, and other data sources to provide partners with a comprehensive picture of violence across Merseyside to inform prevention and targeted intervention efforts.



4. Ensure local responses consider the existing evidence base and incorporate research and evaluation to build understanding of what works to prevent and respond to violence across the lifecourse in Merseyside, and beyond.



5. Given the protective role of the school environment, and the potential for teachers and other school staff to provide trusted adult support for children, wider partners should ensure and support education providers in being key active partners in developing, implementing, and supporting local violence prevention activity.