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Adulthood Violence Victimisation Across Merseyside

Nature, prevalence, and associations with health and wellbeing, health risk behaviours, adverse childhood experiences, and community safety and cohesion

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MERSEYSIDE Violence Reduction Partnership

LIVERPOOL JOHN MOORES UNIVERSITY
PUBLIC HEALTH
World Health Organization Collaborating Centre for Violence Prevention

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Findings from the Merseyside Violence and Community Safety (MerVCom) Survey

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About this report

This report forms part of a suite of outputs from the MerVCom Survey. Other reports include:

1. The Merseyside Violence and Community Safety (MerVCom) Survey. A representative household survey of adults to understand community safety and cohesion, violence victimisation, and adverse childhood experiences.
2. Perceptions of Community Safety, Violence and Neighbourhood Cohesion, and Bystander Attitudes across Merseyside.
3. Adverse Childhood Experiences (ACEs) across Merseyside. Nature, prevalence, and associations with health and wellbeing, health risk behaviours, violence, and community safety and cohesion.
4. Local authority reports, one for each of the five local authorities in Merseyside (Knowsley, Liverpool, Sefton, St Helens and Wirral) providing data at a local authority level.

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Acknowledgements

Contents

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 perpetrator[1]	Stranger	**51.5%**
Location of victimisation[1]	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 perpetrator[1]	Ex-boy/girlfriend	**22.8%**
Location of victimisation[1]	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 perpetrator[1]	Stranger	**34.8%**
Location of victimisation[1]	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 perpetrator[1]	Stranger	**84.8%**
Location of victimisation[1]	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 perpetrator[1]	Stranger	**45.6%**
Location of victimisation[1]	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 perpetrator[1]	Friend/ acquaintance	**26.3%**
Location of victimisation[1]	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

Alcohol (current, 5+ drinks on one occasion at least weekly)	1.4x
Smoking and/or vaping (current daily)	1.5x
Use of any drug (past 12 months)	3.3x
Gambling-related harm (of those who gambled in past 12 months)	2.5x
Poor general health (current)	1.2x
Low mental wellbeing (current)	2.0x

Criminal justice exposure

Been arrested (ever)	2.9x
Been incarerated (ever)	2.8x

Neighbourhood cohesion

Low levels of overall neighbourhood cohesion	1.2x

Adulthood relationships

Does NOT feel close to adults that they live with	1.2x
Does NOT feel close to relatives that they do not live with	1.3x
Does NOT have close or good friends	1.4x

Perceptions of personal safety and prevalence of violence

Feel unsafe from violence in **Merseyside generally**	2.1x
Feel unsafe from violence in **their neighbourhood**	3.0x
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~

1 ACE	2.5x
2-3 ACEs	4.4x
4+ ACEs	9.7x

School exclusion

Excluded from school (up to age 18 years)	2.8x

Trusted adult support

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.

1. Introduction

Interpersonal violence is among the most preventable causes of premature mortality and morbidity. Globally, homicide accounts for around half a million deaths annually and is amongst the top 20 most common causes of death [4]. Across England and Wales there were approximately 10 homicides per million people in 2023/23 [5]. However, homicide represents only a fraction of the extent of interpersonal violence, and non-fatal forms of violence are far more prevalent with lasting health and social consequences [6, 7]. According to findings from the 2024 Crime Survey for England and Wales (CSEW), more than one million individuals aged 16 years or over are estimated to have experienced violence in the past year [8]. Across Merseyside, police recorded crime data shows that while there has been a decrease in violent crime in recent years, there were almost 60,000 incidents of violence against the person in the year ending June 2024 [9].

Interpersonal violence has severe impacts for individuals, communities, and societies. At individual level, exposure to violence is associated with physical health issues such as injuries and disability, and mental disorders such as depression, anxiety, and suicidal ideation [10]. Exposure to violence also increases the risk of becoming a victim and/or a perpetrator of future violence [11]. There are often linkages across different forms of interpersonal violence, and it can be both cyclical and intergenerational in nature [11, 12]. At societal level, violence can incur substantial costs to the healthcare system, police and criminal justice system, and in lost productivity [13, 14]. The estimated cost of violence in Merseyside, for year ending March 2023, was £209.6 million [15].

Violence is thus a serious threat to the attainment of the Sustainable Development Goals (SGDs), particularly those targeting health and wellbeing, gender equality, and peace and justice [16]. Preventing and responding to interpersonal violence in adulthood is a public health issue [6, 17, 18]. In recent years, national policy, legislation, and initiatives have been introduced in the UK to prevent and respond to interpersonal violence (e.g. Serious Violence Strategy [19], Serious Violence Duty [20], Tackling Violence against Women and Girls [21], Violence Reductions Units [22], Youth Endowment Fund [23]). Good quality data is critical to informing prevention and intervention activities which are tailored to meet the needs of local populations. Whilst administrative data systems such as police and health data provide crucial insight into the magnitude and characteristics of violence [24, 25], many victims of violence do not report the incident to police (e.g. CSEW data shows that only 4 in 10 crimes are reported to the police [26]) or present at healthcare services (e.g. CSEW data shows only 11% of victims of violence received medical attention [27]). Thus, such data needs to be supplemented with population-based surveys which are the best method for determining the prevalence of violence (but may still represent an underestimate) and with use of standardised measures and indicators, allow for comparison across regions and time [6, 26].

To drive evidenced based policy and practice across Merseyside, the MVRP, in collaboration with Liverpool John Moores University, implemented the Merseyside Violence and Community Safety (MerVCom) Representative Household Survey in 2024/25. The MerVCom survey is a population-level representative household survey of adults (aged 18+ years) which aimed to better understand community feelings of safety and cohesion, and perceptions and experiences of violence, including adverse childhood experiences (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 examines the prevalence of adulthood violence victimisation amongst residents, illuminating the complex interplay between violence and health risk behaviours, mental health and wellbeing, criminal behaviour, social relationships, and feelings of community safety and cohesion. In addition, it explores

the association between violence and childhood factors including ACEs, school exclusion, and trusted adult support.

By providing a regional-wide outlook on the outcomes for those who have experienced adulthood violence victimisation, the authors hope that the data can serve as a model for addressing the widespread and deeply rooted impacts of violence across the Merseyside Region. It seeks to guide the development of mental health and victim support services, educational programmes, and wider community initiatives designed to build resilience, promote recovery, address disparities, and disrupt cycles of violence, ultimately contributing to a healthier, safer, and more equitable future for the people of Merseyside.

1.1 Aims and objectives

The aims of the current study are to:

- Estimate the prevalence of violence victimisation since aged 18 years (including any form of violence, any sexual assault, any intimate partner violence, any violence in the night-time economy, physical violence, psychological abuse and coercive control, stalking and harassment, indecent exposure, unwanted sexual touching, and rape or assault by penetration).
- Identify the sociodemographics associated with violence victimisation.
- Examine the association between violence victimisation and adulthood outcomes including health risk behaviours, health and wellbeing, criminal justice exposure, perceptions of personal safety and prevalence of violence, and relationships.
- Examine the association between violence victimisation and childhood factors including adverse childhood experiences, school exclusion, and trusted adult support.

2. Methods

2.1 Data source

Data for the current study was drawn from a cross-sectional representative survey of adults aged 18+ who were residents in households across Merseyside, carried out between November 2023 and April 2024. The MerVCom survey was a face-to-face and online survey in which residents of Merseyside were asked about their perceptions of community safety and cohesion, perceptions and experiences of violence (including ACEs) across Merseyside, and health and wellbeing. This report presents findings on participants' experiences of different types of violence victimisation in adulthood. Findings on other survey topics including adverse childhood experiences and community safety and cohesion are presented elsewhere [2, 3]. Surveys were completed online by the participant or face-to-face with a trained interviewer using computer assisted personal interviewing (CAPI) technology. For respondents who completed the survey face-to-face, an exception was made for questions that asked respondents about ACEs, general health and mental wellbeing, health-risk behaviours, and violence victimisation, which were all self-completed by the respondents (respondents were handed the tablet used to fill in the survey) to preserve confidentiality. Further details on the survey sample design and methods can be found elsewhere [33]. The survey utilised a random quota sampling approach to select 110 Lower Super Output Areas (LSOAs) stratified by English Index of Multiple Deprivation quintiles, age, and sex, across the five Local Authorities in Merseyside. The total sample size of the survey was 5,395. Overall, 1,215 participants (22.5%) completed the survey online and 4,180 participants (77.5%) completed the survey face-to-face with trained interviewers. Ethical approval for the study was granted by Liverpool John Moores Research Ethics Committee (23/PHI/050).

2.2 Measures

2.2.1 Adulthood violence victimisation:

Adulthood violence victimisation was measured using seven items and included whether after the age of 18 years the individual experienced any of the following types of violence: physical violence; psychological abuse and coercive control; stalking and harassment; indecent exposure; unwanted sexual touching; rape or assault by penetration (see Appendix Table A1). Response options were yes, no, and prefer not to say. Prefer not to say was combined with no responses. Follow-up questions were completed by individuals who had ever experienced each type of violence. These included whether it had occurred in the past 12 months, frequency in the past 12 months, relationship to the perpetrator, where the violence had occurred, and whether they had reported it to anyone. Subtypes of violence were combined to create overall measures of any violence victimisation, any sexual assault, any intimate partner violence, and any violence in the night-time economy.

2.2.2 Sociodemographics:

Sociodemographic characteristics included: sex (male, female); age (years: 18-24, 25-34, 35-44, 45-54, 55-64, 65+); ethnicity (White, other ethnicities); deprivation quintile (1 most deprived; 5 least deprived); income level (<£20,000, £20,001-£50,000, £50,001+); perceived wealth equality (poorer than other households in community of friends and neighbours, about average/better off); education level (qualifications, no qualifications); employment status (employed, unemployed); sexuality (heterosexual, other sexuality); relationship status (in a relationship, not in a relationship); and neurodivergence (neurodivergent, neurotypical).

2.2.3 Alcohol use:

Alcohol use was measured using one item on how often participants had five or more alcoholic drinks on one occasion. Response options included never, less than monthly, weekly, daily or almost daily, or prefer not to say. Responses were grouped into drinking five or more drinks containing alcohol on at least a weekly basis (included weekly, daily, and almost daily), or not. "Prefer not to say" responses were coded as missing and were excluded from the analyses.

2.2.4 Smoking tobacco and use of e-cigarettes/vapes: Smoking tobacco and use of e-cigarettes/ vapes was measured using two items on how often participants had smoked/used e-cigarettes/vapes. Response options included never, once or twice, used to but do not currently, occasionally but not daily, daily, or prefer not to say. A variable was created to indicate if participants smoked tobacco and/or used e-cigarettes on a daily basis or not. For each of these outcomes, "prefer not to say" responses were coded as missing and were excluded from the analyses.

2.2.5 Drug use: The survey measured use of any drugs in the past 12 months that were not prescribed by a doctor or medical professional including: cannabis, powder cocaine, nitrous oxide, heroin/crack cocaine, ecstasy, amphetamines, psychedelics, GHB, mephedrone, and ketamine. Response options included no - never, yes – in the past year, yes – but not in the past year, or prefer not to say. Responses were grouped into ever using any drug (included yes – in the past year or yes – ever responses to any of the drugs), ever using any drug except cannabis (included yes – in the past year or yes – ever responses to any of the drugs except for cannabis), using any drug in the past year (included yes – in the past year responses only to any of the drugs), and using any drug except cannabis in the past year (included yes – in the past year responses only to any of the drugs except for cannabis). For each of these outcomes, "prefer not to say" responses were coded as missing and were excluded from the analyses.

2.2.6 Gambling harm: Assessment of gambling harm severity was measured using the Problem Gambling Severity Index Short Form (PGSI-SF) [28]. The PGSI-SF asks three questions about participants feelings around their gambling behaviours, answered on a four-point scale (0=never, 1=sometimes, 2=most of the time, 3=almost always). Scores for each item are later summed, and participants categorised as 0=no gambling harm, 1=low-risk/harm gambling, 2-3=moderate-risk/harm gambling, and 4+=most severe harm from gambling. For the analysis, scores were dichotomised into 0=no gambling-related harm and 1+=any gambling-related harm [29]. Participants who responded "prefer not to say" for any of the three PGSI-SF items were classified as having missing data and were excluded from the analysis.

2.2.7 Criminal justice exposure: Participants were asked "Have you ever been arrested in the UK?" and "Have you ever spent a night in prison or jail in the UK?". Response options were yes, no, and prefer not to say. "Prefer not to say" responses were coded as missing and were excluded from the analyses.

2.2.8 General health: The EQ-VAS (part of the EQ-5D-5L instrument; [30]) is a self-reported measure of general health from 0 to 100, where 0=the worst health you can imagine, and 100=the best health you can imagine. Scores were dichotomised to indicate poor general health as more than one standard deviation (22.39) below the sample mean score (73.21), thus poor general health was categorised as scores <50.83. "Prefer not to say" responses were coded as missing and were excluded from the analyses.

2.2.9 Mental wellbeing: Mental wellbeing was measured using the Short Warwick-Edinburgh Mental Wellbeing Scale (SWEMWBS; [31]). This is a validated scale including seven items about an individual's current mental wellbeing, scored on a 5-point scale (1=none of the time; 2=rarely; 3=some of the time; 4=often; 5=all of the time). Total scores on the SWEMWBS range from 7 to 35, with higher scores indicating higher levels of mental wellbeing. Raw scores are then converted to metric scores using a standard conversion table [32]. Scores were dichotomised to indicate low mental wellbeing as more than one standard deviation (5.18) below the sample mean score (24.97), thus low mental wellbeing

was categorised as scores of <19.80. Participants who responded "prefer not to say" for any of the seven SWEMWBS items were classified as having missing data and were excluded from the analysis.

2.2.10 Feelings of safety: Participants were asked to what extent they felt safe in their neighbourhood and across Merseyside generally. Participants could respond for each setting on a five-point scale (1=very unsafe, 2=unsafe, 3=neither safe nor unsafe, 4=safe, 5=very safe). Responses were grouped into feeling unsafe (included unsafe and very unsafe) or not, in their own neighbourhood and in Merseyside generally. For each of these outcomes, "prefer not to say" responses were coded as missing and were excluded from the analyses.

2.2.11 Perceptions of violence: Participants were asked to what extent they think violence is common in their neighbourhood and across Merseyside generally. Participants could respond for each statement on a four-point scale (1=not at all common, 2=not very common, 3=fairly common, 4=very common). Responses were grouped into thinking that violence is common (included fairly common and very common) or not, in their own neighbourhood and in Merseyside generally. For each of these outcomes, "prefer not to say" responses were coded as missing and were excluded from the analyses.

2.2.12 Neighbourhood cohesion: The Brief Sense of Community Scale [33] was used to measure participants feelings of neighbourhood cohesion. This scale uses 8-items with participants indicating on a five-point scale to what extent they agree with each item (1=strongly disagree, 2=disagree, 3=neither agree nor disagree, 4=agree, 5=strongly agree). Items on the Brief Sense of Community Scale can be summed and the mean taken to give an overall score, specific items can also be summed together and the mean taken to give four subscale scores: needs fulfilment (2-items), group membership (2-items), influence (2-items), and emotional connection (2-items). Higher scores on the overall scale and each of these subscales indicate greater levels of neighbourhood cohesion. For the overall score and each subscale, scores were dichotomised to indicate low scores, as more than one standard deviation below mean scores.[1]

2.2.13 Relationships: Participants were asked to what extent they agree that they are close to others in their life in adulthood, including adults they live with, relatives they do not live with, and having close or good friends. Response options included strongly disagree, disagree, neither agree nor disagree, agree, strongly agree, and prefer not to say. Responses were grouped into feeling close (included strongly agree and agree) or not, to adults they live with, relatives they don't live with, and friends. For each of these outcomes, "prefer not to say" responses were coded as missing and were excluded from the analyses.

2.2.14 Adverse childhood experiences (ACEs): Participants were asked whether they had experienced ACEs before the age of 18, using a 13-item ACE measure adapted from the ACE International Questionnaire (ACE-IQ) [34]. The measure included questions about exposure to physical, verbal, or sexual abuse and household stressors (such as parental separation, witnessing domestic violence, or, living with someone who had issues with alcohol or drug use, mental illness, incarceration). It also included experiences of bullying, witnessing community violence, and physical neglect. Respondents could answer "yes", "no", or "prefer not to say" for each item. To allow for consistency and comparison with other national surveys, nine out of the 13 ACEs responses (excluding parental gambling harm, bullying, witnessing community violence, and physical neglect) were summed to calculate the number of ACEs an individual had experienced (i.e. ACE count). This total was

[1] Low overall neighbourhood cohesion=<2.65; low needs fulfilment=<2.71; low group membership=<2.72; low influence=<2.08; low emotional connection=<2.59.

categorised into four groups: 0 ACEs, 1 ACE, 2-3 ACEs, and 4 or more ACEs. To ensure a minimum count for each ACE, responses of "prefer not to say" were recoded as "no".

2.2.15 School exclusion:

Participants were asked if they ever had been excluded from school up to the age of 18 years. Response options were never, yes (fixed-term exclusion(s)/suspension(s)), yes (permanent exclusion(s)), and prefer not to say. "Prefer not to say" responses were coded as missing and were excluded from the analyses.

2.2.16 Trusted adult relationship:

Participants were asked if while they were growing up before the age of 18, how often there was an adult in their life who they could trust and talk to about any personal problems (trusted adult). Response options included never, sometimes, always, and prefer not to say. Responses were grouped into always having a trusted adult, or not. "Prefer not to say" responses were coded as missing and were excluded from the analyses.

2.3 Data analyses

Quantitative analyses were undertaken in SPSS (v.28). To estimate the prevalence of violence victimisation at Merseyside, local authority, and ward level, best fit binary logistic regression models were used. These generate modelled risks (estimated marginal means) for each form of violence victimisation for all combinations of individual characteristics (age, sex) and LSOA of residence properties (ethnicity profile, quintile of deprivation, local authority). These modelled risks were applied to the resident population of each geography according to its demographic and LSOA characteristics. Chi-square for Independence (with Continuity Correction) was used to explore associations between any adulthood violence victimisation since age 18 years and sociodemographics, and other outcomes (e.g. health and wellbeing, criminal justice exposure etc.). Logistic regression was then used to examine the relationship between any adulthood violence victimisation since age 18 years and outcomes of interest (e.g. health and wellbeing, criminal justice exposure, ACEs etc.). This type of analyses allows examination of the relationship between adulthood violence and outcomes of interest while accounting for the effect sociodemographics (sex, age, ethnicity, and deprivation) may have on these associations.

2.4 Reporting conventions

The following caveats and conventions should be considered when interpreting the findings in this report.

- Figures presented throughout the report are sample level data unless otherwise stated in which case they are adjusted (modelled) data.
- Reported statistical associations are significant if their p-value is less than 0.05 (i.e. <0.05). P values help understand whether given results are due to chance. Low p-values suggest findings are likely meaningful and not due to chance.
- Data should be interpreted with caution due to the small base sizes involved for some types of violence victimisation and some outcome measures. Where relevant, sample base sizes are provided throughout.
- Findings represent an association only and do not imply causation in any direction.
- Findings in tables and figures may not sum to 100% due to rounding.

3. Findings

Prevalence figures in this section are based on adjusted (modelled) data unless otherwise stated (see Sections 2.3/2.4). All other figures and analyses in this section are based on sample (unmodelled) data.

3.1 Extent and nature of adulthood violence victimisation in Merseyside

This section presents the adjusted prevalence of any adulthood violence victimisation, any sexual assault, any intimate partner violence, any night-time economy violence, and subtypes of violence victimisation (physical violence; psychological abuse and coercive control; stalking and harassment; indecent exposure; unwanted sexual touching; rape or assault by penetration), since age 18 years across Merseyside and local authority area (Table 1).

Table 1: Adjusted prevalence of adulthood violence victimisation since age 18 years, by region and local authority area

	Merseyside	Knowsley	Liverpool	Sefton	St Helens	Wirral
 Any adulthood violence	32.9%	28.4%	33.4%	28.8%	30.1%	39.4%
 Any sexual assault	11.1%	9.3%	12.0%	9.9%	9.1%	12.6%
 Any intimate partner violence	11.0%	12.5%	10.4%	9.5%	10.9%	12.7%
 Any night-time economy violence	10.6%	8.7%	12.3%	10.0%	10.4%	9.5%
 Physical violence	23.9%	18.5%	24.0%	22.4%	23.8%	27.9%
 Psychological abuse and coercive control	9.4%	10.4%	9.1%	8.8%	8.4%	10.5%
 Stalking and harassment	9.1%	7.1%	9.5%	7.1%	6.3%	12.6%
 Indecent exposure	5.4%	5.1%	6.0%	4.7%	3.3%	6.5%
 Unwanted sexual touching	8.1%	5.8%	9.7%	7.2%	6.8%	8.4%
 Rape or assault by penetration	3.0%	2.2%	3.2%	2.5%	3.5%	3.2%

3.1.1 Any adulthood violence

Any type of violence victimisation (i.e. physical violence; psychological abuse and coercive control; stalking and harassment; indecent exposure; unwanted sexual touching; rape or assault by penetration) experienced as an adult since the age of 18 years

32.9% of adults across Merseyside had experienced violence since age 18 years

4.5% of adults across Merseyside had experienced violence in the past 12 months

The adjusted prevalence of any violence victimisation since 18 years was similar for males (31.5%) and females (34.1%). The adjusted prevalence since age 18 years and past year prevalence of violence victimisation varied by local authority area and by ward within each local authority area (Figure 1, 2; Appendix Tables A2 and A3).

Figure 1: Adjusted prevalence of any form of violence victimisation since age 18 years, by region and local authority area

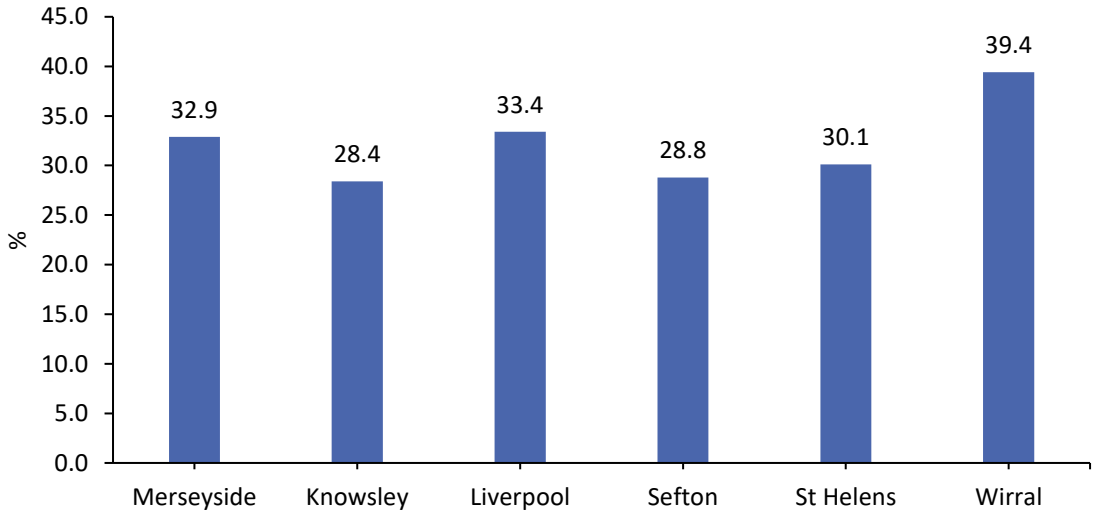
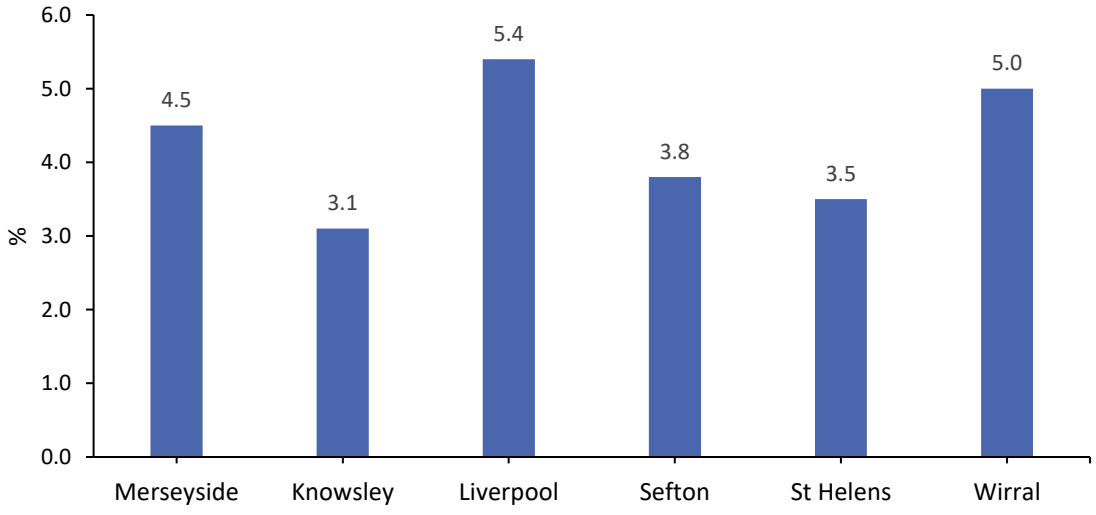


Figure 2: Adjusted prevalence of any form of violence victimisation in the past 12 months, by region and local authority area



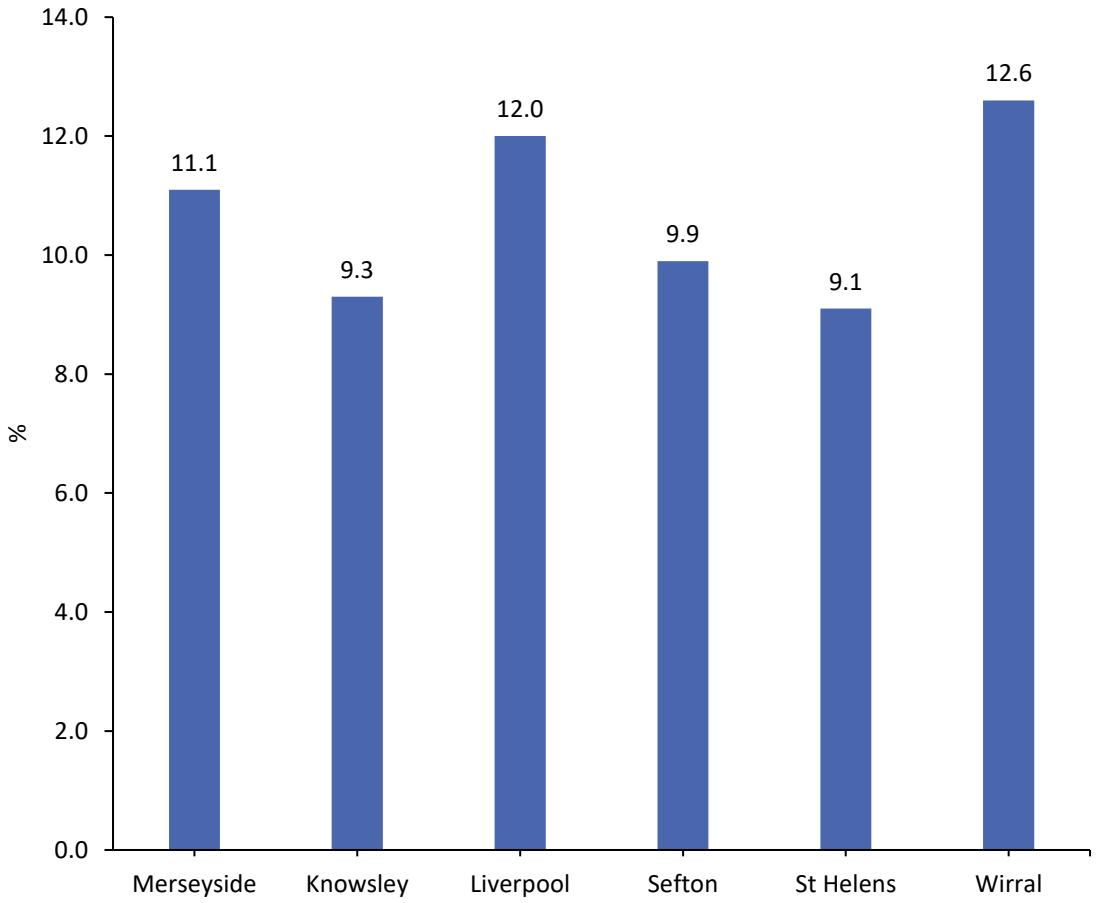
3.1.2 Any sexual assault

Any sexual assault (i.e. indecent exposure, unwanted sexual touching, rape or assault by penetration) experienced as an adult since the age of 18 years

11.1% of adults across Merseyside had experienced sexual assault since age 18 years

The adjusted prevalence differed by sex with almost one in five (18.5%) females across Merseyside experiencing sexual assault since age 18 years, compared to less than one in twenty (3.0%) males. The adjusted prevalence of sexual assault since age 18 years varied by local authority area (Figure 3; Appendix Table A4), and ward level (Appendix Table A5).

Figure 3: Adjusted prevalence of any form of sexual assault since age 18 years, by region and local authority area



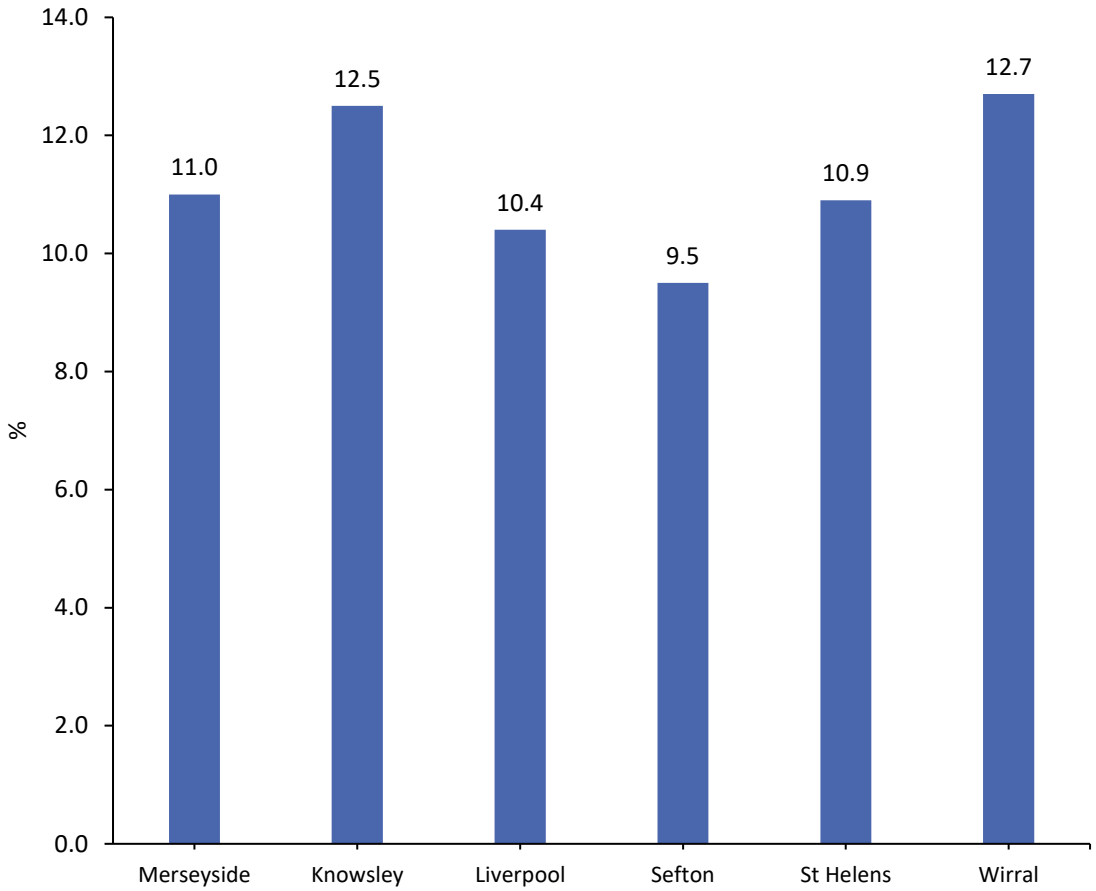
3.1.3 Any intimate partner violence

Any type of violence perpetrated by a partner or ex-partner (i.e. physical violence; psychological abuse and coercive control; stalking and harassment; indecent exposure; unwanted sexual touching; rape or assault by penetration) experienced as an adult since the age of 18 years

11.0% of adults across Merseyside had experienced intimate partner violence since age 18 years

The adjusted prevalence differed by sex with almost one in five (16.7%) females across Merseyside experiencing intimate partner violence since age 18 years, compared to less than one in twenty (4.8%) males. The adjusted prevalence since age 18 years of intimate partner violence varied by local authority area (Figure 4; Appendix Table A4), and ward level (Appendix Table A5).

Figure 4: Adjusted prevalence of any form of intimate partner violence since age 18 years, by region and local authority area



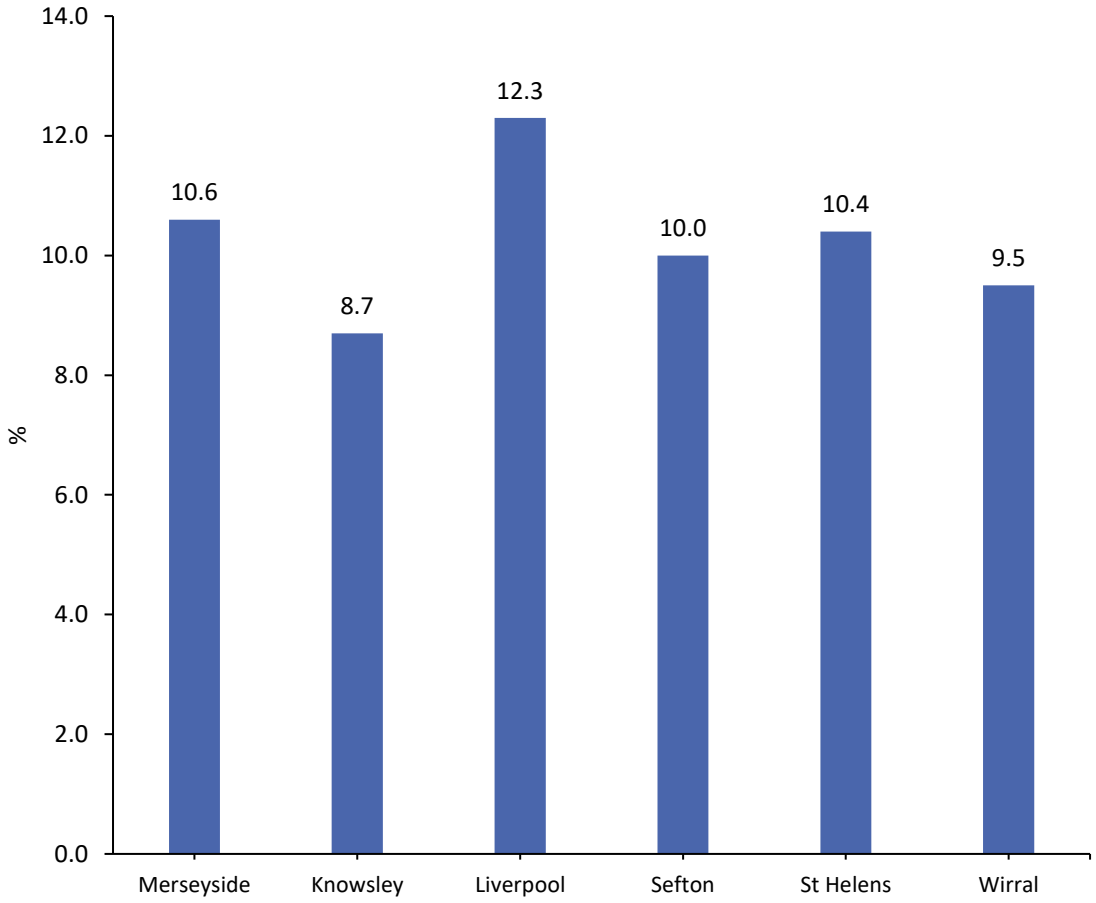
3.1.4 Any night-time economy violence

Any type of violence experienced in the night-time economy (i.e. physical violence; psychological abuse and coercive control; stalking and harassment; indecent exposure; unwanted sexual touching; rape or assault by penetration) as an adult since the age of 18 years

10.6% of adults across Merseyside had experienced violence in the night-time economy since age 18 years

The adjusted prevalence differed by sex with over one in ten (12.0%) males across Merseyside experiencing violence in the night-time economy since age 18 years, compared to less than one in ten (9.3%) females. The adjusted prevalence of night-time economy violence victimisation varied by local authority area (Figure 5; Appendix Table A4), and ward level (Appendix Table A5).

Figure 5: Adjusted prevalence of any form of night-time economy violence victimisation since age 18 years, by region and local authority area



3.1.5 Physical violence

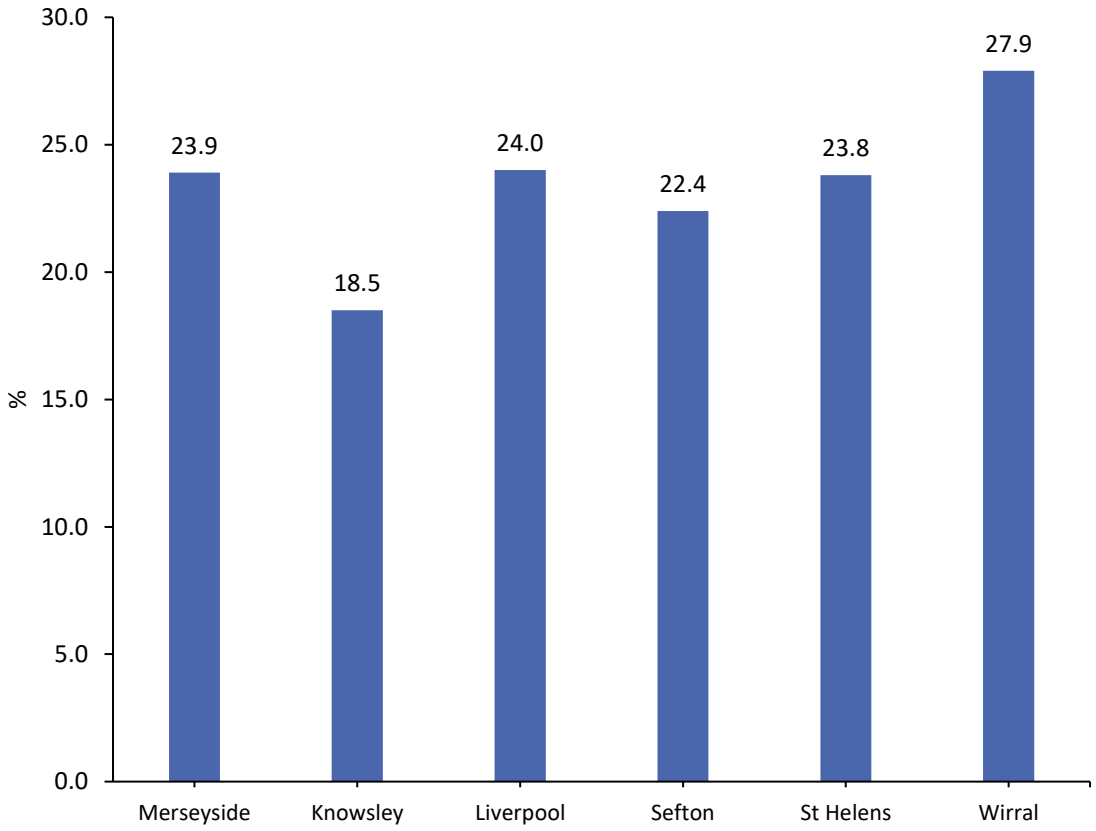
Any physical violence victimisation experienced as an adult since the age of 18 years

23.9% of adults across Merseyside had experienced physical violence since age 18 years

Prevalence and frequency

The adjusted prevalence differed by sex with almost three in ten (28.3%) males across Merseyside experiencing physical violence since age 18 years, compared to one in five (19.9%) females. The adjusted prevalence varied by local authority area (Figure 6; Appendix Table A4), and ward level (Appendix Table A5).

Figure 6: Adjusted prevalence of physical violence since age 18 years, by region and local authority area

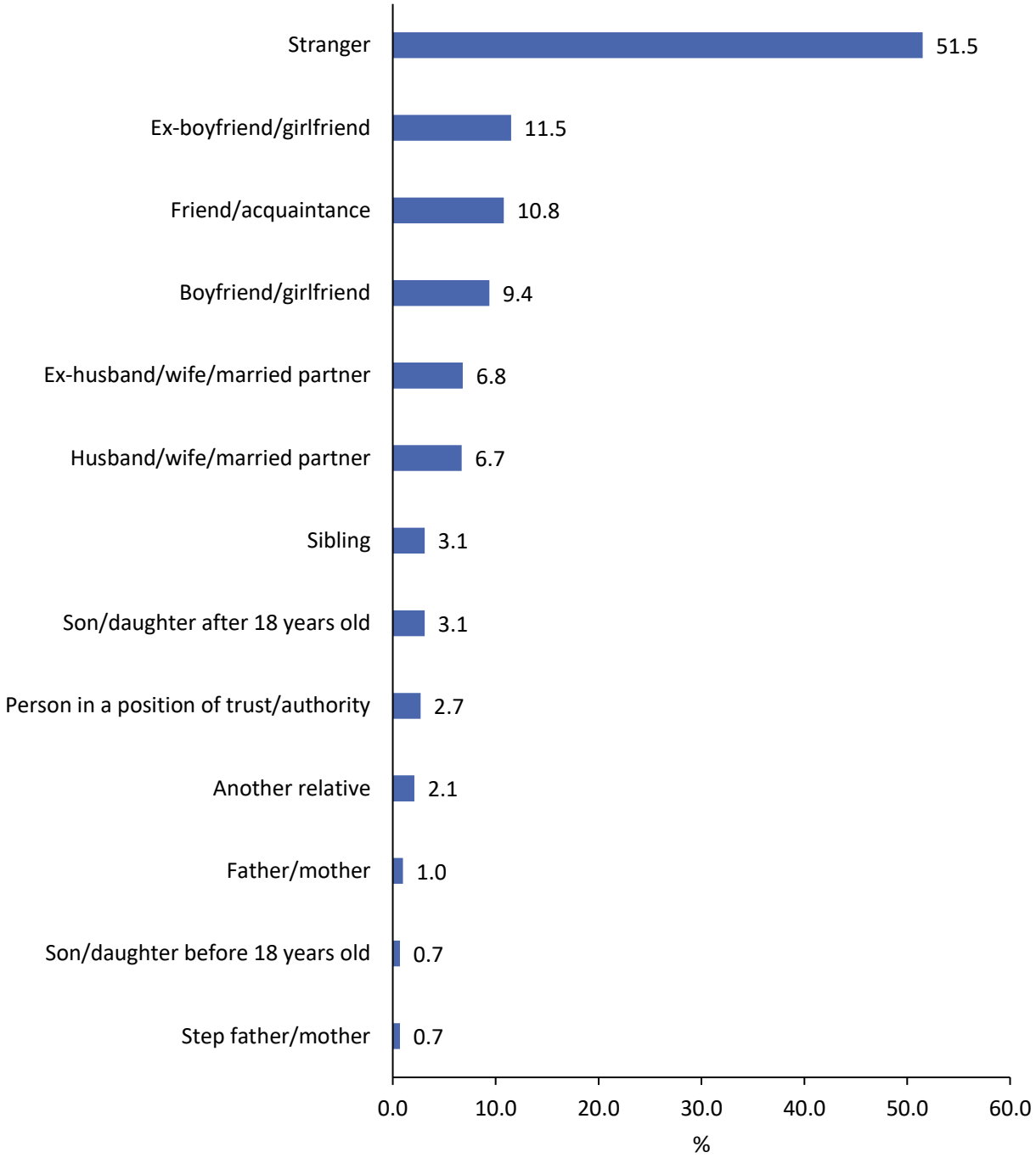


The sample (unmodelled) past 12 month prevalence of physical violence was 1.6% (n=86). Of those who had experienced physical violence in the past 12 months, over one third (35.8%; n=29) had experienced it on two or more occasions in the past 12 months.

Relationship to the perpetrator

Of those who reported ever experiencing physical violence since age 18 years, over half (51.5%; n=633) reported it had been perpetrated by a stranger, whilst approximately one in ten reported it had been perpetrated by an ex-boyfriend/girlfriend (11.5%; n=141), a friend or acquaintance (10.8%; n=133), or a current boyfriend/girlfriend (9.4%; n=116; Figure 7).

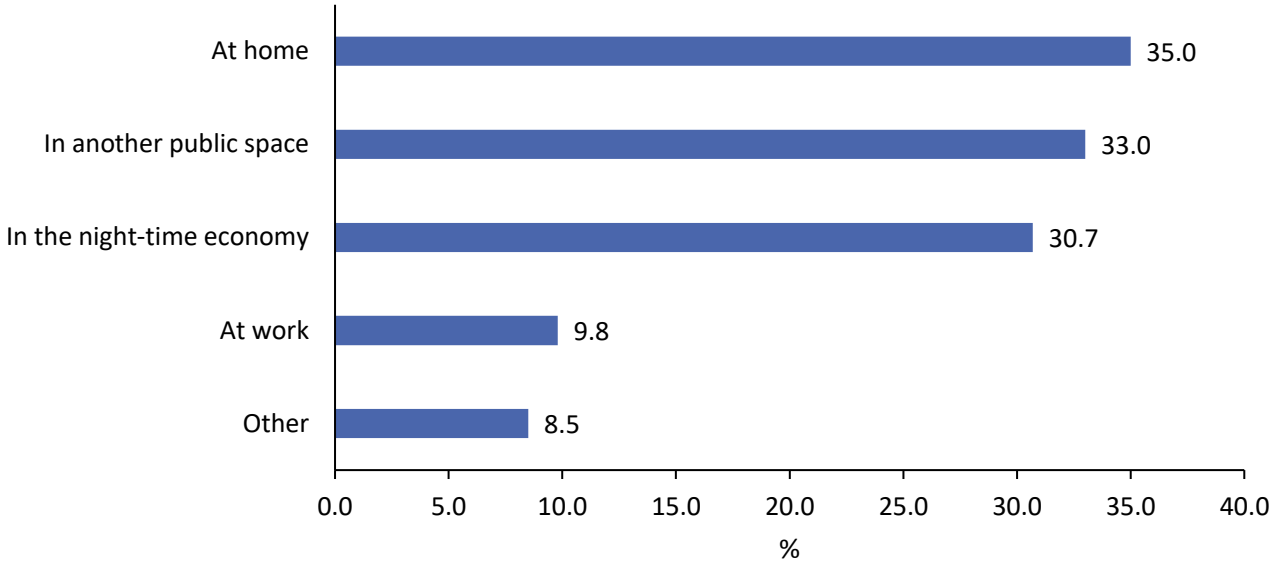
Figure 7: Relationship to the perpetrator of physical violence



Location of experience of violence

Of those who reported ever experiencing physical violence since age 18 years, the most frequently reported location was in the home (35.0%; n=430), followed by another public space (33.0%; n=406), and the night-time economy (30.7%; n=377; Figure 8).

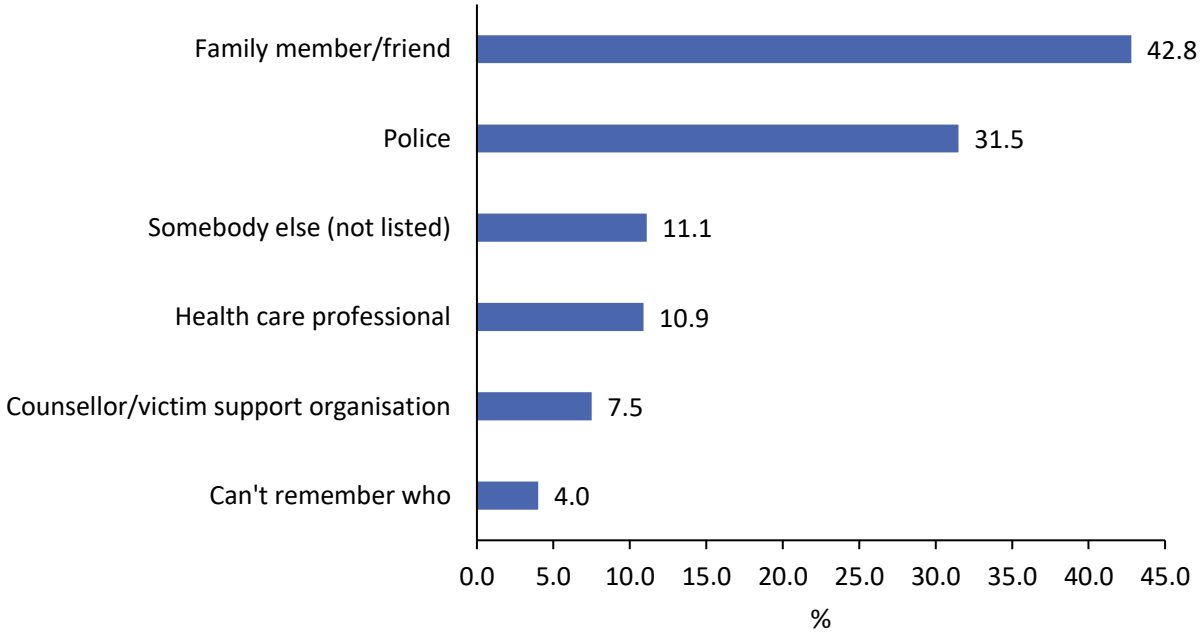
Figure 8: Location of physical violence victimisation



Reporting of violence victimisation

Of those who reported ever experiencing physical violence since age 18 years, the majority (72.3%; n=889) had told at least one person about what was happening at the time it happened or afterwards. Of those who told someone, four in ten (42.8%; n=527) respondents had told a family member/friend, whilst three in ten (31.5%; n=387) reported it to the police (Figure 9).

Figure 9: Reporting of physical violence victimisation



3.1.6 Psychological abuse and coercive control

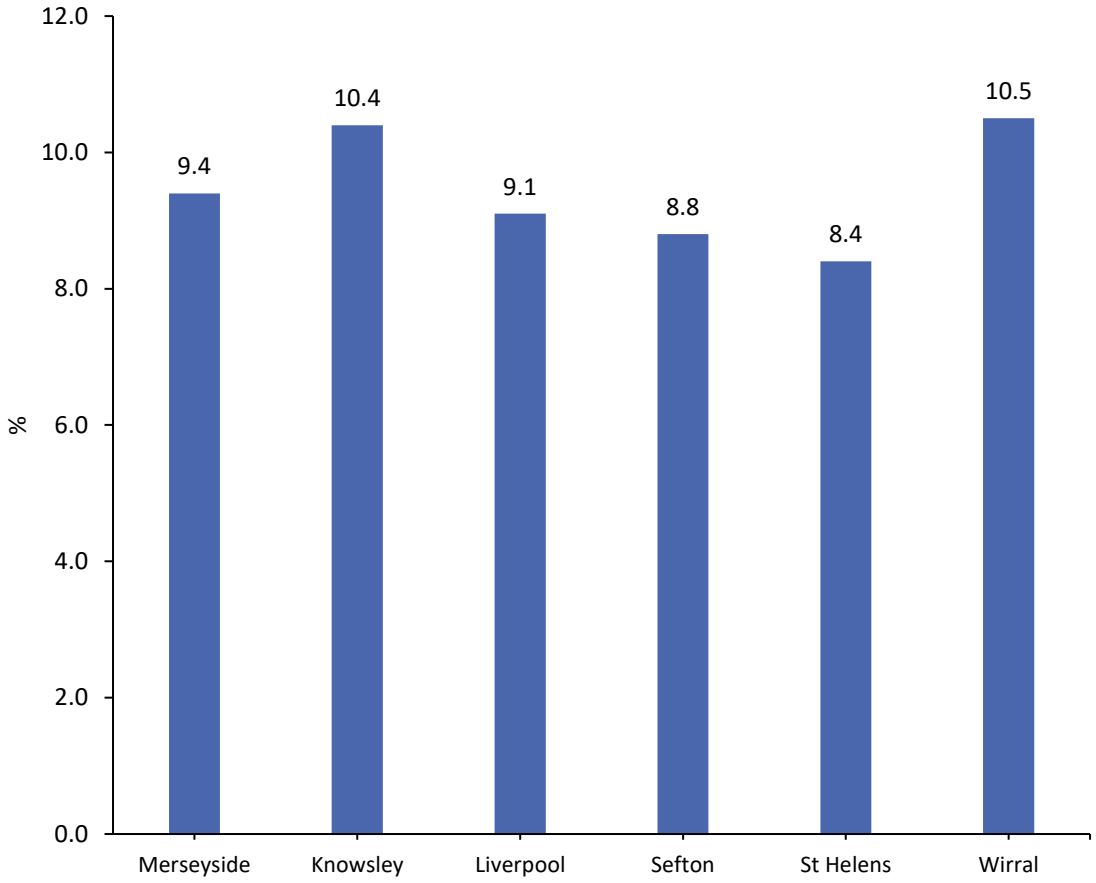
Any psychological abuse and coercive control victimisation experienced as an adult since the age of 18 years

9.4% of adults across Merseyside had experienced psychological abuse and coercive control since age 18 years

Prevalence and frequency

The adjusted prevalence differed by sex with over one in ten (13.3%) females across Merseyside experiencing psychological abuse and coercive control since age 18 years, compared to one in twenty (5.3%) males. The adjusted prevalence varied by local authority area (Figure 10; Appendix Table A4), and ward level (Appendix Table A5).

Figure 10: Adjusted prevalence of psychological abuse and coercive control since age 18 years, by region and local authority area

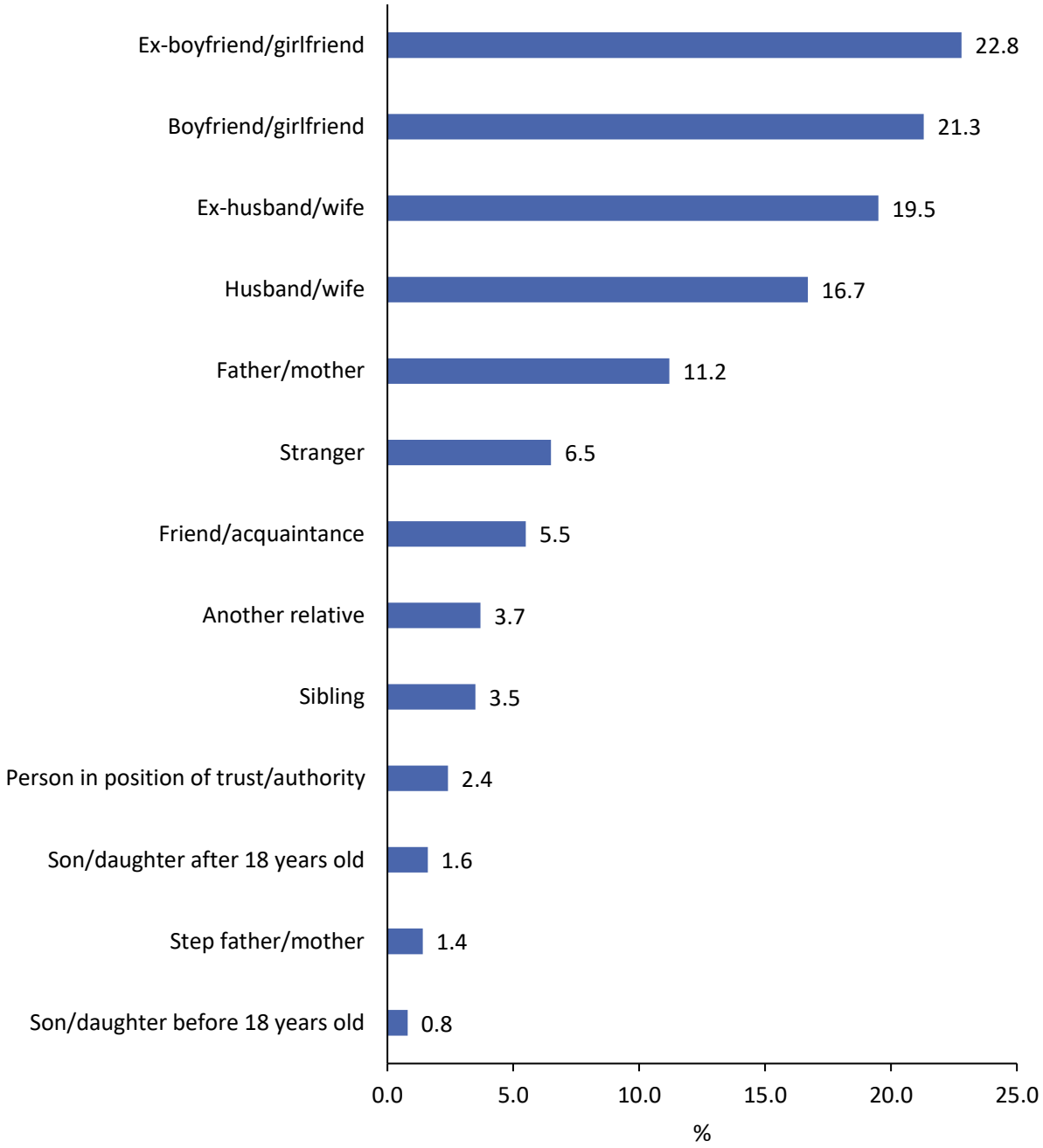


The sample (unmodelled) past 12 month prevalence of psychological abuse and coercive control was 1.2% (n=62). Of those who had experienced psychological abuse and coercive control in the past 12 months, the majority (86.2%; n=50) of respondents had experience it on two or more occasions in the past 12 months.

Relationship to the perpetrator

Of those who reported ever experiencing psychological abuse and coercive control since age 18 years, over one in five (22.8%; n=112) reported it had been perpetrated by an ex-boyfriend/girlfriend, a current boyfriend/girlfriend (21.3%; n=105), an ex-husband/wife (19.5%; n=96), or a current husband/wife (16.7%; n=82; Figure 11).

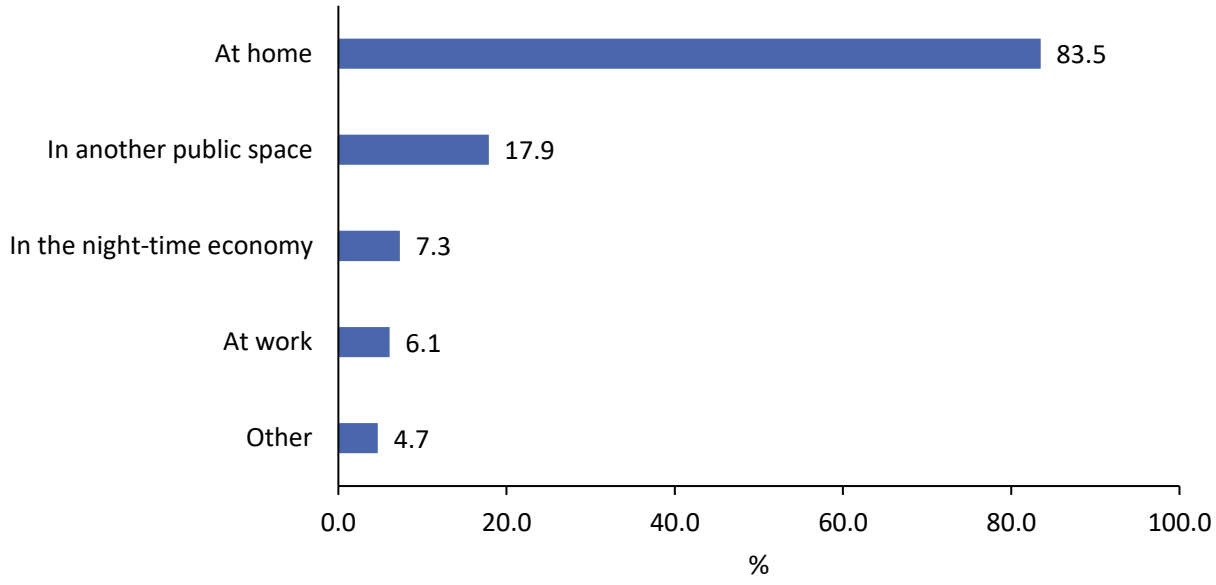
Figure 11: Relationship to the perpetrator of psychological abuse and coercive control



Location of experience of violence

Of those who reported ever experiencing psychological abuse and coercive control since age 18 years, the most frequently reported location was in the home (83.5%; n=411), followed by another public space (33.0%; n=406), and the night-time economy (30.7%; n=377; Figure 12).

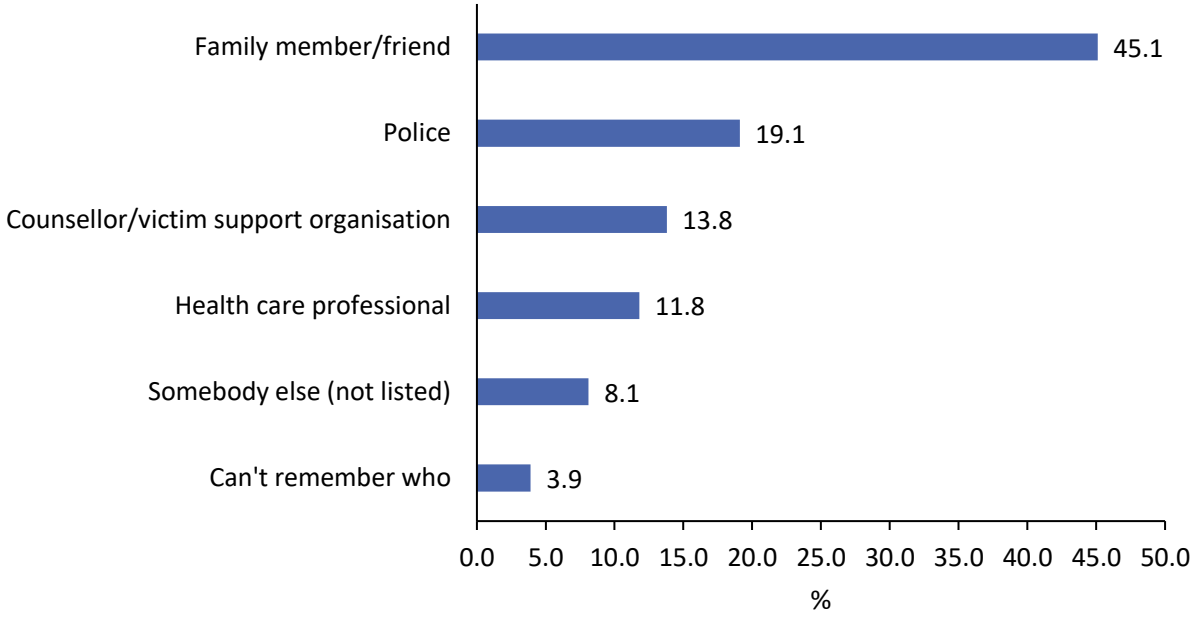
Figure 12: Location of psychological abuse and coercive control victimisation



Reporting of violence victimisation

Of those who reported ever experiencing psychological abuse and coercive control since age 18 years, almost two thirds (65.0%; n=320) had told at least one person about what was happening at the time it happened or afterwards. Of those who told someone, four in ten (45.1%; n=222) respondents had told a family member/friend, whilst one in five (19.1%; n=94) reported it to the police (Figure 13).

Figure 13: Reporting of psychological abuse and coercive control



3.1.7 Stalking and harassment

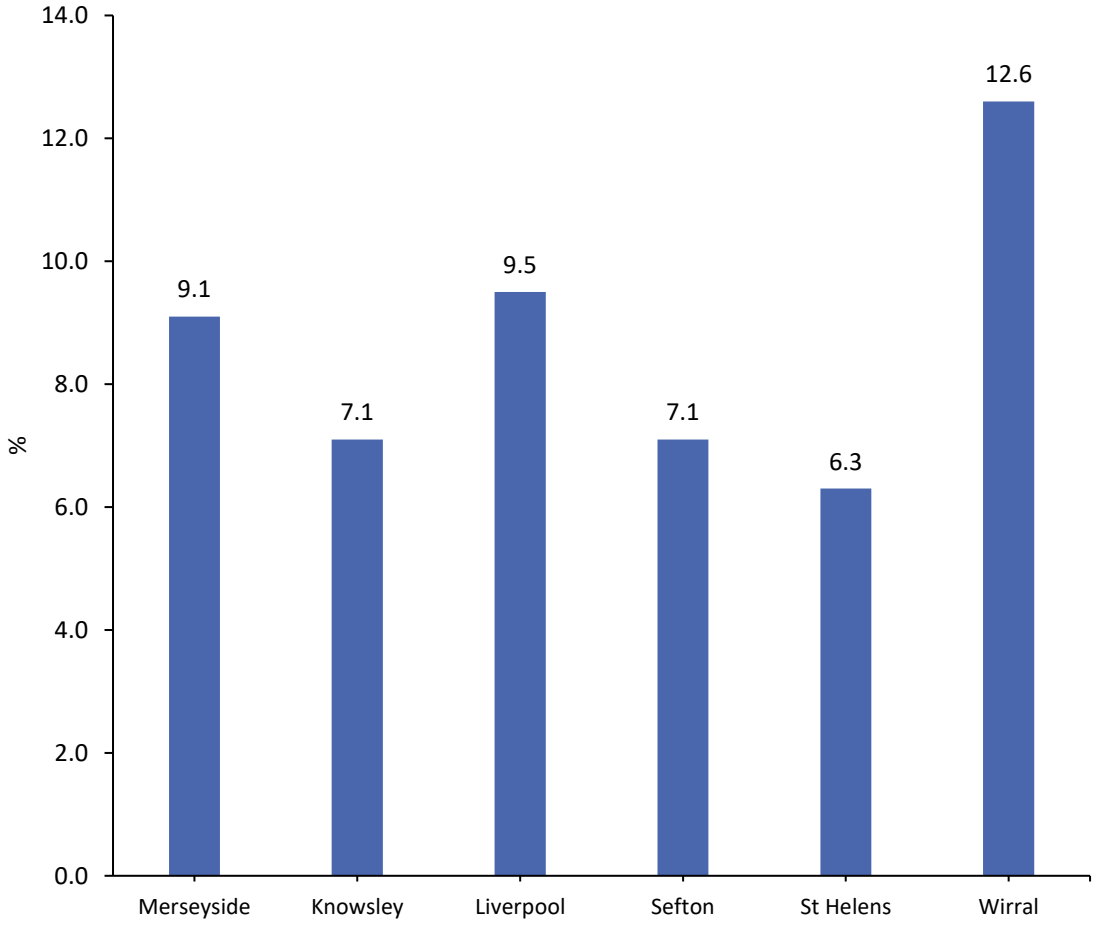
Any stalking and harassment victimisation experienced as an adult since the age of 18 years

9.1% of adults across Merseyside had experienced stalking and harassment since age 18 years

Prevalence and frequency

The adjusted prevalence differed by sex with over one in ten (12.8%) females across Merseyside experiencing stalking and harassment since age 18 years, compared to one in twenty (5.0%) males. The adjusted prevalence varied by local authority area (Figure 14; Appendix Table A4), and ward level (Appendix Table A5).

Figure 14: Adjusted prevalence of stalking and harassment since age 18 years, by region and local authority area

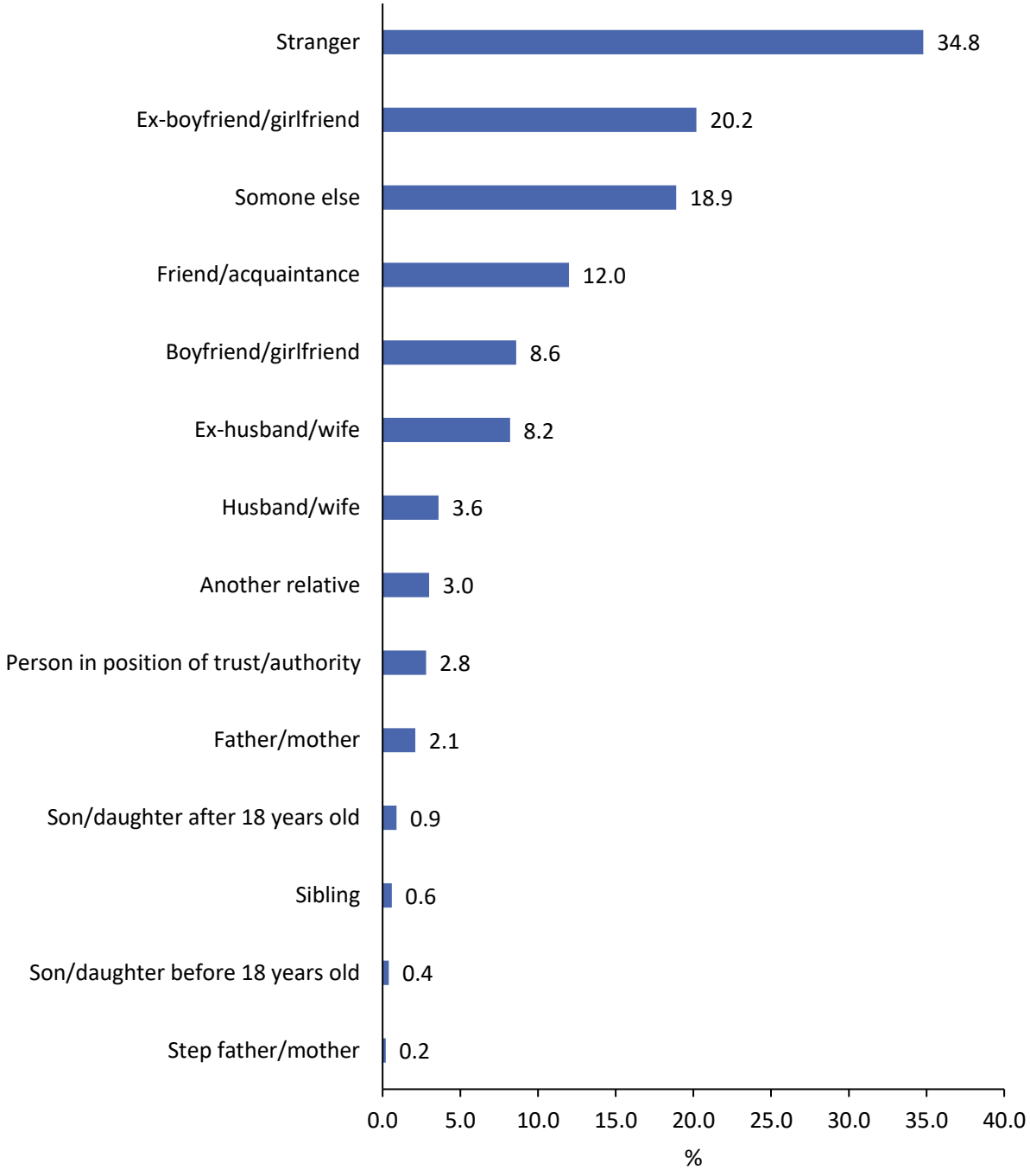


The sample (unmodelled) past 12 month prevalence of stalking and harassment was 1.2% (n=62). Of those who had experienced stalking and harassment in the past 12 months, the majority (71.6%; n=58) of respondents had experienced it on two or more occasions in the past 12 months.

Relationship to the perpetrator

Of those who reported ever experiencing stalking and harassment since age 18 years, over one third (34.8%; n=162) reported it had been perpetrated by a stranger, whilst one in five (20.2%; n=94) reported it had been perpetrated by an ex-boyfriend/girlfriend (Figure 15).

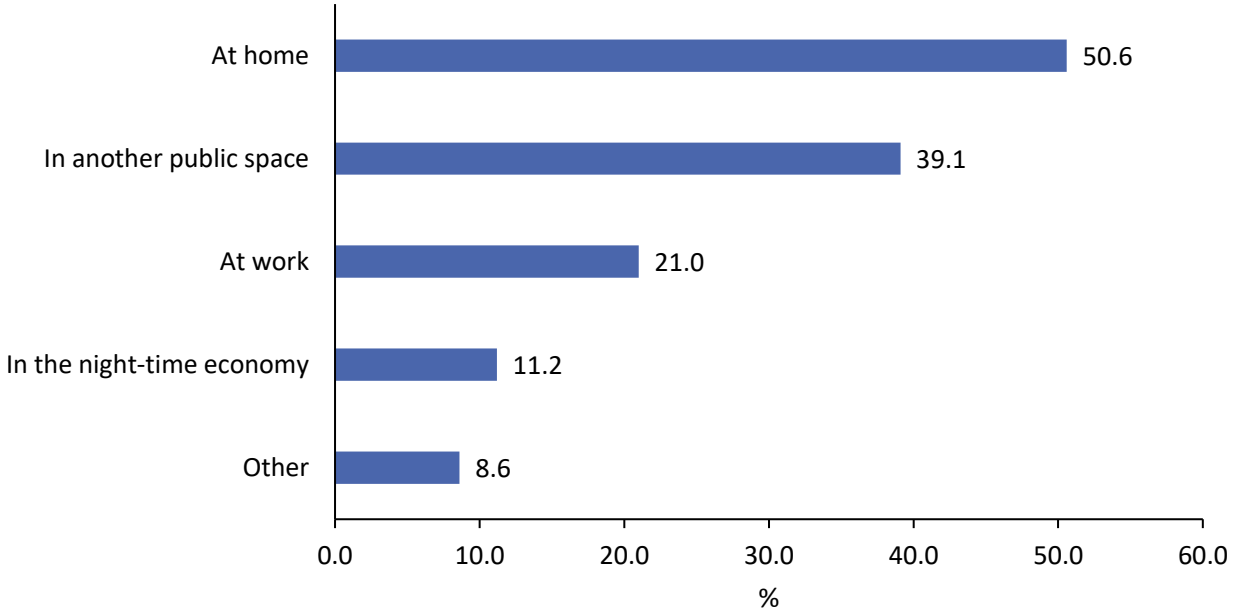
Figure 15: Relationship to the perpetrator of stalking and harassment



Location of experience of violence

Of those who reported ever experiencing stalking and harassment since age 18 years, the most frequently reported location was in the home (50.6%; n=236), followed by another public space (39.1%; n=182), and at work (21.0%; n=98; Figure 16).

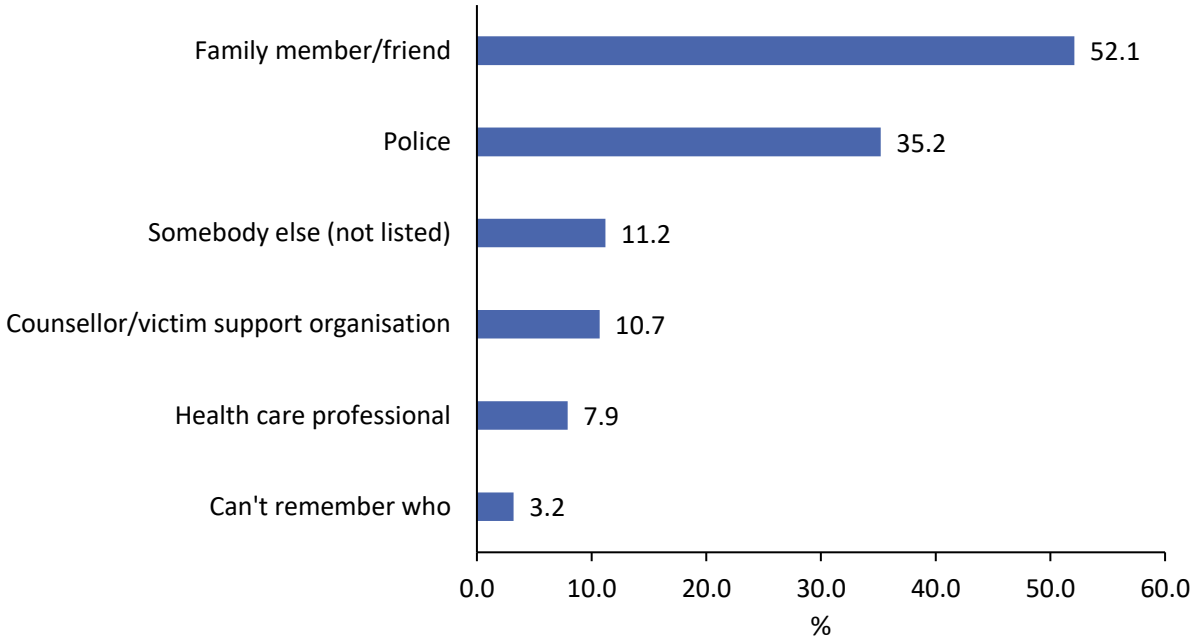
Figure 16: Location of stalking and harassment victimisation



Reporting of violence victimisation

Of those who reported ever experiencing stalking and harassment since age 18 years, the majority (78.8%; n=367) had told at least one person about what was happening at the time it happened or afterwards. Of those who told someone, over half (52.1%; n=243) of respondents had told a family member/friend, whilst almost one third (35.2%; n=164) reported it to the police (Figure 17).

Figure 17: Reporting of stalking and harassment



3.1.8 Indecent exposure

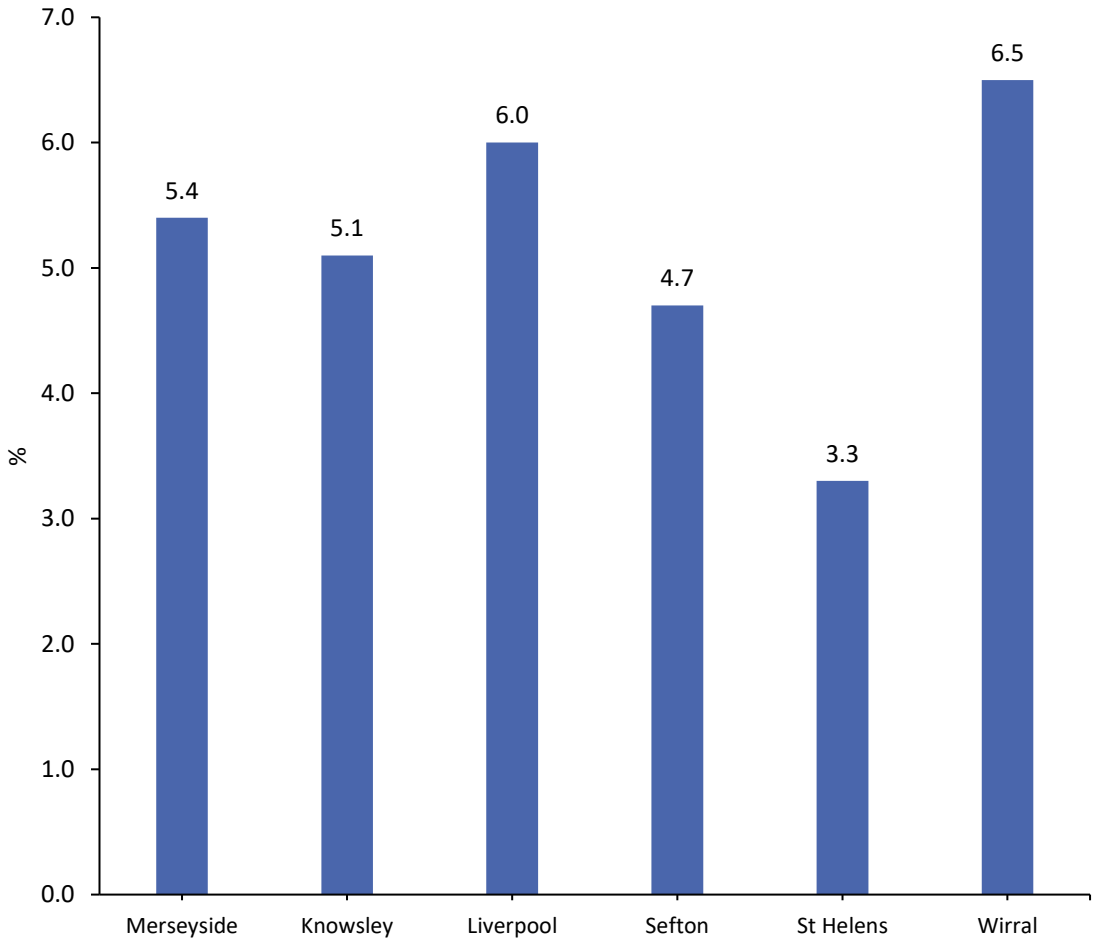
Any indecent exposure victimisation experienced as an adult since the age of 18 years

5.4% of adults across Merseyside had experienced indecent exposure since age 18 years

Prevalence and frequency

The adjusted prevalence differed by sex with almost one in ten (9.2%) females across Merseyside experiencing indecent exposure since age 18 years, compared to one percent (1.3%) of males. The adjusted prevalence varied by local authority area (Figure 18; Appendix Table A4), and ward level (Appendix Table A5).

Figure 18: Adjusted prevalence of indecent exposure since age 18 years, by region and local authority area

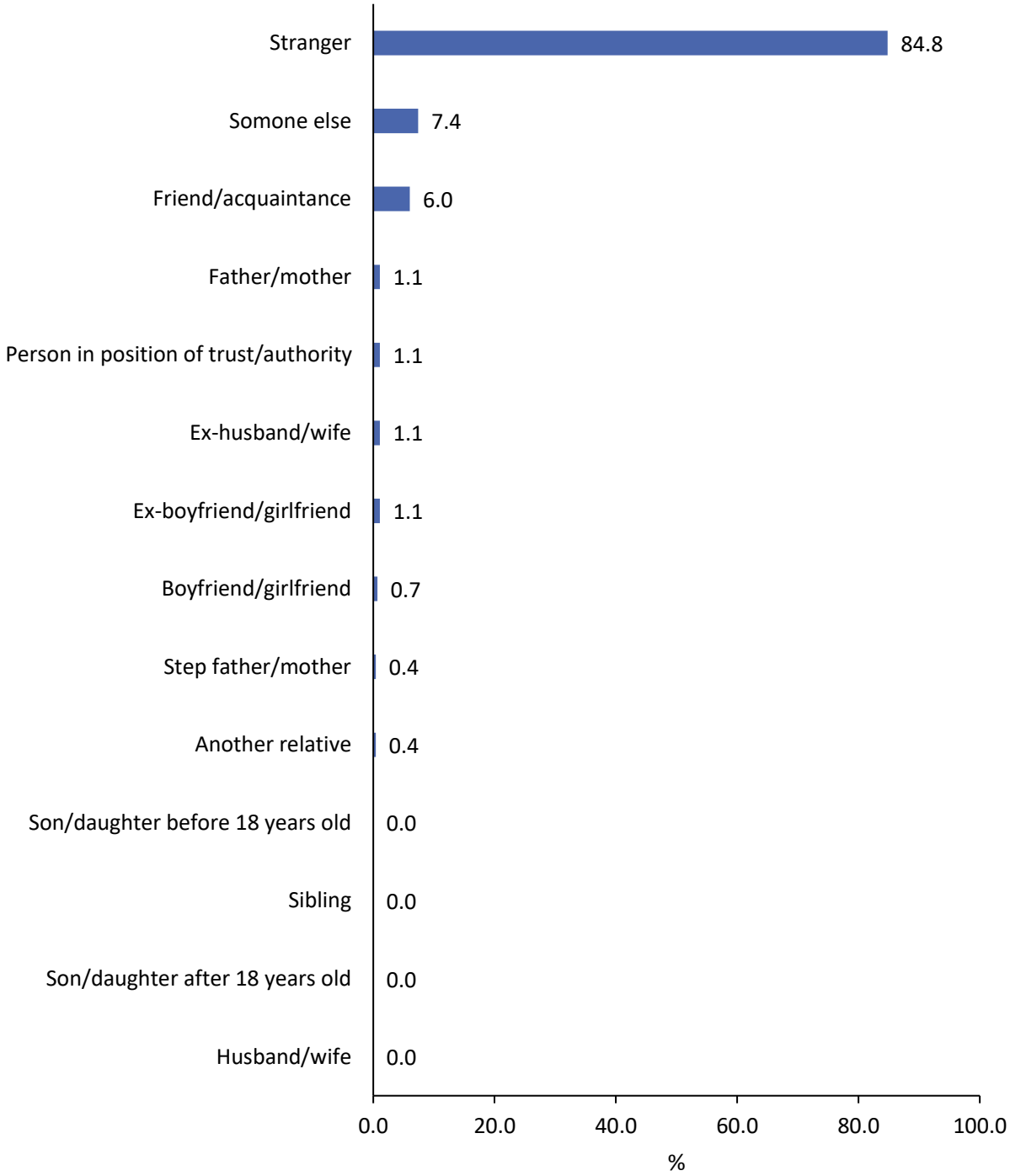


The sample (unmodelled) past 12 month prevalence of indecent exposure was 0.4% (n=24). Of those who had experienced indecent exposure in the past 12 months, four in ten (41.7%; n=10) respondents had experience it on two or more occasions in the past 12 months.

Relationship to the perpetrator

Of those who reported ever experiencing indecent exposure since age 18 years, the majority (84.8%; n=240) reported it had been perpetrated by a stranger (Figure 19).

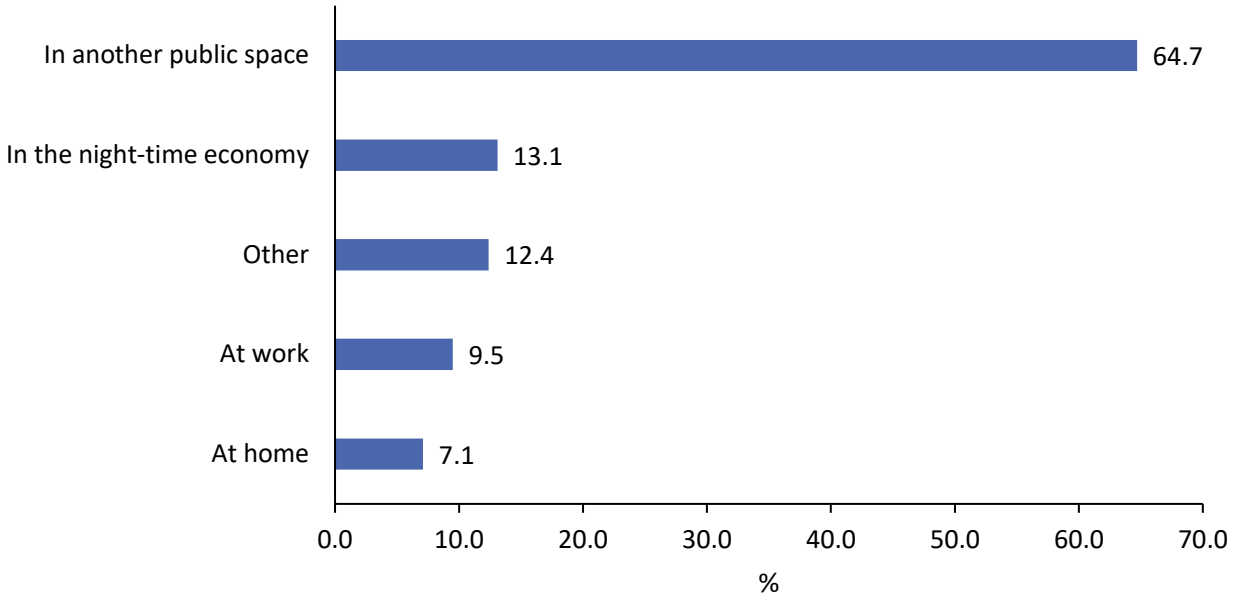
Figure 19: Relationship to the perpetrator of indecent exposure



Location of experience of violence

Of those who reported ever experiencing indecent exposure since age 18 years, the most frequently reported location was in a public space (64.7%; n=183), followed by in the night-time economy (13.1%; n=37; Figure 20).

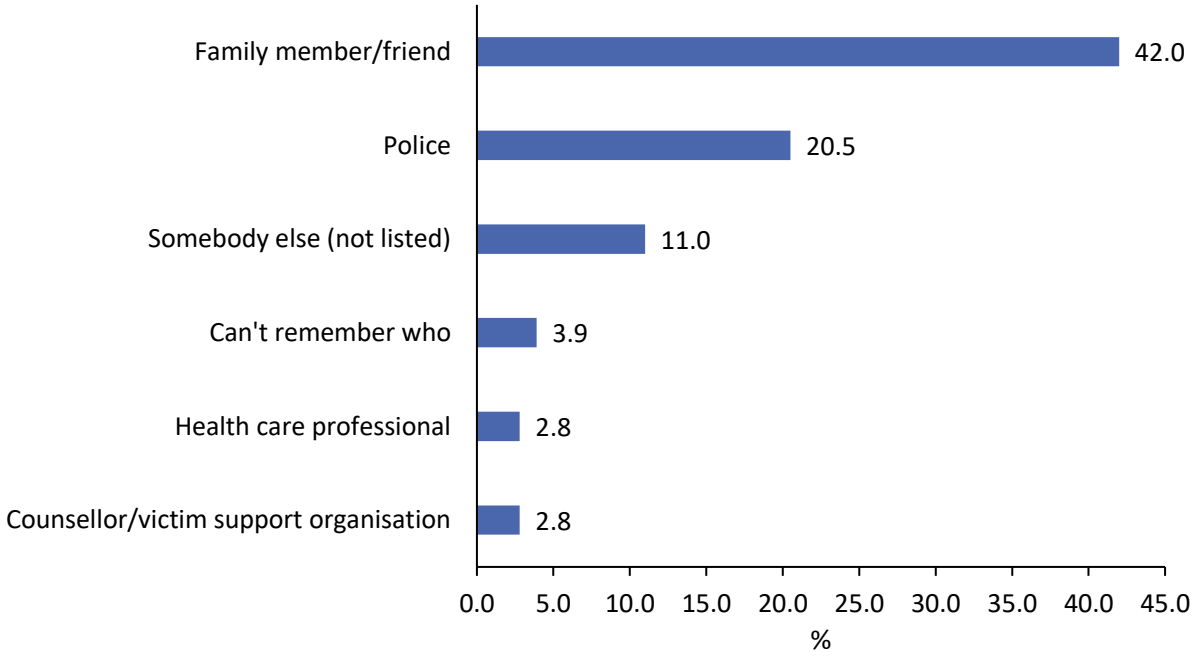
Figure 20: Location of indecent exposure victimisation



Reporting of violence victimisation

Of those who reported ever experiencing indecent exposure since age 18 years, the majority (71.0%; n=302) had told at least one person about what was happening at the time it happened or afterwards. Of those who told someone, four in ten (42.0%; n=119) respondents had told a family member/friend, whilst one in five (20.5%; n=58) reported it to the police (Figure 21).

Figure 21: Reporting of indecent exposure



3.1.9 Unwanted sexual touching

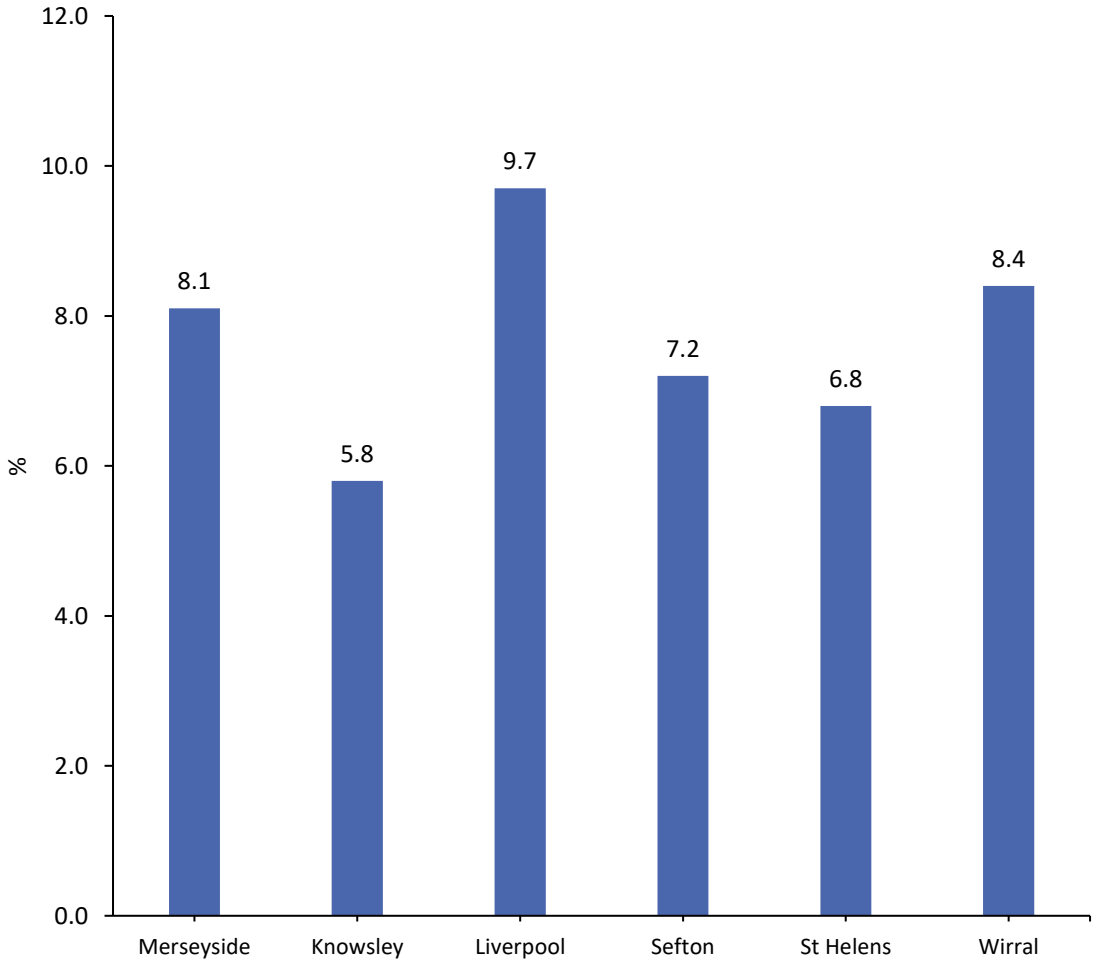
Any unwanted sexual touching victimisation experienced as an adult since the age of 18 years

8.1% of adults across Merseyside had experienced psychological abuse and coercive control since age 18 years

Prevalence and frequency

The adjusted prevalence differed by sex with over one in ten (13.5%) females across Merseyside experiencing unwanted sexual touching since age 18 years, compared to less than one in twenty (2.3%) males. The adjusted prevalence varied by local authority area (Figure 22; Appendix Table A4), and ward level (Appendix Table A5).

Figure 22: Adjusted prevalence of unwanted sexual touching since age 18 years, by region and local authority area

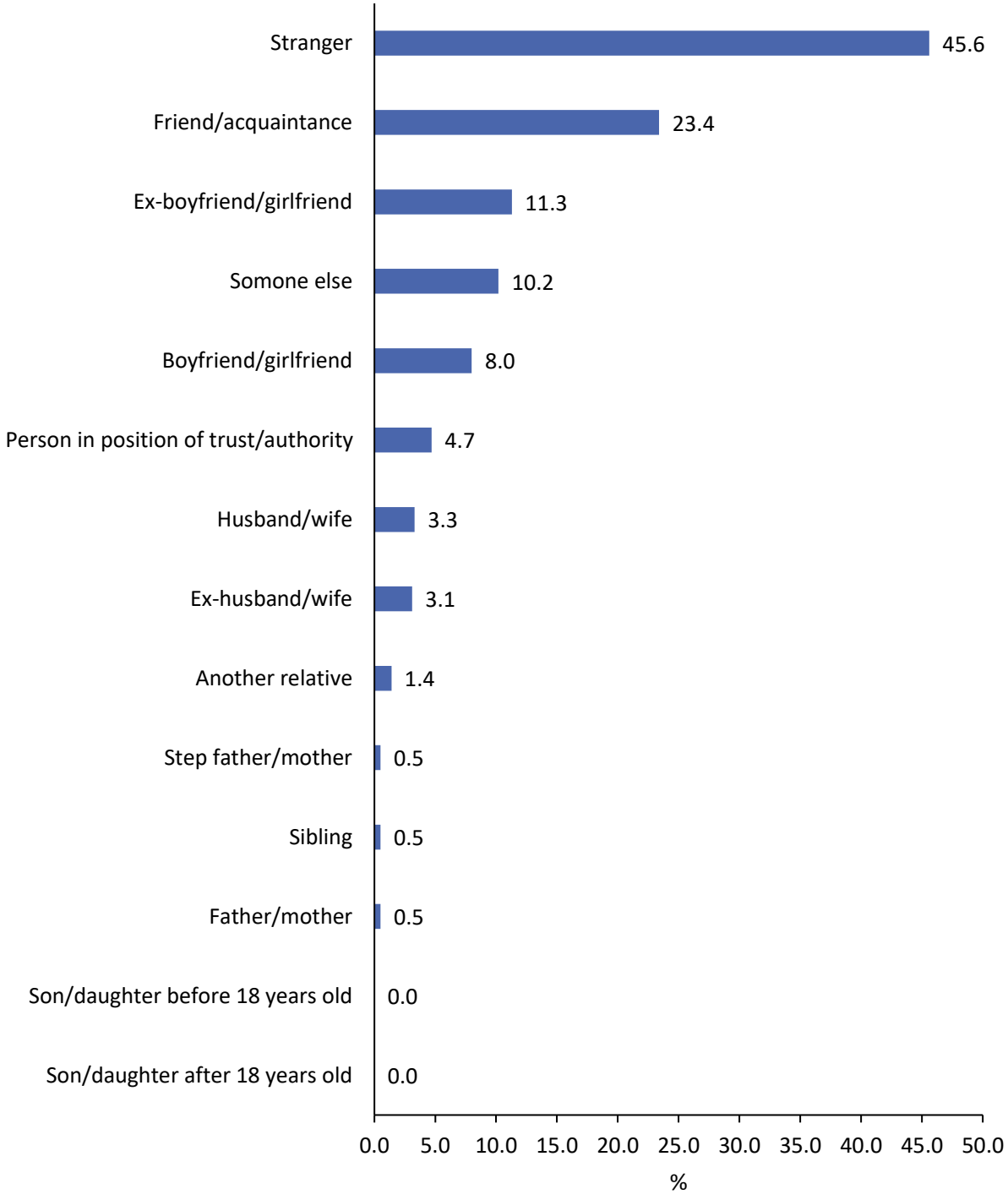


The sample (unmodelled) past 12 month prevalence of unwanted sexual touching was 0.6% (n=32). Of those who had experienced unwanted sexual touching in the past 12 months, half of respondents (50.0%; n=15) had experienced it on two or more occasions in the past 12 months.

Relationship to the perpetrator

Of those who reported ever experiencing unwanted sexual touching since age 18 years, almost half (45.6%; n=193) reported it had been perpetrated by stranger, whilst almost one quarter (23.4%; n=99) reported it had been perpetrated by friend/acquaintance (Figure 23).

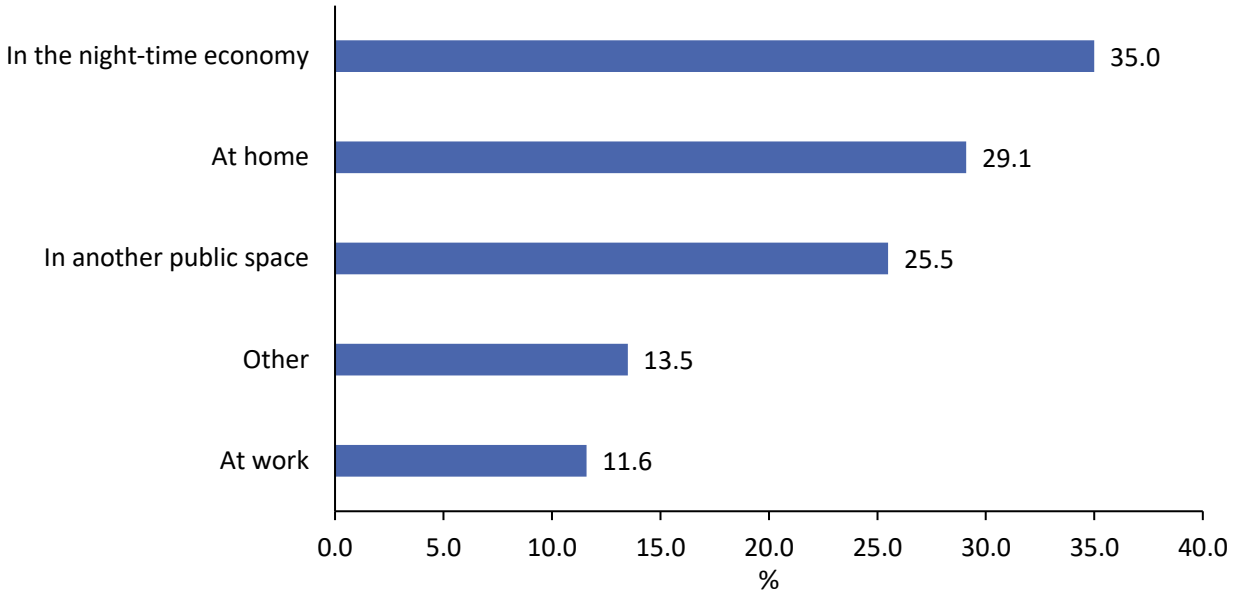
Figure 23: Relationship to the perpetrator of unwanted sexual touching



Location of experience of violence

Of those who reported ever experiencing unwanted sexual touching since age 18 years, the most frequently reported location was in the night-time economy (35.0%; n=148), followed by in the home (29.1%; n=123), and in another public space (25.5%; n=108; Figure 24).

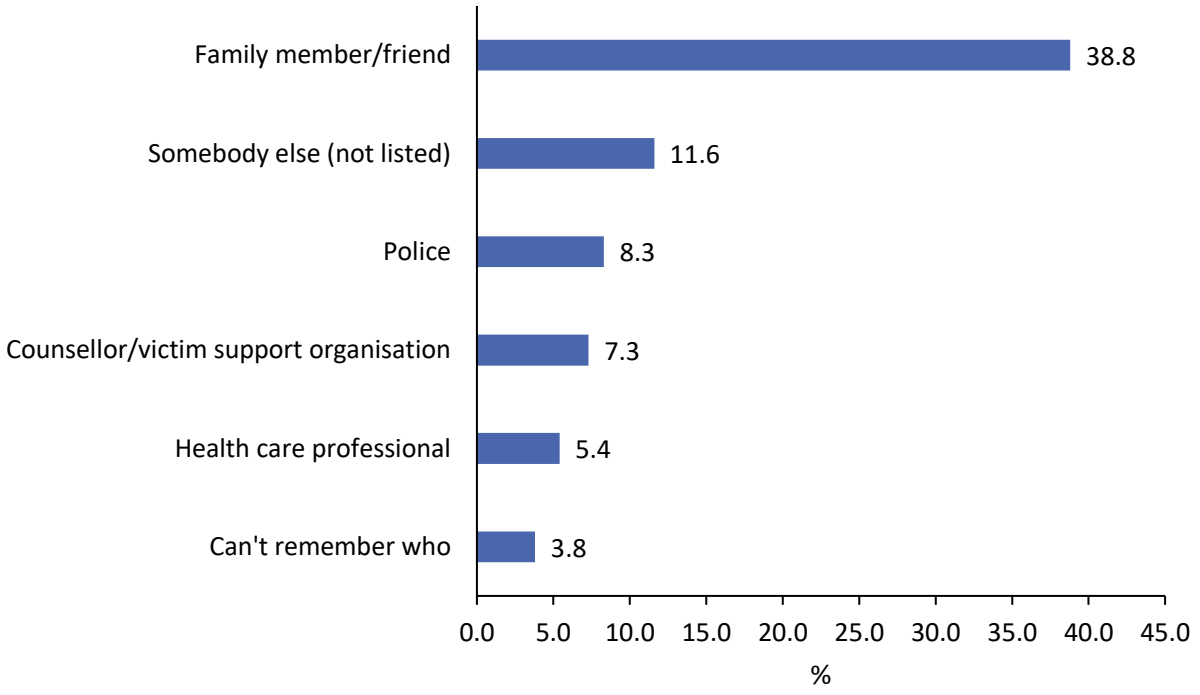
Figure 24: Location of unwanted sexual touching victimisation



Reporting of violence victimisation

Of those who reported ever experiencing unwanted sexual touching since age 18 years, six in ten (60.8%; n=257) had told at least one person about what was happening at the time it happened or afterwards. Of those who told someone, almost four in ten (38.8%; n=164) of respondents had told a family member/friend (Figure 25).

Figure 25: Reporting of unwanted sexual touching



3.1.10 Rape or assault by penetration

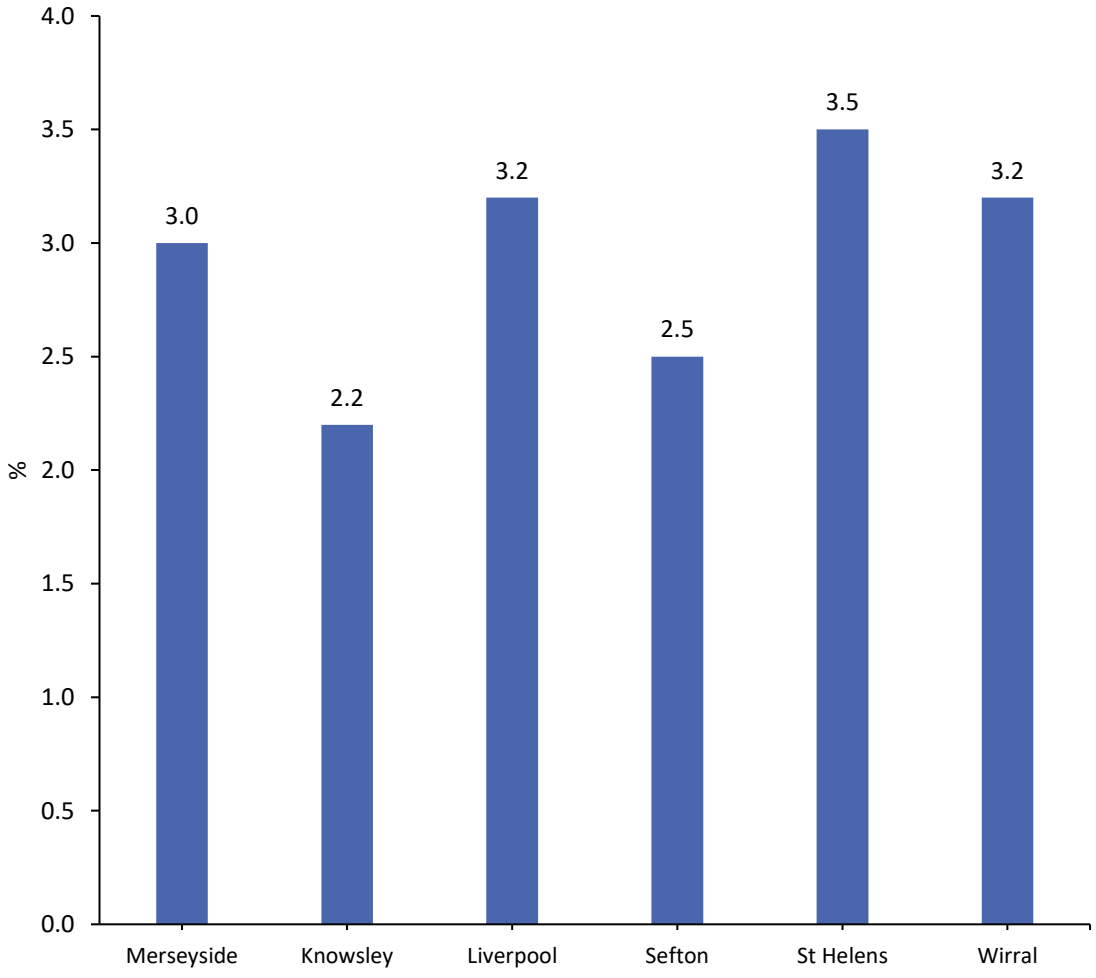
Any rape or assault by penetration victimisation experienced as an adult since the age of 18 years

3.0% of adults across Merseyside had experienced rape or assault by penetration since age 18 years

Prevalence and frequency

The adjusted prevalence differed by sex with one in twenty (5.2%) females across Merseyside experiencing rape or assault by penetration since age 18 years, compared to less than one percent (0.6%) of males. The adjusted prevalence varied by local authority area (Figure 26; Appendix Table A4), and ward level (Appendix Table A5).

Figure 26: Adjusted prevalence of rape or assault by penetration since age 18 years, by region and local authority area

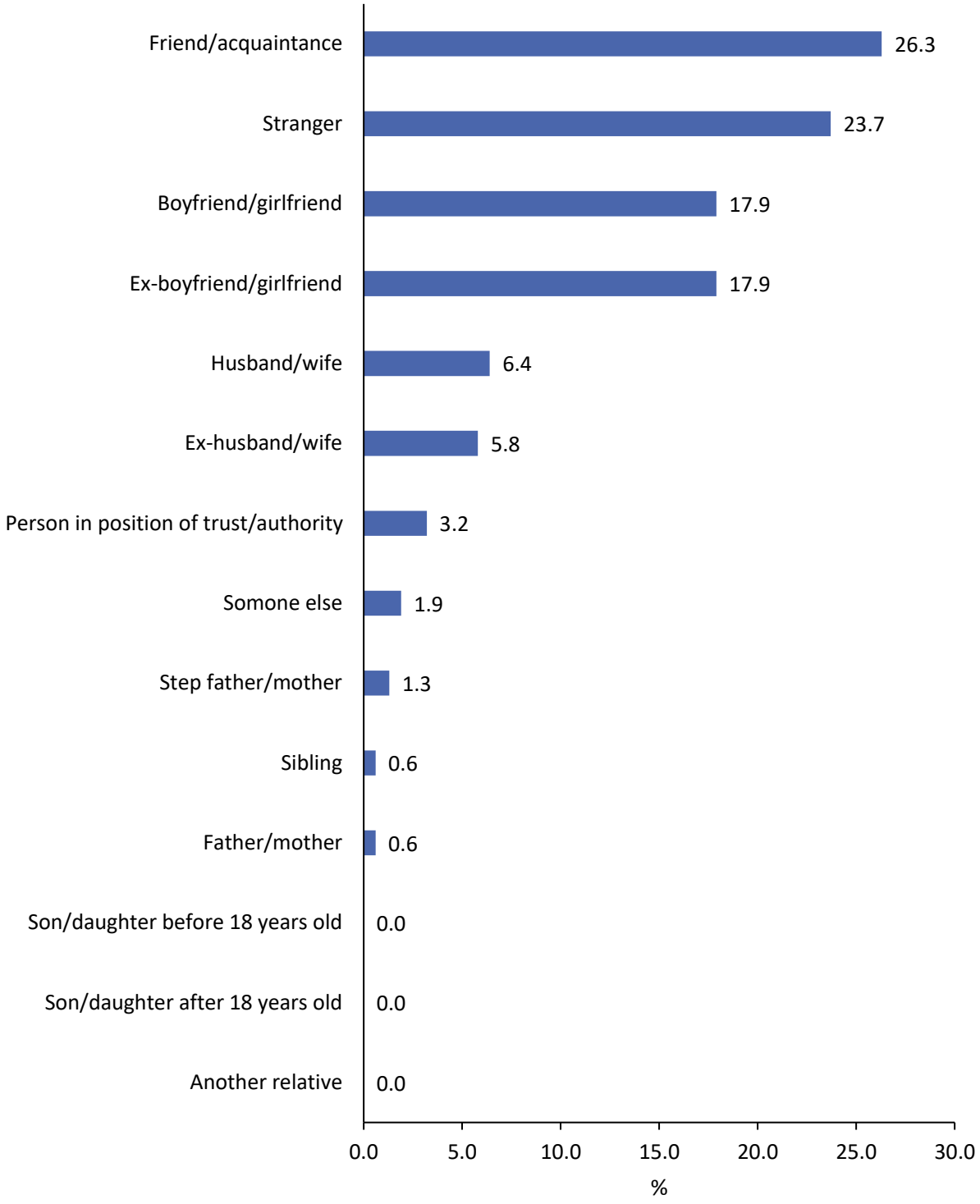


The sample (unmodelled) past 12 month prevalence of rape or assault by penetration was 0.1% (n=7). Of those who had experienced experience of rape or assault by penetration in the past 12 months, almost three in ten respondents (28.6%; n=2) had experienced it on two or more occasions in the past 12 months.

Relationship to the perpetrator

Of those who reported ever experiencing rape or assault by penetration since age 18 years, over one quarter (26.3%; n=41) reported it had been perpetrated by a friend/acquaintance, whilst just under one quarter (23.7; n=37) reported it had been perpetrated by a stranger (Figure 27).

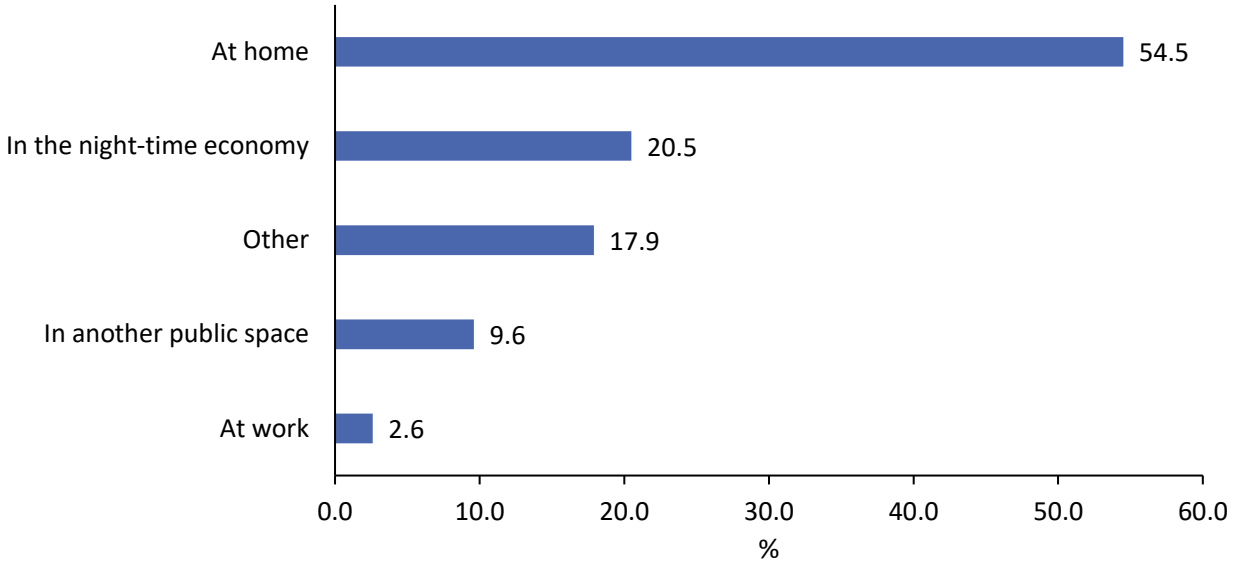
Figure 27: Relationship to the perpetrator of rape or assault by penetration



Location of experience of violence

Of those who reported ever experiencing rape or assault by penetration since age 18 years, the most frequently reported location was in the home (54.5%; n=85), followed by the night-time economy (20.5%; n=32; Figure 28).

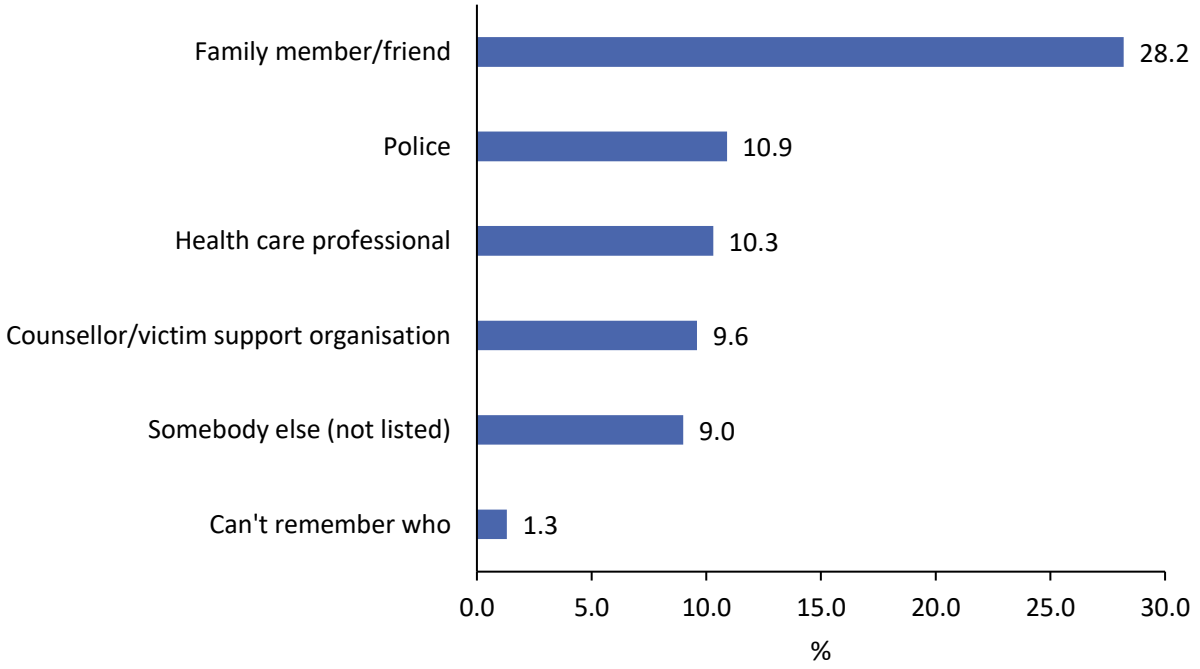
Figure 28: Location of rape or assault by penetration victimisation



Reporting of violence victimisation

Of those who reported ever experiencing rape or assault by penetration since age 18 years, less than half (46.2%; n=72) had told at least one person about what was happening at the time it happened or afterwards. Of those who told someone, almost three in ten (28.2%; n=44) respondents had told a family member/friend (Figure 29).

Figure 29: Reporting of rape or assault by penetration



3.2 Adulthood violence victimisation and sociodemographics

This section presents findings on associations between adulthood violence victimisation, any sexual assault, any intimate partner violence, any night-time economy violence, and subtypes of violence victimisation (physical violence; psychological abuse and coercive control; stalking and harassment; indecent exposure; unwanted sexual touching; rape or assault by penetration) and sociodemographics. All findings are based on sample (unmodelled) data.

3.2.1 Sex

The prevalence of any form of adulthood violence victimisation was significantly higher amongst males compared to females (Table 2). Across all subtypes of violence, except physical violence, the prevalence was also significantly higher amongst females compared to males (Table 2). The prevalence of physical violence was significantly higher amongst males compared to females (Table 2).

Table 2: Prevalence of types of violence victimisation by sex

		♂ Male % (n)	♀ Female % (n)	p
	Any adulthood violence	31.1 (793)	34.7 (980)	<0.01
	Any sexual assault	2.9 (75)	18.8 (533)	<0.001
	Any intimate partner violence	4.9 (124)	17.3 (488)	<0.001
	Any night-time economy violence	11.2 (287)	9.5 (269)	<0.05
	Physical violence	27.8 (675)	20.4 (549)	<0.001
	Psychological abuse and coercive control	5.2 (125)	13.6 (365)	<0.001
	Stalking and harassment	4.8 (116)	12.9 (348)	<0.001
	Indecent exposure	1.3 (32)	9.3 (251)	<0.001
	Unwanted sexual touching	2.2 (53)	13.7 (368)	<0.001
	Rape or assault by penetration	0.6 (14)	5.3 (141)	<0.001

3.2.2 Age

There was a significant association between the prevalence of any adulthood violence victimisation and age group, with the highest prevalence amongst those aged 45-54 years (Table 3).[2] Across all subtypes of violence, except indecent exposure, there was also a significant association with age, with the age group with the highest prevalence differing by violence type (Table 3).

Table 3: Prevalence of types of violence victimisation by age group (years)

	18-24 % (n)	25-34 % (n)	35-44 % (n)	45-54 % (n)	55-64 % (n)	65+ % (n)	p
Any adulthood violence	26.0 (132)	37.9 (302)	35.1 (332)	39.7 (298)	33.8 (344)	27.1 (367)	<0.001
Any sexual assault	9.4 (48)	14.3 (114)	11.7 (111)	13.2 (99)	11.5 (117)	8.9 (120)	<0.01
Any intimate partner violence	5.5 (28)	12.0 (96)	13.0 (123)	16.9 (127)	13.2 (134)	7.9 (107)	<0.001
Any night-time economy violence	11.0 (56)	17.1 (136)	12.2 (115)	13.2 (99)	7.9 (80)	5.3 (71)	<0.001
Physical violence	16.5 (77)	26.7 (202)	26.8 (240)	31.3 (224)	25.4 (247)	18.1 (237)	<0.001
Psychological abuse and coercive control	5.8 (27)	9.6 (71)	11.9 (105)	14.9 (106)	10.7 (103)	6.1 (80)	<0.001
Stalking and harassment	7.8 (36)	11.4 (85)	9.9 (88)	11.6 (83)	9.9 (96)	6.0 (78)	<0.001
Indecent exposure	4.3 (20)	4.6 (35)	5.4 (48)	6.3 (46)	5.8 (57)	5.9 (77)	NS
Unwanted sexual touching	8.0 (37)	13.3 (99)	9.2 (82)	9.3 (67)	7.9 (76)	4.7 (61)	<0.001
Rape or assault by penetration	1.9 (9)	5.5 (41)	3.6 (32)	4.1 (29)	3.4 (33)	0.9 (12)	<0.001

[2] Differences between age groups on the prevalence of violence victimisation should be interpreted with caution as the measure is any violence since age 18 years, thus older age groups will have had a longer time period to be exposed to violence than younger age groups and this may impact on the findings.

3.2.3 Ethnicity

The prevalence of any form of adulthood violence victimisation was significantly higher amongst those of white ethnicity compared to other ethnicities (Table 4). Across subtypes of violence, the prevalence of night-time economy violence and physical violence was also significantly higher amongst those of white ethnicity compared to those of other ethnicities (Table 4).

Table 4: Prevalence of types of violence victimisation by ethnicity

		White % (n)	Other ethnicity % (n)	p
	Any adulthood violence	33.6 (1675)	24.4 (92)	<0.001
	Any sexual assault	11.3 (563)	11.4 (43)	NS
	Any intimate partner violence	11.7 (583)	8.2 (31)	NS
	Any night-time economy violence	10.7 (535)	5.8 (22)	<0.01
	Physical violence	24.5 (1172)	14.7 (50)	<0.001
	Psychological abuse and coercive control	9.6 (454)	10.2 (34)	NS
	Stalking and harassment	9.0 (428)	10.7 (36)	NS
	Indecent exposure	5.5 (261)	6.0 (20)	NS
	Unwanted sexual touching	8.1 (387)	9.9 (33)	NS
	Rape or assault by penetration	3.1 (147)	2.7 (9)	NS

3.2.4 Deprivation

There was no significant association between the prevalence of any adulthood violence victimisation and deprivation quintile (Table 5). Across subtypes of violence, any intimate partner violence, physical violence, psychological abuse and coercive control, stalking and harassment, and rape or assault by penetration were all significantly associated with deprivation quintile, with the prevalence highest in the most deprived quintiles (Table 5).

Table 5: Prevalence of types of violence victimisation by deprivation quintile

	Most deprived 1 % (n)	2 % (n)	3 % (n)	4 % (n)	Least deprived 5 % (n)	p
Any adulthood violence	33.9 (841)	33.0 (282)	33.7 (283)	31.5 (263)	28.5 (110)	NS
Any sexual assault	11.0 (274)	12.8 (109)	9.6 (81)	12.1 (101)	11.7 (45)	NS
Any intimate partner violence	13.3 (330)	9.8 (84)	10.4 (87)	9.9 (83)	8.3 (32)	<0.01
Any night-time economy violence	9.6 (238)	11.1 (95)	10.8 (91)	11.0 (92)	11.1 (43)	NS
Physical violence	25.5 (590)	24.0 (198)	23.9 (194)	22.6 (181)	17.6 (67)	<0.05
Psychological abuse and coercive control	11.7 (268)	7.8 (64)	9.3 (76)	7.7 (61)	6.1 (23)	<0.001
Stalking and harassment	10.6 (243)	8.3 (68)	8.5 (69)	7.5 (60)	6.9 (26	<0.05
Indecent exposure	5.8 (135)	5.6 (46)	3.7 (30)	5.9 (47)	6.6 (25)	NS
Unwanted sexual touching	8.1 (187)	9.6 (79)	7.9 (64)	8.4 (67)	6.9 (26)	NS
Rape or assault by penetration	3.0 (69)	4.7 (38)	2.1 (17)	2.9 (23)	2.4 (9)	<0.05

3.2.5 Income level

There was a significant association between the prevalence of any adulthood violence victimisation and income level, with prevalence increasing as income increased (Table 6). Across subtypes of violence, any sexual assault, any night-time economy violence, and physical violence were all significantly associated with income level, with the prevalence increasing as income increased (Table 6).

Table 6: Prevalence of types of violence victimisation by income level

		<£20,000 % (n)	£20,000-£50,000 % (n)	£50,001+ % (n)	p
	Any adulthood violence	38.5 (415)	43.1 (567)	47.3 (384)	<0.001
	Any sexual assault	12.2 (132)	16.1 (212)	16.4 (133)	<0.05
	Any intimate partner violence	15.4 (166)	14.9 (196)	17.1 (139)	NS
	Any night-time economy violence	9.7 (105)	13.7 (180)	20.6 (167)	<0.001
	Physical violence	28.4 (298)	30.1 (391)	34.2 (275)	<0.05
	Psychological abuse and coercive control	14.1 (148)	11.6 (150)	12.3 (99)	NS
	Stalking and harassment	11.6 (121)	11.9 (154)	11.2 (91)	NS
	Indecent exposure	6.0 (63)	7.7 (100)	6.3 (51)	NS
	Unwanted sexual touching	9.0 (95)	11.2 (146)	12.4 (100)	NS
	Rape or assault by penetration	3.6 (37)	4.5 (58)	4.6 (37)	NS

3.2.6 Education level

The prevalence of any form of adulthood violence victimisation was significantly higher amongst those with qualifications compared to those no qualifications (Table 7). Across all subtypes of violence, the prevalence was also significantly higher amongst those with qualifications compared to those no qualifications (Table 7).

Table 7: Prevalence of types of violence victimisation by education level

		Qualifications % (n)	No qualifications % (n)	p
	Any adulthood violence	36.4 (1623)	17.4 (124)	<0.001
	Any sexual assault	13.0 (580)	3.0 (21)	<0.001
	Any intimate partner violence	12.8 (572)	5.3 (38)	<0.001
	Any night-time economy violence	12.0 (533)	2.4 (17)	<0.001
	Physical violence	25.8 (1114)	14.5 (97)	<0.001
	Psychological abuse and coercive control	10.6 (456)	4.1 (27)	<0.001
	Stalking and harassment	10.2 (437)	3.3 (22)	<0.001
	Indecent exposure	6.2 (267)	1.8 (12)	<0.001
	Unwanted sexual touching	9.5 (406)	1.5 (10)	<0.001
	Rape or assault by penetration	3.5 (149)	0.8 (5)	<0.001

3.2.7 Employment status

The prevalence of any form of adulthood violence victimisation or any subtypes of violence was not significantly associated with employment status (Table 8).

Table 8: Prevalence of types of violence victimisation by employment status

		Employed % (n)	Unemployed % (n)	p
	Any adulthood violence	32.8 (1511)	31.4 (58)	NS
	Any sexual assault	11.4 (527)	8.1 (15)	NS
	Any intimate partner violence	11.0 (507)	9.2 (17)	NS
	Any night-time economy violence	10.7 (492)	10.8 (20)	NS
	Physical violence	23.1 (1027)	26.9 (46)	NS
	Psychological abuse and coercive control	8.8 (389)	12.5 (21)	NS
	Stalking and harassment	8.8 (389)	8.8 (15)	NS
	Indecent exposure	5.4 (242)	4.7 (8)	NS
	Unwanted sexual touching	8.2 (363)	7.1 (12)	NS
	Rape or assault by penetration	2.9 (127)	4.2 (7)	NS

3.2.8 Sexuality

The prevalence of any form of adulthood violence victimisation was significantly higher amongst those of other sexualities compared to those who were heterosexual (Table 9). Across all subtypes of violence, the prevalence was also significantly higher amongst those of other sexualities compared to those who were heterosexual (Table 9).

Table 9: Prevalence of types of violence victimisation by sexuality

		Heterosexual % (n)	Other sexualities % (n)	p
	Any adulthood violence	32.0 (1621)	61.2 (128)	<0.001
	Any sexual assault	10.4 (525)	36.4 (76)	<0.001
	Any intimate partner violence	10.8 (547)	29.7 (62)	<0.001
	Any night-time economy violence	10.0 (507)	20.6 (43)	<0.001
	Physical violence	23.1 (1121)	41.3 (83)	<0.001
	Psychological abuse and coercive control	9.0 (436)	24.6 (49)	<0.001
	Stalking and harassment	8.6 (414)	23.2 (47)	<0.001
	Indecent exposure	5.1 (250)	14.3 (29)	<0.001
	Unwanted sexual touching	7.3 (352)	32.2 (65)	<0.001
	Rape or assault by penetration	2.6 (126)	13.8 (27)	<0.001

3.2.9 Relationship status

The prevalence of any form of adulthood violence victimisation was significantly higher amongst those not in a relationship compared to those who were in a relationship (Table 10). Across all subtypes of violence, except night-time economy violence, the prevalence was also significantly higher amongst those not in a relationship compared to those who were in a relationship (Table 10).

Table 10: Prevalence of types of violence victimisation by relationship status

		In a relationship % (n)	Not in a relationship % (n)	p
	Any adulthood violence	31.5 (922)	36.4 (811)	<0.001
	Any sexual assault	9.8 (288)	13.8 (308)	<0.001
	Any intimate partner violence	9.2 (268)	14.8 (331)	<0.001
	Any night-time economy violence	10.6 (310)	10.7 (238)	NS
	Physical violence	22.4 (636)	26.3 (561)	<0.01
	Psychological abuse and coercive control	6.9 (194)	13.2 (280)	<0.001
	Stalking and harassment	7.3 (206)	11.8 (249)	<0.001
	Indecent exposure	4.5 (128)	7.1 (152)	<0.001
	Unwanted sexual touching	7.0 (199)	10.0 (211)	<0.001
	Rape or assault by penetration	2.3 (65)	4.2 (89)	<0.001

3.2.10 Neurodivergence

The prevalence of any form of adulthood violence victimisation was significantly higher amongst those who were neurodivergent compared to those who were not (Table 11). Across all subtypes of violence, the prevalence was also significantly higher amongst those who were neurodivergent compared to those who were not (Table 11).

Table 11: Prevalence of types of violence victimisation by neurodivergent status

		Neurodivergent % (n)	Neurotypical % (n)	p
	Any adulthood violence	61.4 (324)	30.1 (1381)	<0.001
	Any sexual assault	26.3 (139)	9.8 (450)	<0.001
	Any intimate partner violence	27.8 (147)	9.6 (442)	<0.001
	Any night-time economy violence	22.3 (118)	9.2 (421)	<0.001
	Physical violence	48.5 (245)	21.1 (935)	<0.001
	Psychological abuse and coercive control	27.9 (139)	7.4 (326)	<0.001
	Stalking and harassment	22.9 (114)	7.6 (337)	<0.001
	Indecent exposure	11.2 (57)	5.0 (221)	<0.001
	Unwanted sexual touching	23.6 (118)	6.5 (286)	<0.001
	Rape or assault by penetration	11.2 (55)	2.2 (99)	<0.001

3.3 Adulthood violence victimisation and health risk behaviours

This section presents findings on associations between any adulthood violence victimisation since age 18 years, and a range of health risk behaviours including alcohol use, smoking and vaping, drug use, and gambling related harm. All findings are based on sample (unmodelled) data.

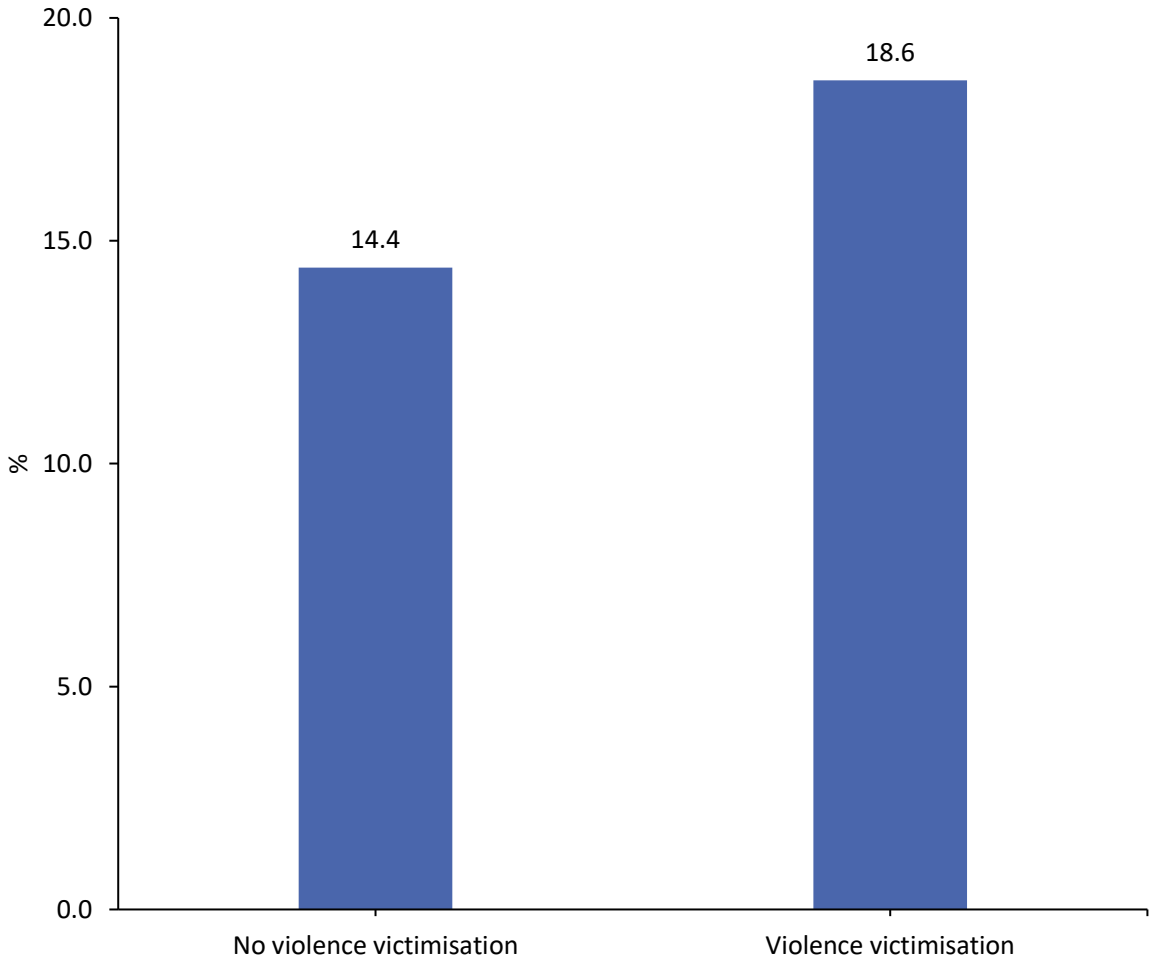
Increased risk in adults who have experienced violence victimisation in adulthood vs. those who have not *Controlling for age, sex, ethnicity, and deprivation*		
	Alcohol (current, 5+ drinks on one occasion at least weekly)	**1.4x**
	Smoking and/or vaping (current daily)	**1.5x**
	Use of any drug (past 12 months)	**3.3x**
	Gambling related harm (of those who gambled in past 12 months)	**1.9x**

3.3.1 Alcohol use

15.8% of participants were drinking 5+ drinks on one occasion on a weekly basis[3]

There was a significant association between violence victimisation in adulthood and consuming 5+ drinks on one occasion on a weekly basis, with a higher prevalence of having 5+ drinks on one occasion on a weekly basis amongst those who had been a victim of violence (18.6%), compared to those who had not (14.4%; p<0.001; Figure 30). While controlling for sociodemographics, the association between experiencing violence victimisation as an adult and having 5+ drinks on one occasion on a weekly basis remained significant. Those who experienced violence victimisation as an adult were nearly 1.4 times as likely (AOR=1.38, 95% CIs [1.18, 1.61]) to have 5+ drinks on one occasion on a weekly basis compared to those who had not been a victim of violence in adulthood.

Figure 30: Prevalence of having 5+ drinks on one occasion on a weekly basis by adulthood violence victimisation



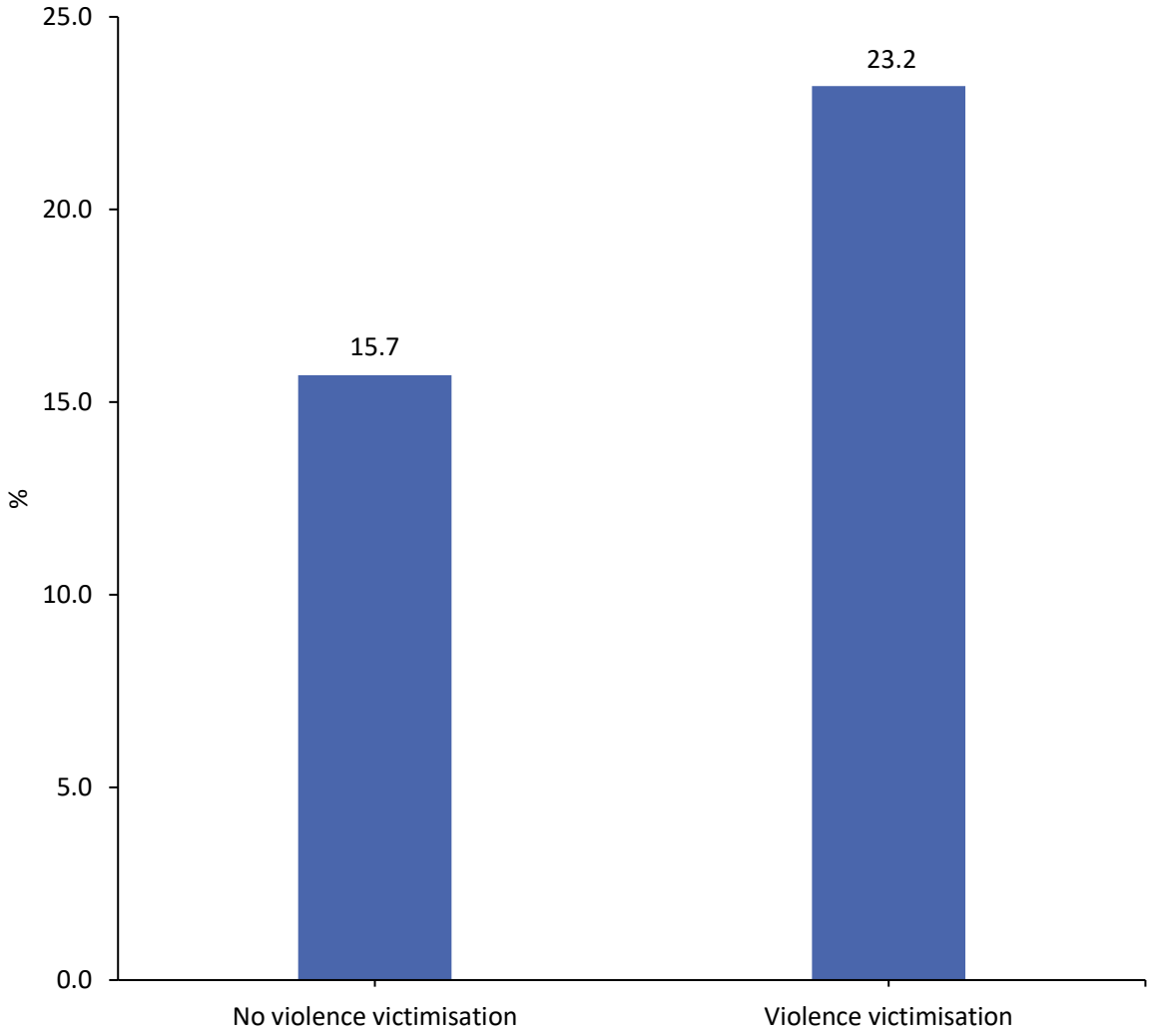
[3] 40.4% did so monthly or less, and 43.9% of participants never drink 5+ drinks on one occasion.

3.3.2 Smoking tobacco and use of e-cigarettes/vapes

Just under one in five (18.2%) participants were currently smoking tobacco daily and/or using e-cigarettes/vapes[4]

There was a significant association between violence victimisation in adulthood and daily smoking tobacco and/or e-cigarette/vape use, with a higher prevalence of daily smoking or e-cigarette/vape use amongst those who had been a victim of violence (23.2%), compared to those who had not (15.7%; p<0.001; Figure 31). While controlling for sociodemographics, the association between experiencing violence victimisation as an adult and daily smoking or e-cigarette/vape use remained significant. Those who experienced violence victimisation as an adult were 1.5 times as likely (AOR=1.52, 95% CIs [1.31, 1.77]) to smoke or use e-cigarette/vape daily compared to those who had not been a victim of violence in adulthood.

Figure 31: Prevalence of daily tobacco smoking or e-cigarette/vape use by adulthood violence victimisation



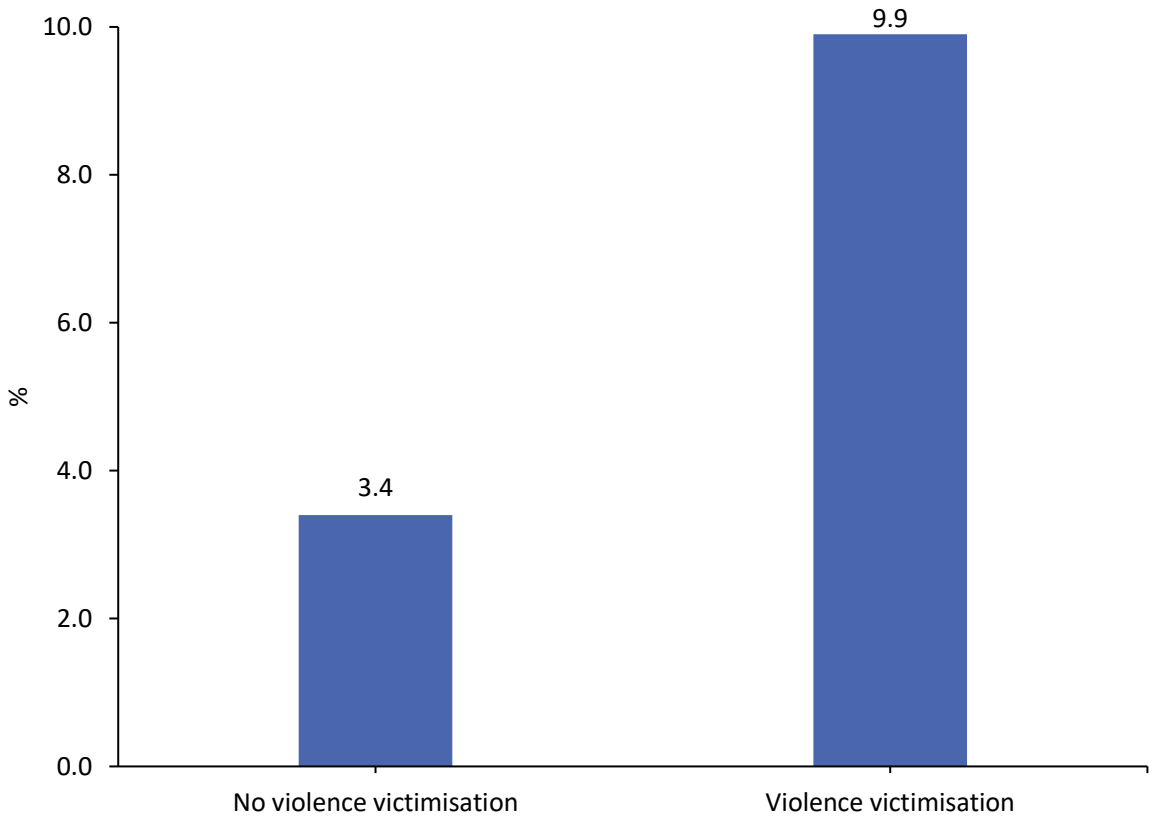
[4] 12.0% were current daily smokers. 8.4% were current daily users of e-cigarettes or vapes.

3.3.3 Drug use

One in 20 (5.6%) participants had used any drug[5] in the past 12 months[6]

There was a significant association between violence victimisation in adulthood and any past year drug use, with a higher prevalence of past year drug use amongst those who had been a victim of violence (9.9%), compared to those who had not (3.4%; p<0.001; Figure 32). While controlling for sociodemographics, the association between experiencing violence victimisation as an adult and past year drug use remained significant. Those who experienced violence victimisation as an adult were nearly 3.3 times as likely (AOR=3.29, 95% CIs [2.55, 4.24]) to use any drug in the past year compared to those who had not been a victim of violence in adulthood.

Figure 32: Prevalence of any past year drug use by adulthood violence victimisation



[5] Includes use of the following drugs that were not prescribed by a doctor or medical professional: cannabis, powder cocaine, nitrous oxide, heroin/crack cocaine, ecstasy, amphetamines, psychedelics, GHB, mephedrone, and ketamine.

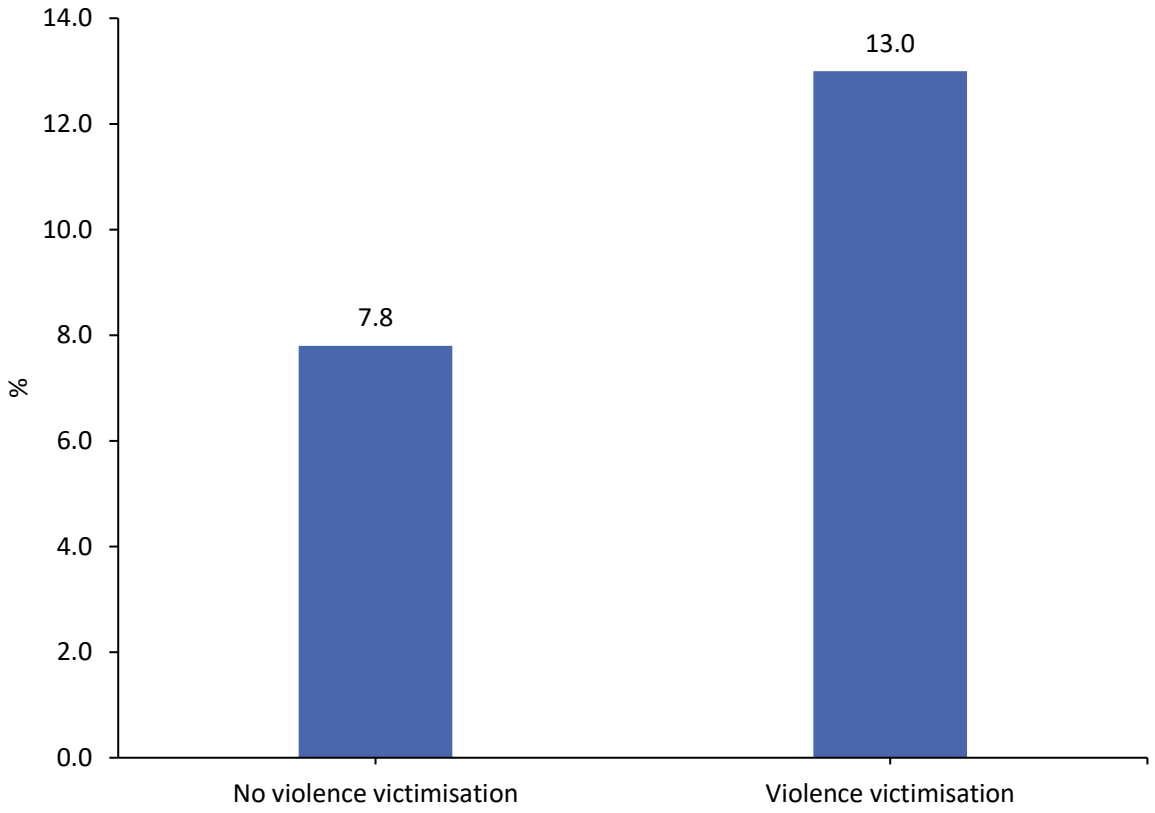
[6] 2.4% had used any drug in the past year excluding cannabis. 19.1% of participants had ever used any drug, and 10.3% had ever used any drug excluding cannabis.

3.3.4 Gambling related harm

Of those who gambled in the past 12 months, one in 10 (10.0%) participants experienced gambling related harm

There was a significant association between violence victimisation in adulthood and experiencing gambling related harm, with a higher prevalence of experiencing gambling related harm amongst those who had been a victim of violence (13.0%), compared to those who had not (7.8%; p<0.001; Figure 33). While controlling for sociodemographics, the association between experiencing violence victimisation as an adult and experiencing any gambling-related harm remained significant. Those who experienced violence victimisation as an adult were nearly 1.9 times as likely (AOR=1.86, 95% CIs [1.33, 2.60]) to experience any gambling-related harm in the past year compared to those who had not been a victim of violence in adulthood.

Figure 33: Prevalence of gambling related harm by adulthood violence victimisation



3.4 Adulthood violence victimisation and criminal justice exposure

This section presents findings on associations between any adulthood violence victimisation since age 18 years, and criminal justice exposure including arrest and incarceration history. All findings are based on sample (unmodelled) data.

Increased risk in adults who have experienced violence victimisation in adulthood vs. those who have not

Controlling for age, sex, ethnicity, and deprivation

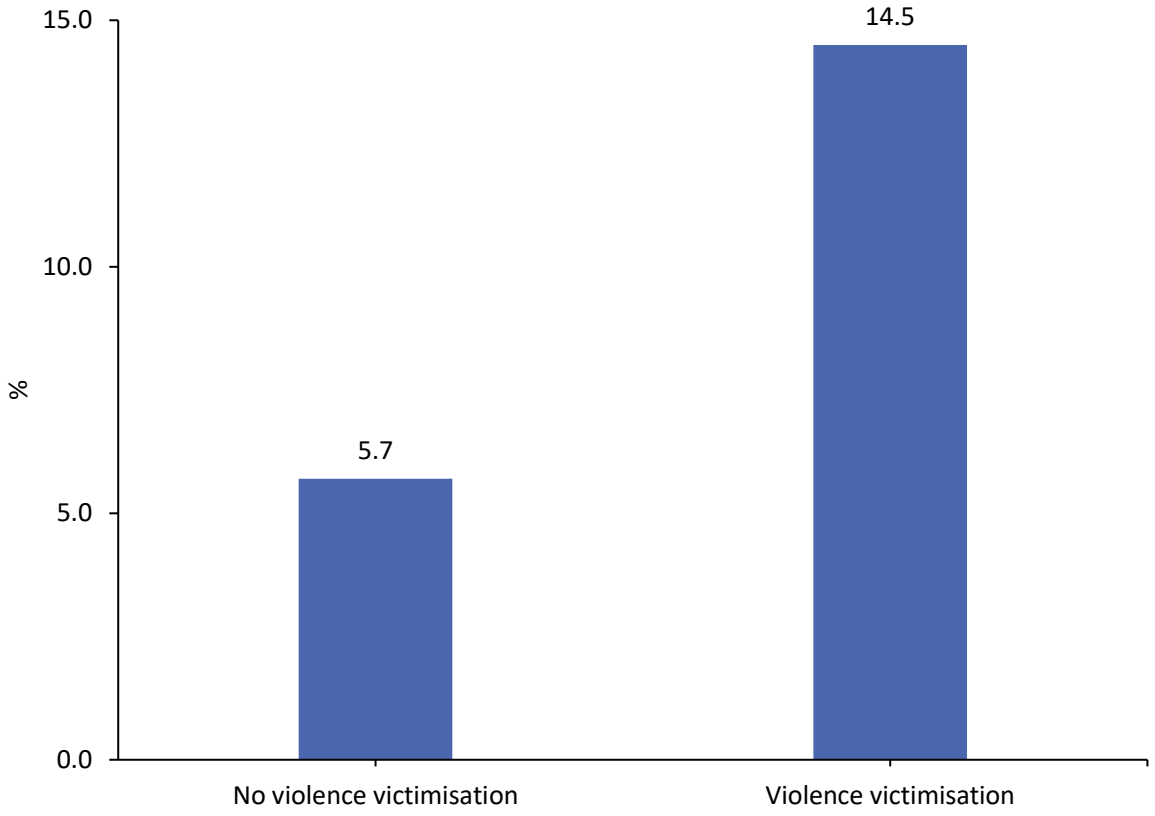
Been arrested (ever)	**2.9x**
Been incarerated (ever)	**2.8x**

3.4.1 Arrest history

Almost one in ten (8.6%) participants had ever been arrested in the UK

There was a significant association between violence victimisation in adulthood and ever having been arrested, with a higher prevalence of having ever been arrested amongst those who had been a victim of violence (14.5%), compared to those who had not (5.7%; p<0.001; Figure 34). While controlling for sociodemographics, the association between experiencing violence victimisation as an adult and having ever been arrested remained significant. Those who experienced violence victimisation as an adult were over 2.9 times as likely (AOR=2.93, 95% CIs [2.38, 3.60]) to have ever been arrested compared to those who had not been a victim of violence in adulthood.

Figure 34: Prevalence of ever having been arrested by adulthood violence victimisation

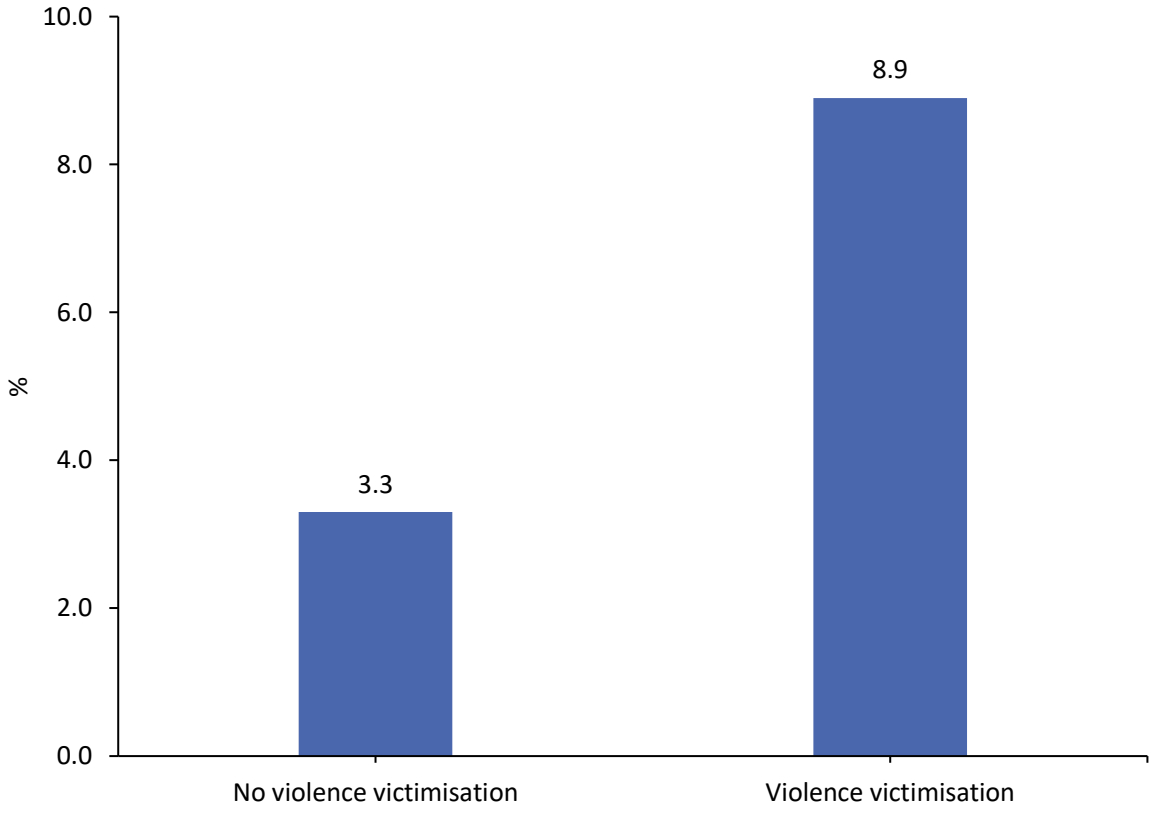


3.4.2 Incarceration history

One in twenty (5.2%) participants had ever been incarcerated in the UK

There was a significant association between violence victimisation in adulthood and ever having been incarcerated, with a higher prevalence of having ever been incarcerated amongst those who had been a victim of violence (8.9%), compared to those who had not (3.3%; p<0.001; Figure 35). While controlling for sociodemographics, the association between experiencing violence victimisation as an adult and having ever been incarcerated remained significant. Those who experienced violence victimisation as an adult were over 2.8 times as likely (AOR=2.84, 95% CIs [2.19, 3.67]) to have ever been incarcerated compared to those who had not been a victim of violence in adulthood.

Figure 35: Prevalence of ever having been incarcerated by adulthood violence victimisation



3.5 Adulthood violence victimisation and health and wellbeing

This section presents findings on associations between any adulthood violence victimisation since age 18 years, and general health and mental wellbeing. All findings are based on sample (unmodelled) data.

Increased risk in adults who have experienced violence victimisation in adulthood vs. those who have not

Controlling for age, sex, ethnicity, and deprivation

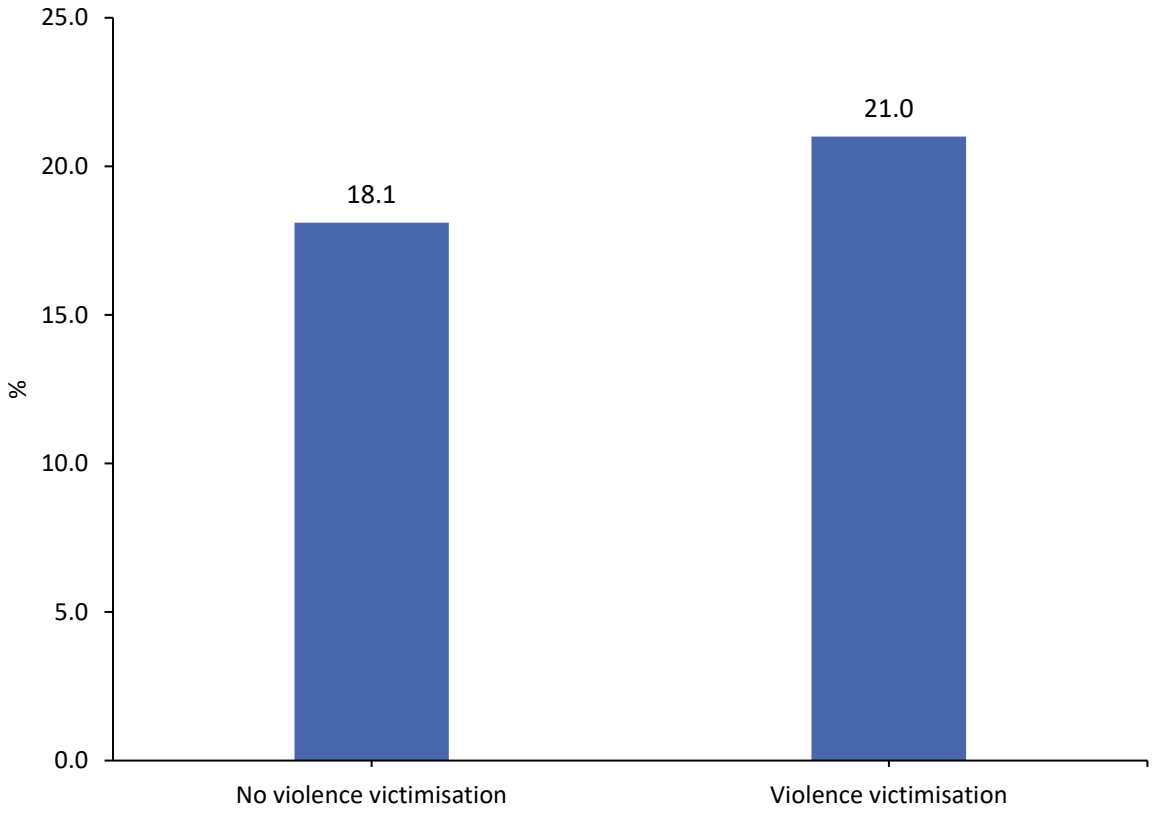
 Poor general health (current)	**1.2x**
 Low mental wellbeing (current)	**2.0x**

3.5.1 General health

One in twenty (19.0%) participants currently experienced poor general health

There was a significant association between violence victimisation in adulthood and general health and, with a higher prevalence of poor general health amongst those who had been a victim of violence (21.0%), compared to those who had not (18.1%; $p<0.05$; Figure 36). While controlling for sociodemographics, the association between experiencing violence victimisation as an adult and poor general health remained significant. Those who experienced violence victimisation as an adult were over 1.2 times as likely (AOR=1.24, 95% CIs [1.06, 1.44]) to experience poor general health compared to those who had not been a victim of violence in adulthood.

Figure 36: Prevalence of poor general health by adulthood violence victimisation

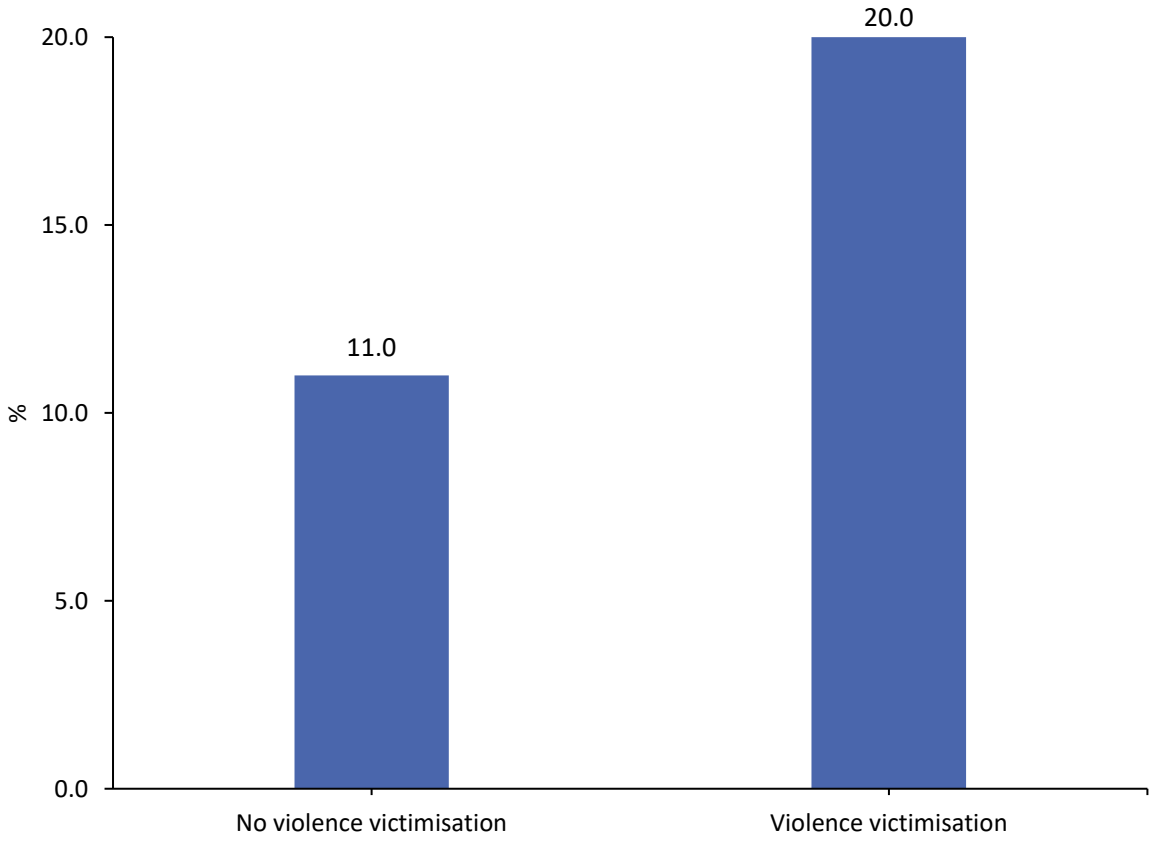


3.5.2 Mental wellbeing

Over one in ten (14.1%) participants currently experienced low mental wellbeing

There was a significant association between violence victimisation in adulthood and mental wellbeing, with a higher prevalence of low mental wellbeing amongst those who had been a victim of violence (20.0%), compared to those who had not (11.0%; p<0.001; Figure 37). While controlling for sociodemographics, the association between experiencing violence victimisation as an adult and low mental wellbeing remained significant. Those who experienced violence victimisation as an adult were nearly 2.0 times as likely (AOR=1.99, 95% CIs [1.69, 2.34]) to experience low mental wellbeing compared to those who had not been a victim of violence in adulthood.

Figure 37: Prevalence of low mental wellbeing by adulthood violence victimisation



3.6 Adulthood violence victimisation and perceptions of personal safety and prevalence of violence

This section presents findings on associations between any adulthood violence victimisation since age 18 years, and perceptions of safety and prevalence of violence. All findings are based on sample (unmodelled) data.

Increased risk in adults who have experienced violence victimisation in adulthood vs. those who have not

Controlling for age, sex, ethnicity, and deprivation

Personal safety from violence / prevalence of violence	Feel unsafe from violence in Merseyside generally	**2.1x**
	Feel unsafe from violence in their neighbourhood	**3.0x**
	Violence is common in Merseyside generally	**NS**
	Violence is common in their neighbourhood	**1.7x**

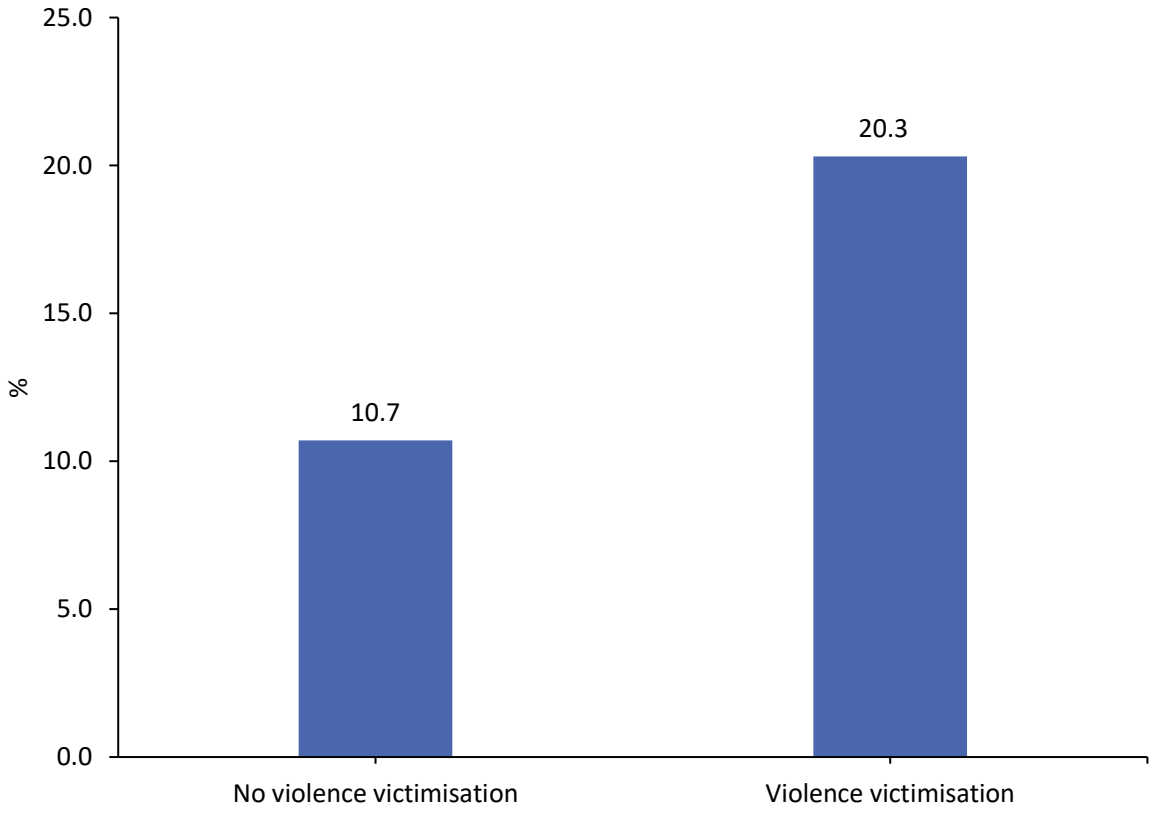
3.6.1 Perceptions of personal safety from violence

Personal safety across Merseyside

Overall, 13.9% of participants felt personally unsafe from violence in Merseyside generally

There was a significant association between violence victimisation in adulthood and feeling personally unsafe from violence in Merseyside generally, with a higher prevalence of feeling unsafe amongst those who had been a victim of violence (20.3%), compared to those who had not (10.7%; p<0.001; Figure 38). While controlling for sociodemographics, the association between experiencing violence victimisation as an adult and feeling personally unsafe from violence in Merseyside generally remained significant. Those who experienced violence victimisation as an adult were over 2.1 times as likely (AOR=2.14, 95% CIs [1.82, 2.51]) to feel unsafe from violence in Merseyside generally compared to those who had not been a victim of violence in adulthood.

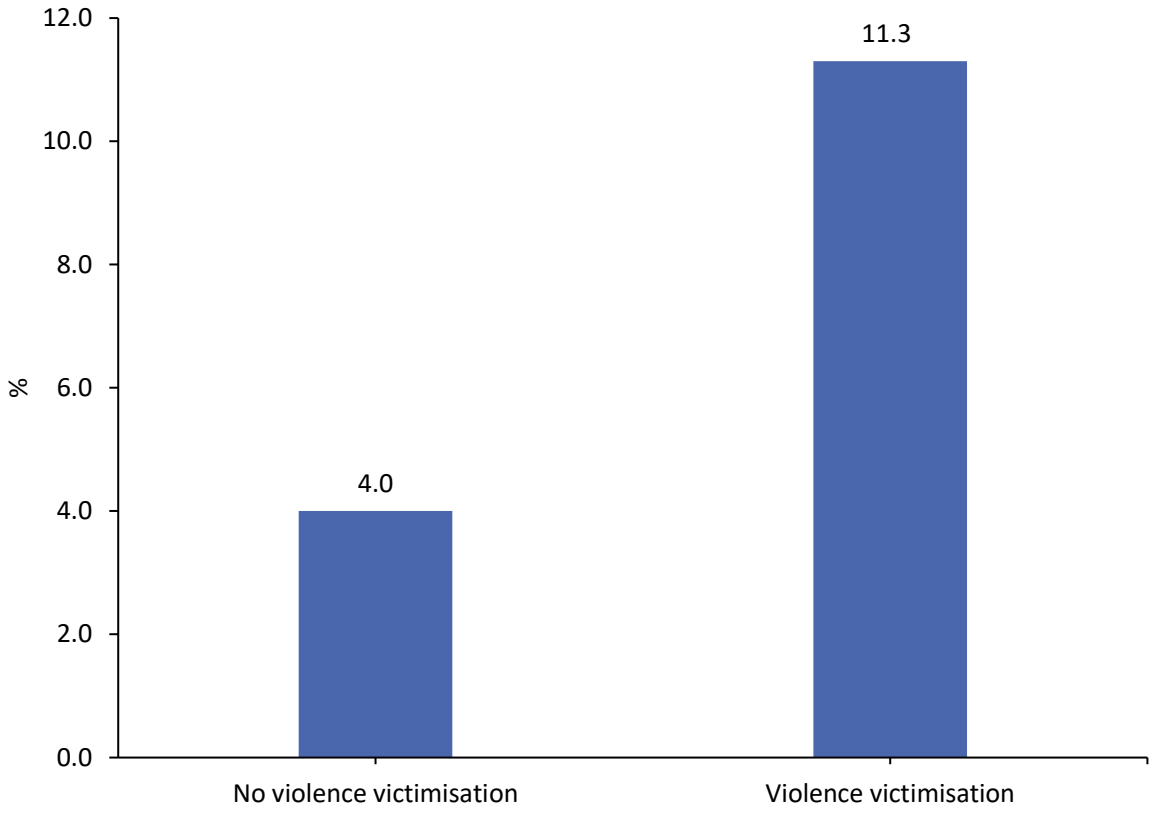
Figure 38: Prevalence of feeling personally unsafe from violence in Merseyside generally by adulthood violence victimisation



Overall, 6.4% of participants felt personally unsafe from violence in their neighbourhood

There was also a significant association between violence victimisation in adulthood and feeling personally unsafe from violence in their neighbourhood, with a higher prevalence of feeling unsafe amongst those who had been a victim of violence (11.3%), compared to those who had not (4.0%; p<0.001; Figure 39). While controlling for sociodemographics, the association between experiencing violence victimisation as an adult and feeling personally unsafe from violence in your neighbourhood remained significant. Those who experienced violence victimisation as an adult were nearly 3.0 times as likely (AOR=2.99, 95% CIs [2.38, 3.76]) to feel unsafe from violence in their neighbourhood compared to those who had not been a victim of violence in adulthood.

Figure 39: Prevalence of feeling personally unsafe from violence in your neighbourhood by adulthood violence victimisation



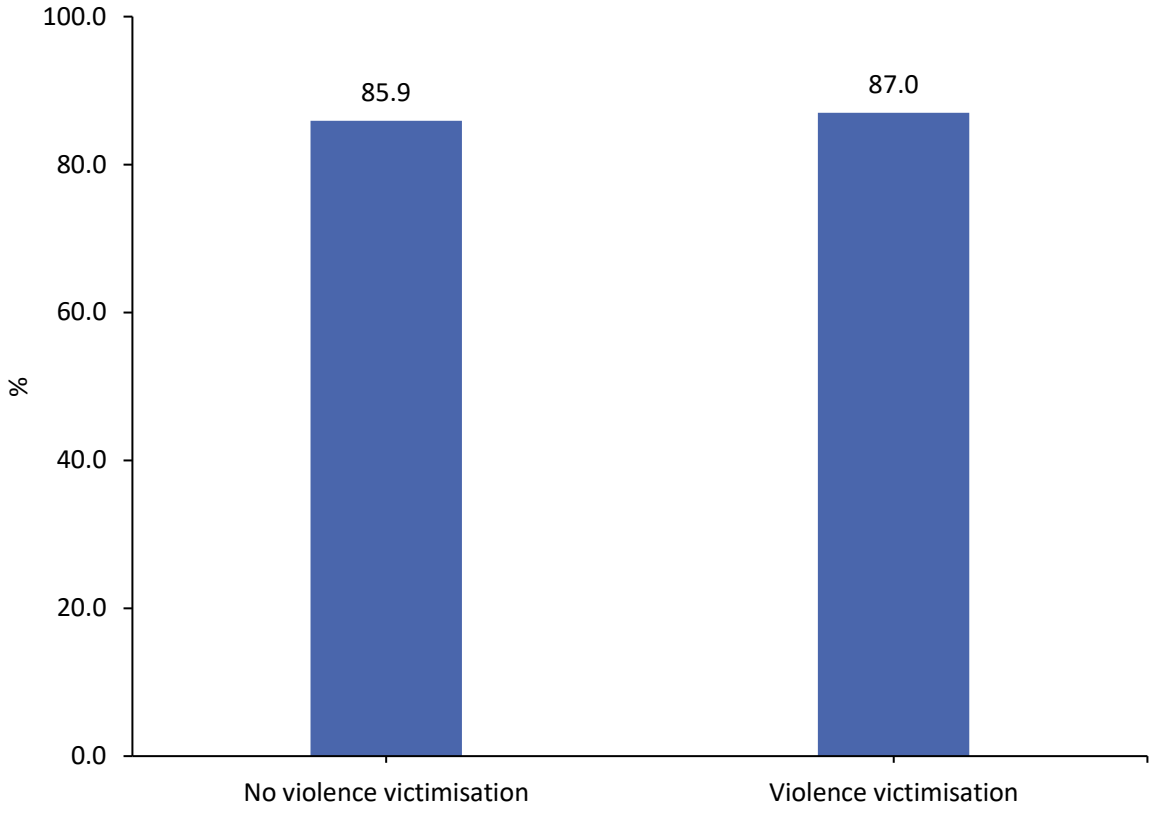
3.6.2 Perceptions of the prevalence of violence

Violence across Merseyside

Overall, 86.3% of participants perceived violence as common in Merseyside generally

There was no significant association between violence victimisation in adulthood and perceiving that violence is common in Merseyside generally and (Figure 40). While controlling for sociodemographics, the association between experiencing violence victimisation as an adult and thinking that violence is common in Merseyside generally remained non-significant.

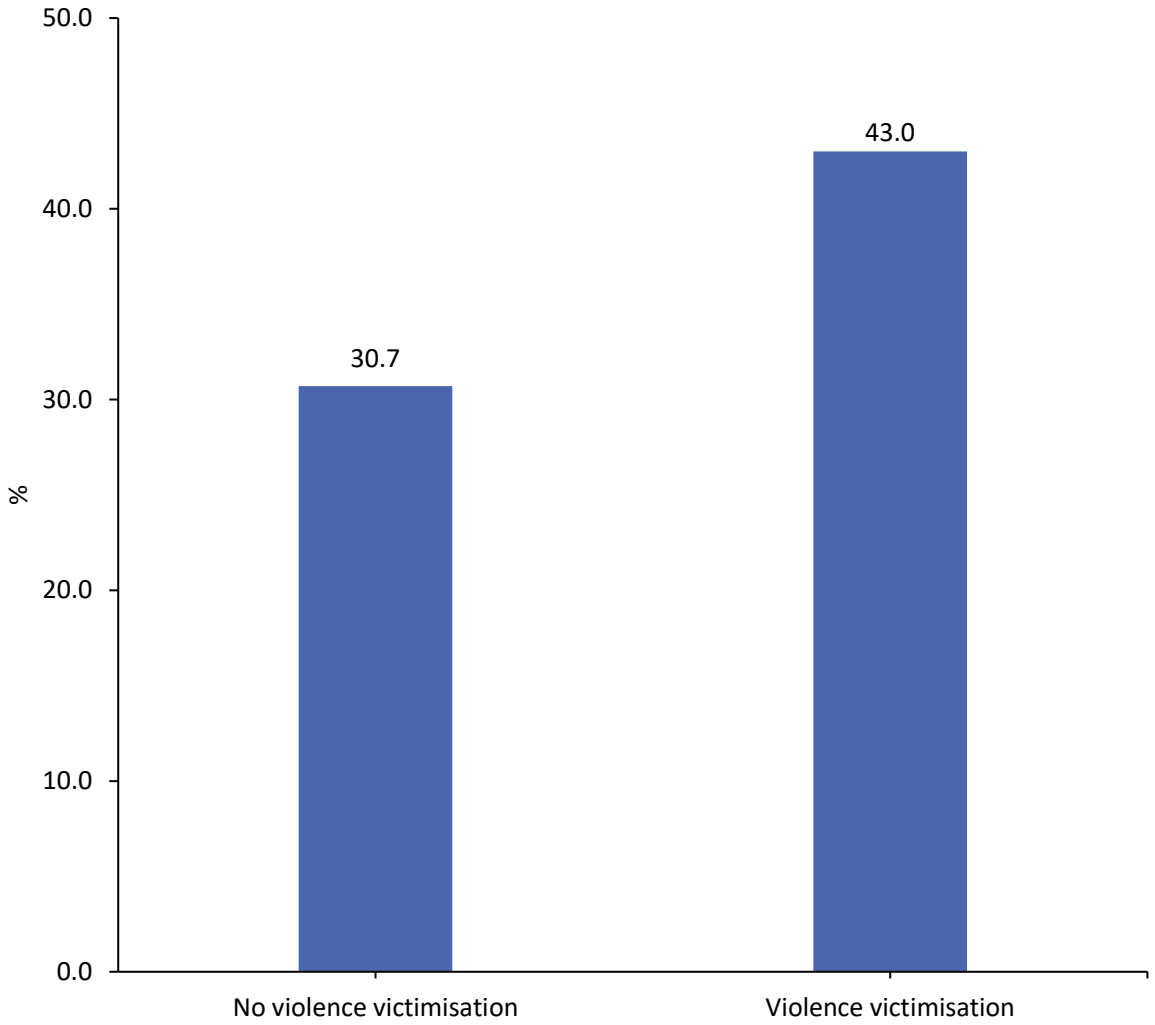
Figure 40: Prevalence of perceiving violence is common in Merseyside generally by adulthood violence victimisation



Overall, 34.8% of participants perceived violence as common in their neighbourhood

There was a significant association between violence victimisation in adulthood and perceiving violence is common in their neighbourhood and, with a higher prevalence of thinking that violence is common amongst those who had been a victim of violence (43.0%), compared to those who had not (30.7%; p<0.001; Figure 41). While controlling for sociodemographics, the association between experiencing violence victimisation as an adult and thinking violence is common in your neighbourhood remained significant. Those who experienced violence victimisation as an adult were nearly 1.7 times as likely (AOR=1.66, 95% CIs [1.47, 1.88]) to think violence is common in their neighbourhood compared to those who had not been a victim of violence in adulthood.

Figure 41: Prevalence of perceiving violence is common in your neighbourhood by adulthood violence victimisation

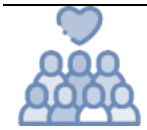


3.7 Adulthood violence victimisation and relationships

This section presents findings on associations between any adulthood violence victimisation since age 18 years, and neighbourhood cohesion and close relationships. All findings are based on sample (unmodelled) data.

Increased risk in adults who have experienced violence victimisation in adulthood vs. those who have not

Controlling for age, sex, ethnicity, and deprivation

Neighbourhood cohesion	 Low levels of overall neighbourhood cohesion	**1.2x**
	 Low levels of neighbourhood needs fulfilment	**NS**
	 Low levels of neighbourhood group membership	**NS**
	 Low levels of neighbourhood influence	**1.4x**
	 Low levels of neighbourhood emotional connection	**1.3x**
Close relationships	 Does not feel close to adults that they live with	**NS**
	 Does NOT feel close to relatives that they do not live with	**1.3x**
	 Does NOT have close or good friends	**1.4x**

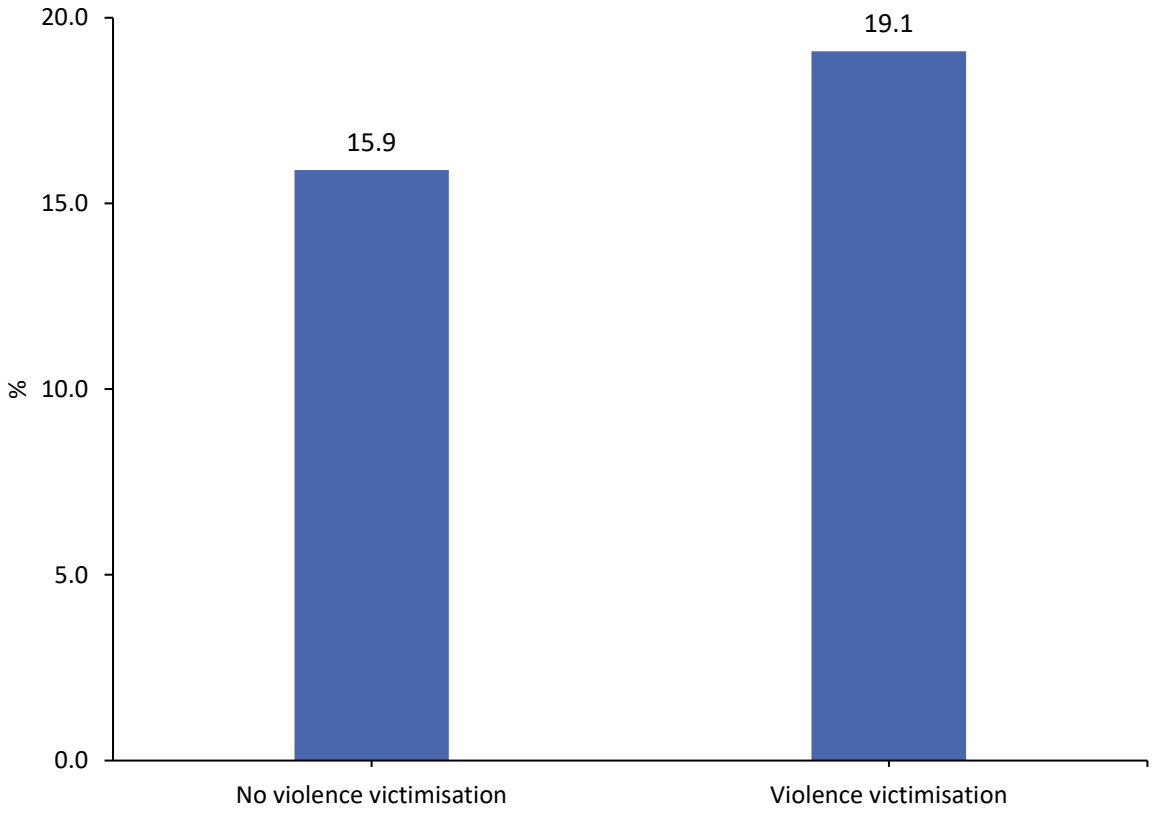
3.7.1 Neighbourhood cohesion

Overall neighbourhood cohesion scale

Overall, 17.0% of participants had low levels of overall neighbourhood cohesion

There was a significant association between violence victimisation in adulthood and levels of overall neighbourhood cohesion, with a higher prevalence of having low overall neighbourhood cohesion amongst those who had been a victim of violence (19.1%), compared to those who had not (15.9%; p<0.01; Figure 42). While controlling for sociodemographics, the association between experiencing violence victimisation as an adult and having low levels of overall neighbourhood cohesion remained significant. Those who experienced violence victimisation as an adult were 1.2 times as likely (AOR=1.20, 95% CIs [1.03, 1.40]) to have low levels of overall neighbourhood cohesion compared to those who had not been a victim of violence in adulthood.

Figure 42: Prevalence of low levels of overall neighbourhood cohesion by adulthood violence victimisation

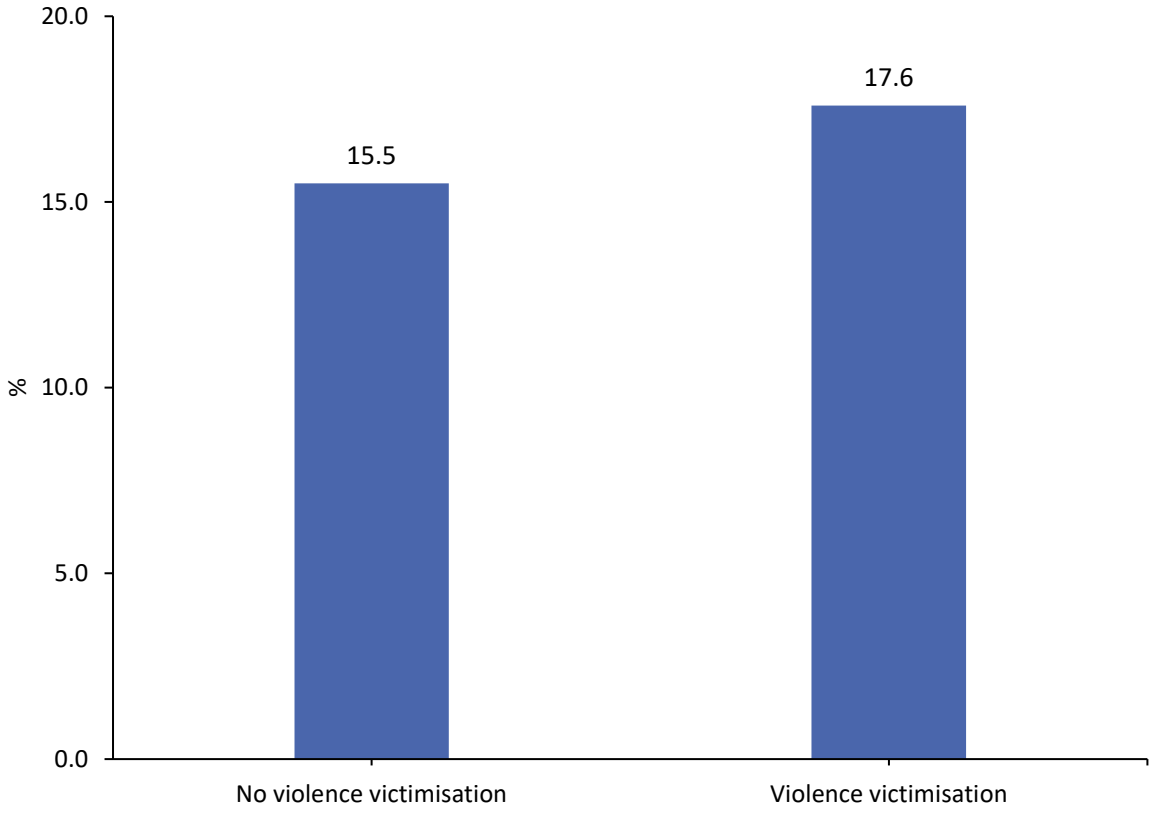


Neighbourhood needs fulfilment subscale

Overall, 16.2% of participants had low levels of neighbourhood needs fulfilment

There was no significant association between violence victimisation in adulthood and levels of neighbourhood needs fulfilment (Figure 43). While controlling for sociodemographics, the association between experiencing violence victimisation as an adult and having low levels of neighbourhood needs fulfilment remained non-significant.

Figure 43: Prevalence of low levels of neighbourhood needs fulfilment by adulthood violence victimisation

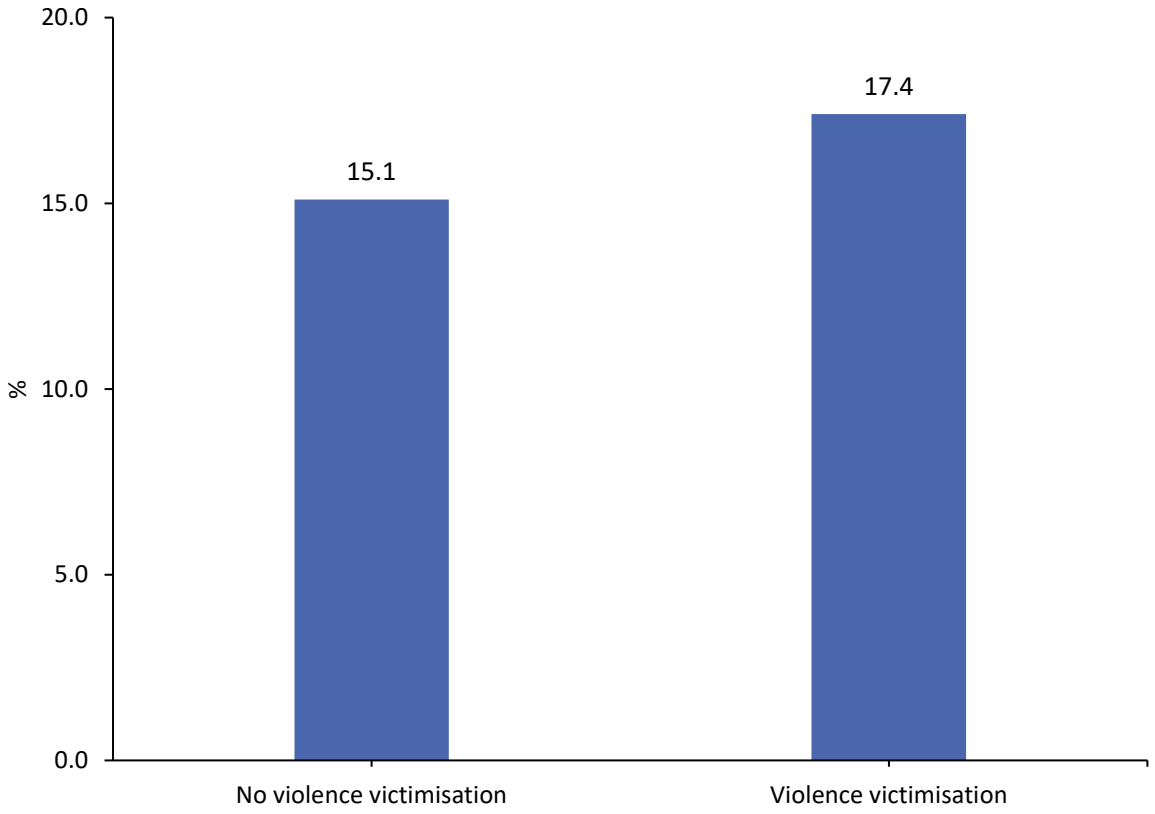


Neighbourhood group membership subscale

Overall, 15.8% of participants had low levels of neighbourhood group membership

There was a significant association between violence victimisation in adulthood and levels of neighbourhood group membership, with a higher prevalence of having low neighbourhood group membership amongst those who had been a victim of violence (17.4%), compared to those who had not (15.1%; $p<0.05$; Figure 44). While controlling for sociodemographics, the association between experiencing violence victimisation as an adult and having low levels of neighbourhood group membership was no longer significant.

Figure 44: Prevalence of low levels of neighbourhood group membership by adulthood violence victimisation

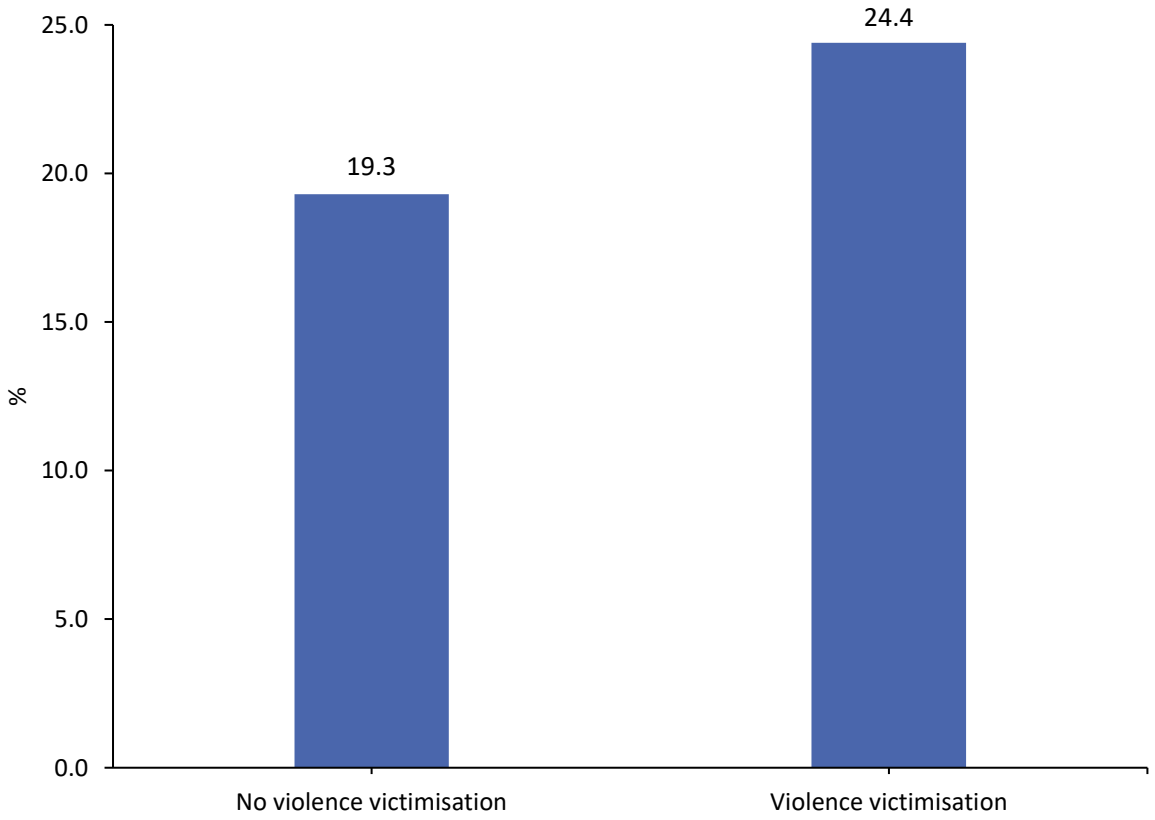


Neighbourhood influence subscale

Overall, 21.0% of participants had low levels of neighbourhood influence

There was a significant association between violence victimisation in adulthood and levels of neighbourhood influence, with a higher prevalence of having low neighbourhood influence amongst those who had been a victim of violence (24.4%), compared to those who had not (19.3%; p<0.001; Figure 45). While controlling for sociodemographics, the association between experiencing violence victimisation as an adult and having low levels of neighbourhood influence remained significant. Those who experienced violence victimisation as an adult were nearly 1.4 times as likely (AOR=1.39, 95% CIs [1.21, 1.60]) to have low levels of neighbourhood influence compared to those who had not been a victim of violence in adulthood.

Figure 45: Prevalence of low levels of neighbourhood influence by adulthood violence victimisation

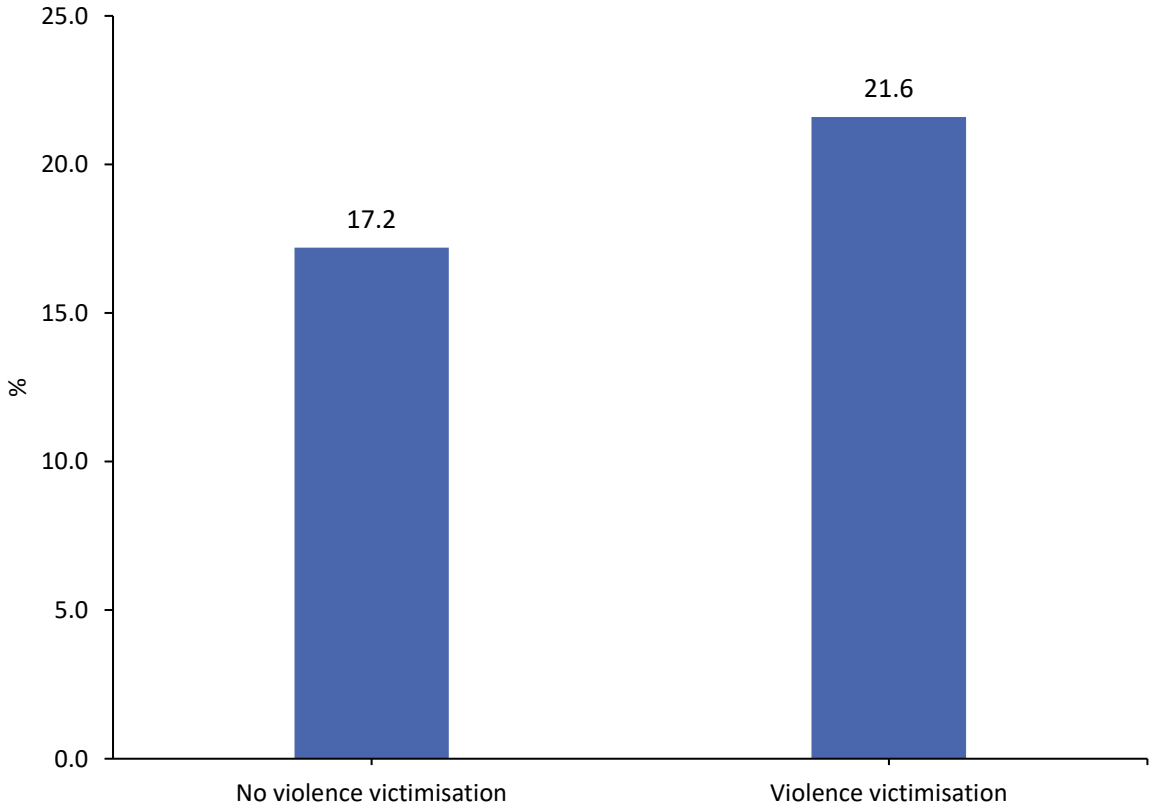


Neighbourhood emotional connection subscale

Overall, 18.7% of participants had low levels of neighbourhood emotional connection

There was a significant association between violence victimisation in adulthood and levels of neighbourhood emotional connection, with a higher prevalence of having low neighbourhood emotional connection amongst those who had been a victim of violence (21.6%), compared to those who had not (17.2%; p<0.001; Figure 46). While controlling for sociodemographics, the association between experiencing violence victimisation as an adult and having low levels of neighbourhood emotional connection remained significant. Those who experienced violence victimisation as an adult were nearly 1.3 times as likely (AOR=1.28, 95% CIs [1.11, 1.48]) to have low levels of neighbourhood emotional connection compared to those who had not been a victim of violence in adulthood.

Figure 46: Prevalence of low levels of neighbourhood emotional connection by adulthood violence victimisation



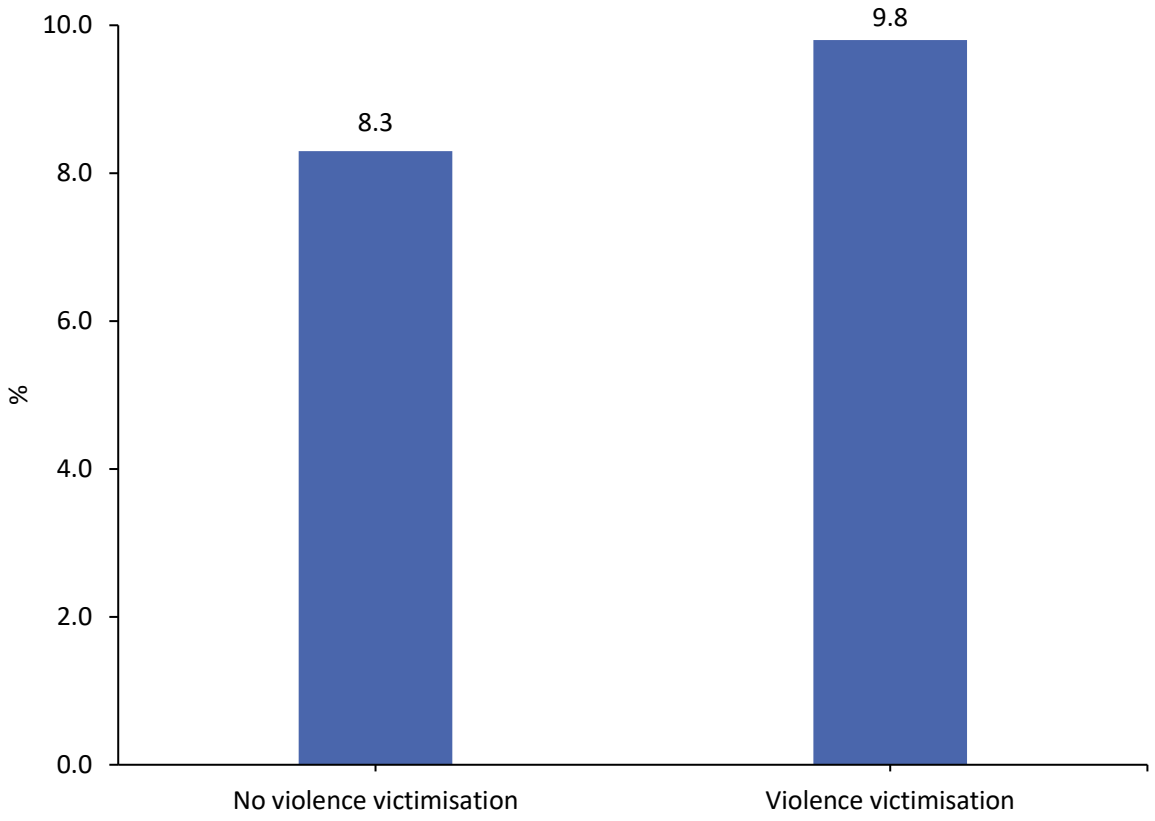
3.7.2 Close relationships

Closeness with adults you live with

Overall, 8.8% of participants indicated that they do not feel close to the adults that they live with

There was no significant association between violence victimisation in adulthood and not feeling close to adults individuals live with (Figure 47). While controlling for sociodemographics, the association between experiencing violence victimisation as an adult and not feeling close to the adults individuals live with remained non-significant.

Figure 47: Prevalence of not feeling close to adults individuals live with by adulthood violence victimisation

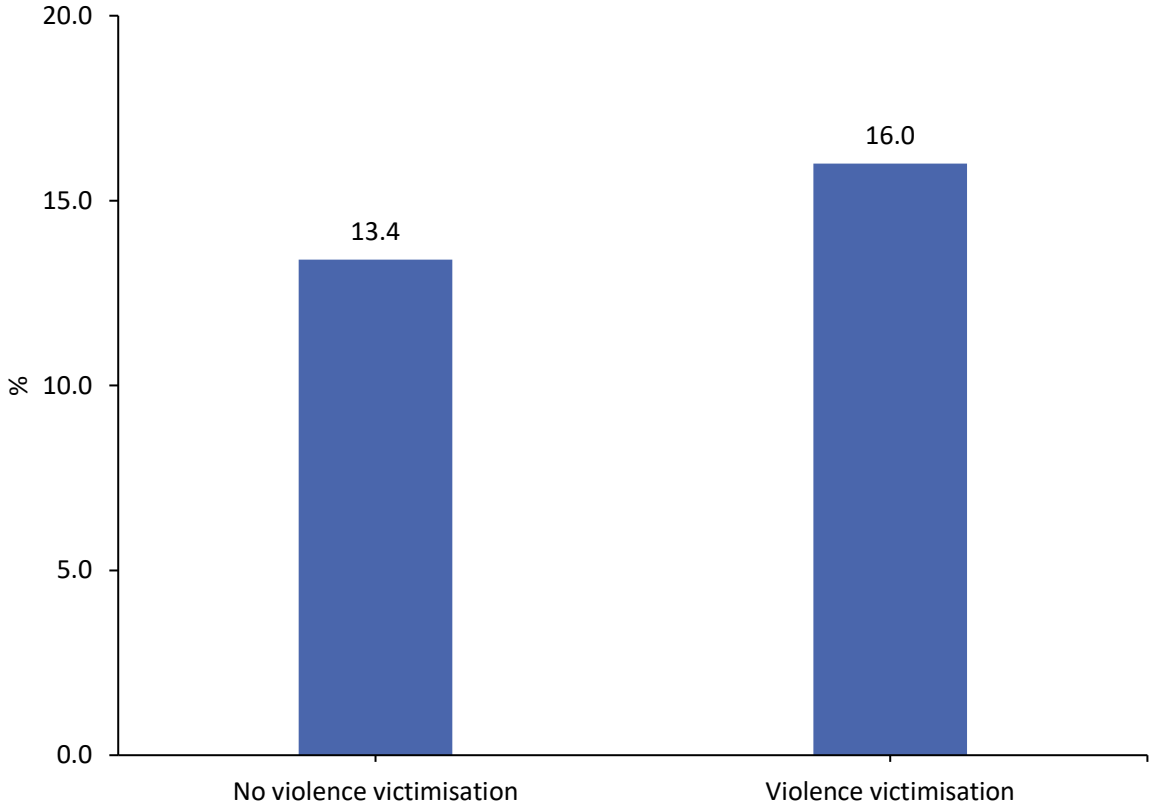


Closeness with relatives you don't live with

Overall, 14.2% of participants indicated that they do not feel close to relatives that they do not live with

There was a significant association between violence victimisation in adulthood and not feeling close to relatives that an individual does not live with, with a higher prevalence of not feeling close to relatives that they do not live with amongst those who had been a victim of violence (16.0%), compared to those who had not (13.4%; $p<0.05$; Figure 48). While controlling for sociodemographics, the association between experiencing violence victimisation as an adult and not feeling close to relatives that they do not live with remained significant. Those who experienced violence victimisation as an adult were nearly 1.3 times as likely (AOR=1.26, 95% CIs [1.07, 1.48]) to not feel close to relatives they do not live with compared to those who had not been a victim of violence in adulthood.

Figure 48: Prevalence of not feeling close to relatives (that an individual does not live with) by adulthood violence victimisation

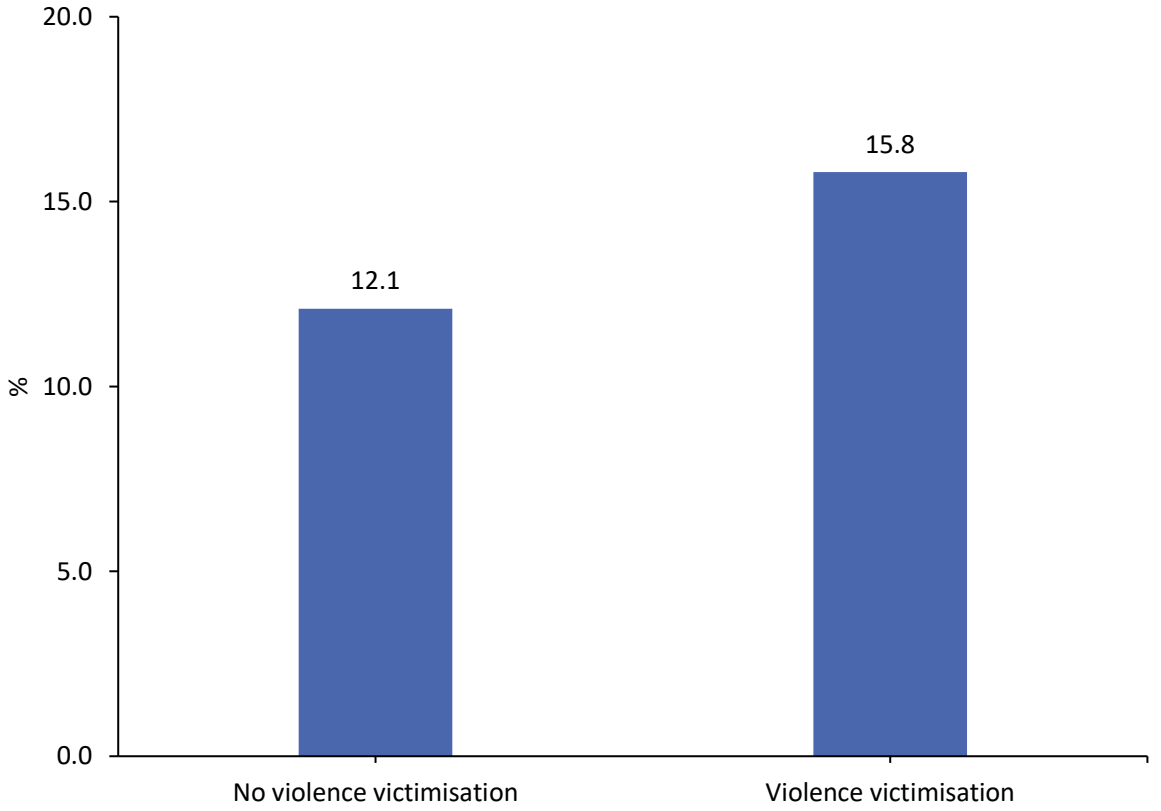


Good or close friends

Overall, 13.3% of participants indicated that they do not have close or good friends

There was a significant association between not having close or good friends and violence victimisation in adulthood, with a higher prevalence of not having close or good friends amongst those who had been a victim of violence (15.8%), compared to those who had not (12.1%; p<0.001; Figure 49). While controlling for sociodemographics, the association between experiencing violence victimisation as an adult and not having close or good friends remained significant. Those who experienced violence victimisation as an adult were 1.4 times as likely (AOR=1.40, 95% CIs [1.18, 1.65]) to not have close or good friends compared to those who had not been a victim of violence in adulthood.

Figure 49: Prevalence of not having close or good friends by adulthood violence victimisation

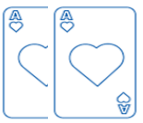


3.8 Adulthood violence victimisation and adverse childhood experiences

This section presents findings on associations between any adulthood violence victimisation since age 18 years, and number of adverse childhood experiences, history of school exclusion, and having no trusted adult support in childhood. All findings are based on sample (unmodelled) data.

Increased risk of violence victimisation in adulthood vs. those who have not experienced each negative childhood experience

Controlling for age, sex, ethnicity, and deprivation

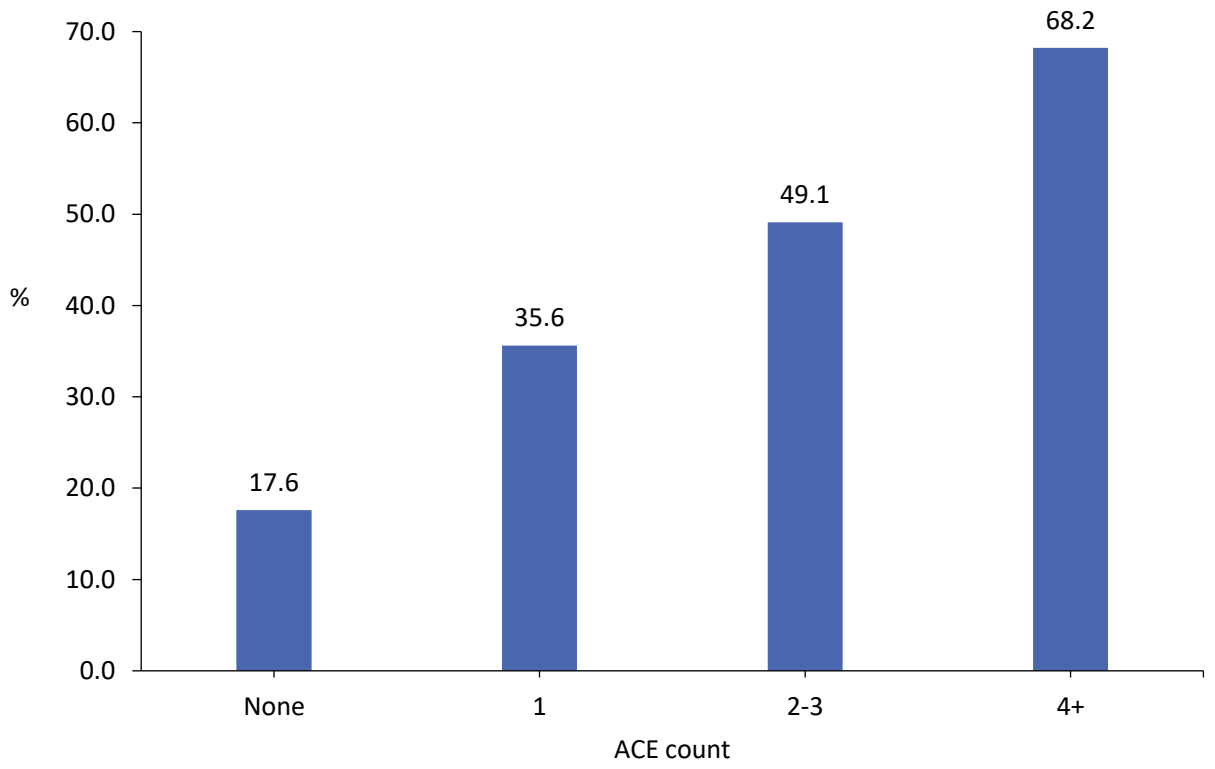
ACE count		One ACE	**2.5x**
		2-3 ACEs	**4.4x**
		4+ ACEs	**9.7x**
School exclusion		Excluded from school up to age 18 years	**2.8x**
Trusted adult support in childhood		No trusted adult support up to age 18 years	**2.1x**

3.8.1 ACE count

Two in twenty (18.9%) adults in Merseyside had experienced one ACE, 18.8% 2-3 ACEs, and 12.2% of participants had experienced 4+ ACEs[7]

There was a significant association between violence victimisation in adulthood and ACE count, with generally a higher prevalence as ACE count increases: of those who experienced 0 ACEs, 17.6% experienced adulthood violence victimisation; 35.6% of those with 1 ACE, 49.1% of those with 2-3 ACEs, and 68.2% of those with 4+ ACEs ($p<0.001$; Figure 50). While controlling for sociodemographics, the association between experiencing ACEs and ever experiencing violence since age 18 years remained significant. Those who experienced 4+ ACEs were over nine times as likely (AOR=9.74, 95% CIs [7.99-11.88]) to have experienced violence since age 18 years than those with no ACEs, those with 2-3 ACEs were over four times more likely (AOR 4.39, 95% CIs [3.74-5.15]), and those with only one ACE were over twice as likely (AOR 2.53; , 95% CIs [2.15-2.98]).

Figure 50: Prevalence of adulthood violence victimisation by ACE count



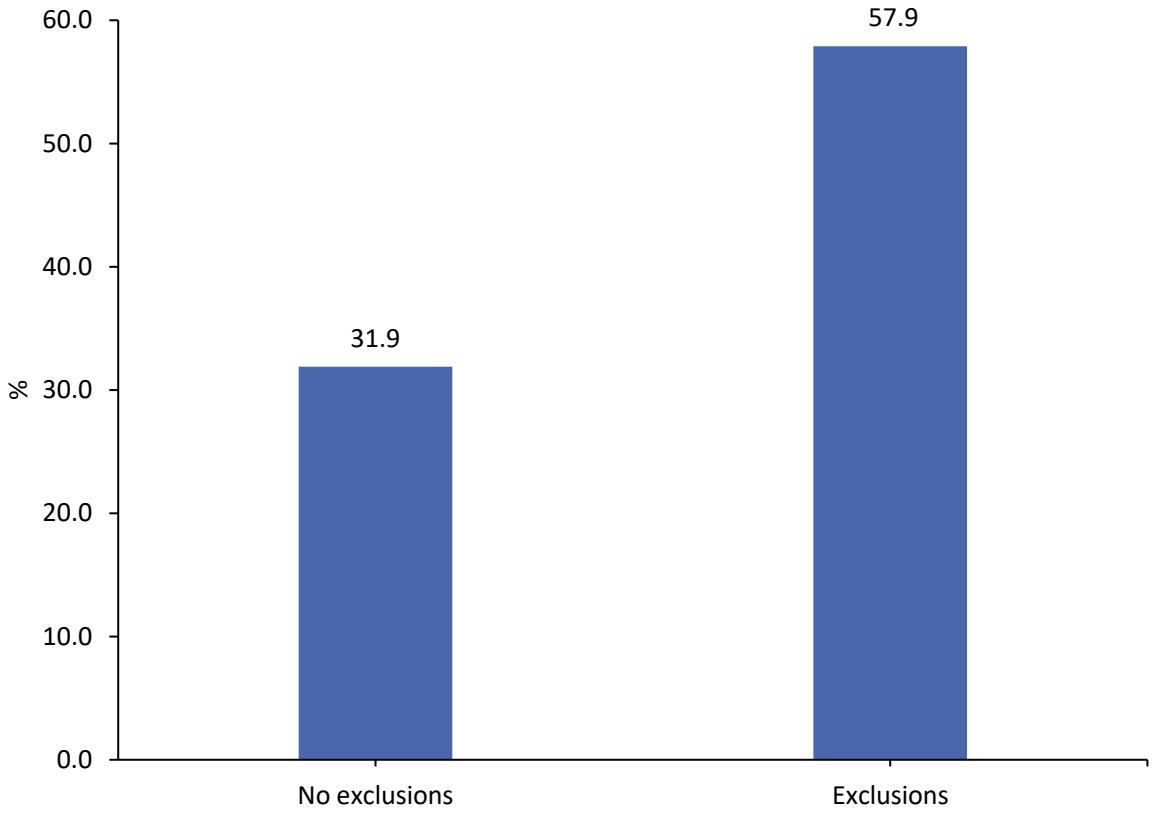
[7] Data presented here are based on adjusted (modelled) data. For more information see the ACEs report (Quigg et al, 2025).

3.8.2 School exclusion

One in twenty (4.8%) participants had ever been excluded from school while growing up

There was a significant association between violence victimisation in adulthood and having been excluded from school, with a higher prevalence of violence victimisation amongst those who had been excluded (57.9%), compared to those who had not (31.9%; p<0.001; Figure 51). While controlling for sociodemographics, the association between experiencing violence victimisation as an adult and having been excluded from school remained significant. Those who had been excluded from school were nearly 2.8 times as likely (AOR=2.76, 95% CIs [2.12, 3.59]) to have experienced violence victimisation in adulthood compared to those who had not been excluded.

Figure 51: Prevalence of adulthood violence victimisation by school exclusion

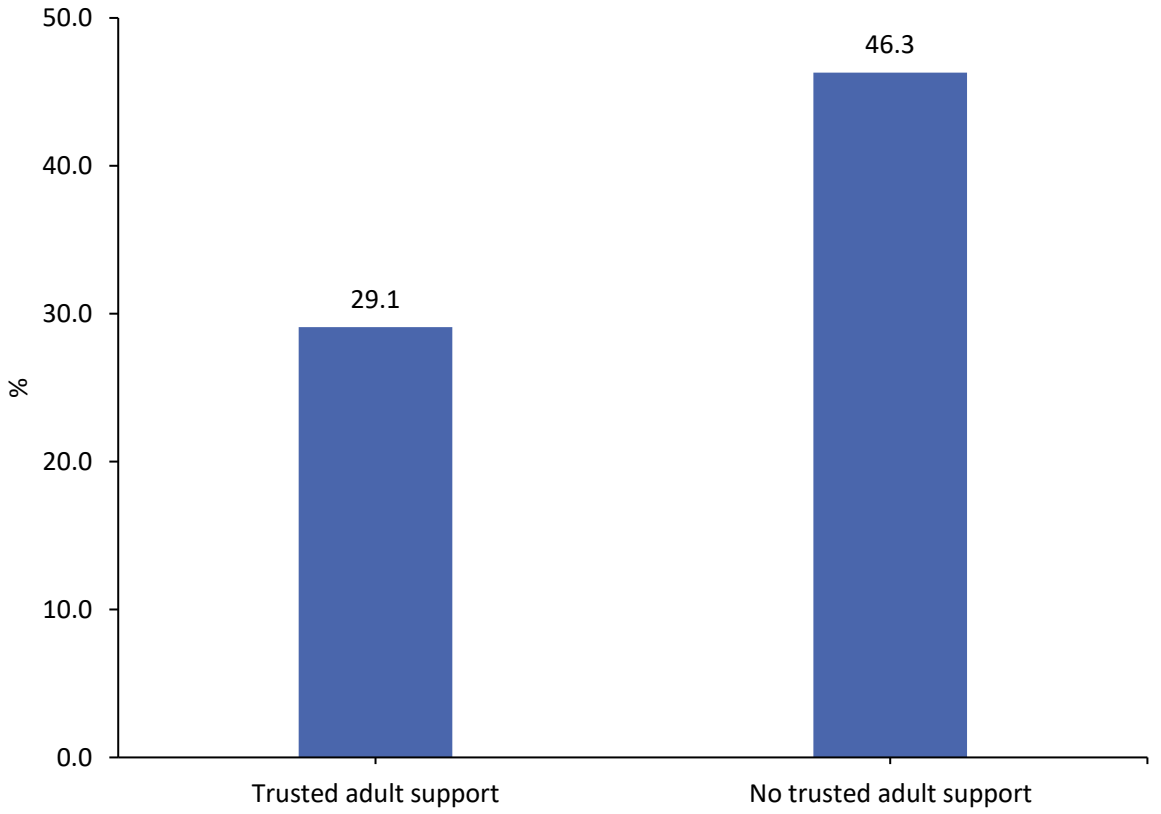


3.8.3 No trusted adult support

Overall, 4.8% of participants had no trusted adult support in childhood

There was a significant association between violence victimisation in adulthood and no trusted adult support in childhood, with a higher prevalence of violence victimisation amongst those who had no trusted adult support (46.3%), compared to those who had trusted adult support (29.1%; p<0.001; Figure 52). While controlling for sociodemographics, the association between trusted adult support and violence victimisation in adulthood remained significant. Those who had no trusted adult support were over twice as likely (AOR=2.14, 95% CIs [1.88, 2.43]) to have experienced violence victimisation than those with trusted adult support.

Figure 52: Prevalence of adulthood violence victimisation by trusted adult support in childhood



4. Key findings and recommendations

For the first time, this study provides representative population evidence of the extent and nature of adulthood violence victimisation amongst Merseyside adults, and the associated impacts on health and wellbeing, health risk behaviours, criminal justice exposure, and community safety and cohesion. It also explores the association between adulthood violence victimisation and sociodemographics and childhood factors such as ACEs, school exclusion, and having no trusted adult support. The provision of local data on exposure to violence provides communities, multi-agency partners (including health and social care, public health, education, police and justice, and third sector organisations) and policymakers, with vital evidence to inform the development and targeting of approaches and interventions that not only aim to prevent interpersonal violence, but also mitigate their impacts. This section summarises key findings from the survey and recommendations for enhancing the prevention and response to interpersonal violence in adulthood across Merseyside and beyond.

4.1 Extent and nature of adulthood violence victimisation across Merseyside

The study found that one third (32.9%) of adults across Merseyside had experienced some form of violence victimisation since age 18 years. Approximately one in ten adults had ever experienced some form of sexual assault (11.1%), intimate partner violence (11.0%), and/or violence in the night-time economy (10.6%). The study also measured prevalence of specific subtypes of violence. The most prevalent subtype of violence experienced was physical violence with approximately one quarter (23.9%) of adults across Merseyside experiencing it since age 18 years. Almost one in ten adults had experienced psychological abuse and coercive control (9.4%), stalking and harassment (9.1%), and/or unwanted sexual touching (8.1%), whilst one in twenty adults experienced indecent exposure (5.4%), and 3.0% experienced rape or assault by penetration.

Direct comparisons between the prevalence of adulthood violence across Merseyside in the current study with national samples, are problematic due to differences in samples, study design, and differences in measures used. For example, the Crime Survey for England and Wales is a nationally representative population survey measuring past year and lifetime experience of crime (including violence victimisation) however it is based on a sample of individuals aged 16+ years which is not comparable with the current sample of adults aged 18+ years [35]. However, whilst it is not possible to compare with national estimates of violence, the current study provides valuable baseline figures for future longitudinal measurement of trends in adulthood violence victimisation across Merseyside over time should the study be repeated in future years.

Prevalence of lifetime experience of each type of violence varied across Merseyside Local Authorities: any form of adulthood violence was highest in Wirral (39.4%) and Liverpool (33.4%); any sexual assault was highest in Wirral (12.6%) and Liverpool (12.0%); any form of intimate partner violence was highest in Wirral (12.7%) and in Knowsley (12.5%); and any form of night-time economy violence was highest in Liverpool (12.3%) and St Helens (10.4%). Within local authority areas, differences are also seen by wards. Such data are useful for informing the targeting of prevention activity towards those communities most at-risk of harm.

The study found that relationship to the perpetrator varied by subtype of violence. A stranger was the most common perpetrator of physical violence (51.5%), stalking and harassment (34.8%), indecent exposure (84.8%), and unwanted sexual touching (45.6%). The most common perpetrators of rape or assault by penetration was a friend/acquaintance (26.3%) and a stranger (23.7%). The most common perpetrators of psychological abuse and coercive control was a current or ex-partner (ex-boyfriend/girlfriend, 22.8%; boyfriend/girlfriend, 21.3%; ex-husband/wife, 19.5%; husband/wife, 16.7%).

The location in which violence victimisation took place also varied by subtype of violence. Psychological abuse and coercive control (83.5%), and stalking and harassment (50.6%), and rape or assault by penetration (54.5%) most commonly occurred in the home. Physical violence most frequently occurred across three settings in the home (35.0%), the night-time economy (30.7%) and a public space (other than then night-time economy; 33.0%). A public space (other than the night-time economy) was the most common location of experience of indecent exposure (64.7%). The most common locations of experience of unwanted sexual touching was in the night-time economy (35.0%), in the home (29.1%), and in a public space (25.5%). Understanding what forms of violence occur most frequently in which settings is crucial for informing targeted intervention strategies.

There were some differences between the subtypes of violence victimisation regarding reporting of the experience. Of those who had experienced each particular subtype of violence, stalking and harassment (78.8%), physical violence (72.3%), and indecent exposure (71.0%) had the highest level of reporting, with approximately three quarters of individuals reporting the experience to someone. Six in ten participants had reported their experience of psychological abuse and coercive control (65.0%), and unwanted sexual touching (60.8%) to someone. The lowest reported experience of violence was rape or sexual assault with less than half (46.2%) of participants reporting that they had told someone about their experience.

Of those who did report the violence to someone, the most common person they told was a family member/friend. Reporting to the police was generally substantially lower than the number who had told family or friends but more common than reporting to health or other support organisations. Prevalence of reporting to police varied by subtype of violence and was highest amongst those who had experienced stalking and harassment (36.2% of those who had told someone reported it to the police) and physical violence (31.5%), and lowest amongst those who experienced rape or assault by penetration (10.9%) and unwanted sexual touching (8.3%). The low level of reporting of violence victimisation to services (e.g. police, health, support services) underline the importance of supplementing routine data sources on levels of violence with representative population surveys such as the current study to better understand the extent and nature of violence in the local population. Evidence suggest that routine data sources are often better equipped to measure violence in public spaces than in the home where the victims are more likely to be women and children [36]. Violence prevention resource allocation is often determined by data evidencing where this is needed, thus the integration of multisector (including NGOs) datasets into local and national surveillance systems, in addition to population-based surveys, is critical and is recommended best practice by WHO in the Global Action Plan to strengthen prevention and response efforts to address interpersonal violence [37].

4.2 Risk factors and vulnerable groups

The study identified a number of sociodemographics which were associated with the various forms of adulthood violence victimisation. Females were significantly more likely than males since the age of 18 years to have experienced any form of violence victimisation, any sexual assault, and any intimate partner violence. Females were also significantly more likely than males to experience most subtypes of violence including psychological abuse and coercive control, stalking and harassment, indecent exposure, unwanted sexual touching, and rape or assault by penetration. Males were significantly more likely than females to experience violence victimisation in the night-time economy and physical violence. Age was also significantly associated with violence victimisation. Association between age and violence victimisation however should be interpreted with caution as the measure is ‘ever having experienced a particular form of violence since age 18 years’, thus older age groups have had a longer period of time to potentially be exposed to violence than younger year groups. Despite this caveat,

whilst the prevalence of most forms of violence was lowest in the youngest age group (18-24 years) it generally differed from the oldest age group by just a few percentage points (e.g. any violence victimisation since age 18 years; 18-24 years, 26.0%; 65+ years, 27.1%). Further research is needed using a comparable metric (e.g. past year experience [although measured in current study, prevalence was too small to disaggregate past year experience by age group]).

Ethnicity was associated with some forms of violence including any form of violence since age 18 years, including any violence victimisation in the night-time economy, and any physical violence, with prevalence significantly higher amongst white participants than those of other ethnicities. Deprivation was significantly associated with some forms of violence, with prevalence of intimate partner violence, physical violence, psychological abuse and coercive control, and stalking and harassment highest in the most deprived quintile. Deprivation was also significantly associated with rape or assault by penetration with prevalence highest in the 2nd most deprived quintile. Other forms of violence were significantly associated with income level, with prevalence highest in the highest income bracket (£50,000+), including any adulthood violence victimisation since 18 years, any sexual assault, any night-time economy violence, and physical violence. Education level was significantly associated with all forms of violence, with prevalence higher amongst those with qualifications, however there was no significant association between employment status and any form of violence victimisation. All forms of violence victimisation were significantly associated with sexuality, with prevalence higher amongst those of sexualities other than heterosexual. Prevalence of all forms of violence victimisation (except violence in the night-time economy) was significantly higher amongst those who were not currently in a relationship compared to those who were. Across all forms of violence, prevalence of victimisation was significantly higher amongst neurodivergent participants compared to neurotypical participants. Despite the current study's findings on the association between sociodemographics and adulthood violence victimisation, an important consideration is that many of the individual sociodemographics are associated with each other, and thus their individual relationships with risk of adulthood violence victimisation may be influenced by their association with other demographics (e.g. age and income level/deprivation quintile). Further advanced statistical analysis is required to disentangle the relative contributions of each sociodemographic to risk of violence victimisation in adulthood.

The data from the current study highlights which groups are the most vulnerable and have the highest exposure to different types of violence across different settings. Across Merseyside, a number of initiatives are already in place, such as those to tackle violence against women and girls (e.g. #TackingAction campaign [38]), violence in the night-time economy (e.g. Safer Streets Merseyside [39], Good Night Out Campaign [40], Operation Empower [41]), and violence against LGBTQI+ groups (e.g. Rainbow Taxi Rank initiative [42]). Data from the current study can be used to identify gaps in intervention activity for high-risk groups and support local partners when funding, designing, and targeting prevention strategies and interventions, and support services for victims of violence.

4.3 Associations with health risk behaviours, criminal justice exposure, and health and wellbeing

Experience of any form of violence victimisation since age 18 years was significantly associated with several health risk behaviours, criminal justice exposure, and poor health and wellbeing. After controlling for sociodemographics, individuals who had been exposed to violence were 1.4 times more likely to be weekly binge drinkers, 1.5 times more likely to be current smokers/e-cigarette users, 3.3 times more likely to have used drugs in the past 12 months, and 1.9 times more likely to experience gambling-related harm than those who had not experienced violence. Those who had experienced violence victimisation were also almost three times more likely to have a history of criminal justice exposure (ever been arrested, 2.9x; ever been incarcerated, 2.8x) than those who had no exposure to

violence. Individuals who experienced violence victimisation since age 18 years were 1.2 times more likely to have poor general health, and twice as likely to have low mental wellbeing, compared to those who had no exposure to violence. Causation cannot be established from the current study so we cannot determine whether violence is a risk factor for these health risk behaviours, criminal justice exposure, and health and wellbeing factors, or whether these factors are a risk factor for violence. Wider academic evidence suggests bi-directional relationship where violence influences, and is influenced by, other health risk behaviours, criminal justice exposure, and health and wellbeing [43]. Regardless of the direction of the relationship, these associations emphasise the importance of taking a public health approach to interpersonal violence and not tackling it in isolation from other public health issues. Health sector services for example, such as substance misuse services, and mental health services are likely to encounter higher proportions of individuals who have experienced violence. A greater understanding by practitioners and policymakers of how exposure to violence and other health and social issues are associated supports a multi-agency approach and may provide the opportunity to tackle a number of public health issues within one intervention, service, policy or strategy [43].

4.4 Associations with perceptions of safety and prevalence of violence, and relationships

Experience of any form of violence victimisation since age 18 years was significantly associated with feeling unsafe and with perceptions that violence is common in the local neighbourhood. After accounting for sociodemographics, those who experienced violence victimisation as an adult were twice as likely to feel unsafe from violence in Merseyside generally and three times more likely to feel unsafe in their neighbourhood, compared to those who had not been exposed to violence. Furthermore, after accounting for sociodemographics, those who experienced violence victimisation as an adult were 1.7 times more likely to think violence is common in their neighbourhood, compared to those who had not been a victim of violence.

Exposure to violence in adulthood was also significantly associated with poorer relationships with others and low levels of neighbourhood cohesion. After controlling for sociodemographics, those who had experienced violence since age 18 years were 1.2 times more likely to have low levels of neighbourhood cohesion compared to those who had not been exposed to violence. Those who had experienced violence victimisation were also 1.3 times more likely not to feel close to relatives (they did not live with) and 1.4 times more likely not to have close friends, compared to individuals who had not experienced violence. These findings are important to consider in violence prevention and intervention strategies as evidence indicates that poor perceptions of community safety and high levels of fear can lead to social withdrawal, reduced community cohesion, and limited participation in public life [44, 45, 46]. Furthermore, previous research has demonstrated the importance of community cohesion and social support in preventing exposure to violence, and in mitigating the adverse impacts of violence victimisation [47, 48]. Therefore, it may be important to implement activities to bring groups of community residents together, aiming to build community connections and particularly to give residents a stronger voice over what goes on in their local neighbourhoods. This could improve community cohesion, and the positive effects that this could have may be impactful across other relevant community safety outcomes. Targeting these activities towards groups with lower levels of community cohesion (e.g. those who have experienced violence) may bring about the greatest impacts. Interventions to increase social and emotional support to victims of violence may reduce adverse health and social outcomes. Findings from the current study show that of those who do report experience of violence, the most common person that individuals' tell is a family member or friend. Previous evidence shows that social support interventions do not need to be institutionalised or highly structured to be effective but can consistent of building informal networks of support within

close social circles of family and friends and local communities [49]. A systematic review of interventions targeted at informal supporters (family, friends, colleagues, and community members) showed that educational interventions which equip supporters with skills to respond to victims, had statistically significant positive impacts on their knowledge and attitudes following training, increasing the likelihood that they will take action to support victims [49].

4.5 Intergenerational transmission of violence

Adulthood violence victimisation was significantly associated with ACEs, school exclusions, and lack of trusted adult support in childhood. After accounting for sociodemographics, those who experienced 4+ ACEs were over nine times more likely to have experienced violence since age 18 years, those with 2-3 ACEs were over four times more likely, and those with only one ACE were over twice as likely, compared to individuals who had no ACEs. The current study also identified that school exclusion was a risk factor for violence victimisation in adulthood, with those who had been excluded from school nearly three times more likely to experience violence after the age of 18 years, compared to those who had not been excluded. Those who had no trusted adult support in childhood were over twice as likely to have experienced violence victimisation than those with trusted adult support. Like social support in adulthood, trusted adult support in childhood has previously been found to prevent and mitigate the impact of ACEs across the lifecourse [50]. While supportive relationships typically begin in the family, ACEs are likely to disrupt parent-child relationships, thus other sources of positive trusted adult relationships are crucial. Evidence suggests that, beyond immediate family members, the most frequent positive role model, or trusted adult in children's lives is a teacher [51]. Concerningly however, findings from the current study show that those who experienced four or more ACEs were over eight times more likely to have been excluded from school (reported elsewhere see [3]), and those who had been excluded from school were three times more likely to experience violence as an adult. Thus, reducing school exclusions in conjunction with early parent-child support programmes may be effective in fostering support adult-child relationships, mitigating the impact of ACEs and reducing risk of violence victimisation and other adverse outcomes across the lifecourse. Critically, many of the outcomes which were found to be associated with violence victimisation in the current study, may represent ACEs for the next generation (i.e. children of those adults) for example binge drinking, drug use, poor mental health, gambling problems, and criminal justice exposure. Thus, preventing violence across the lifecourse is likely to interrupt intergenerational cycles of violence, and prevent ACEs for future generations.

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 [52]. 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 [20]. Across Merseyside there is clear commitment to preventing and responding to violence across the lifecourse, with partners adopting a public health, whole system framework for violence prevention, with interventions targeted at different levels (i.e. primary, secondary and tertiary prevention [53]). Local and national policymakers, services, practitioners, and communities should use the evidence in this report, alongside wider data and evidence to advocate for increased investment in lifecourse violence prevention (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 current study findings on the extent and nature of violence across Merseyside (including by LA and Ward level) are used alongside the MVRP data hub system (VRP Hub - Merseyside) 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.

Summary of related recommendations from ACE and community safety reports

The above recommendations should be read alongside the recommendations for improving community safety [2], preventing and responding to ACEs [3], and developing a trauma responsive Merseyside [54]. A summary of key related recommendations is provided below:

Community safety [2]**:**

1. Raise awareness of the high proportion of adults who feel safe in their neighbourhood, and successes of violence prevention activities, to enhance perceptions of safety across Merseyside.
2. Ensure that there is a strong strategic commitment across partners to improving safety for women and girls and people living in the most deprived areas. Strengthen and fund the implementation of policies and interventions which aim to improve feelings of safety and prevent and respond to incidents of victimisation broadly, and specifically for groups who are most at risk.
3. Introduce activities to bring local residents together to build community connections and give residents a stronger voice over what goes on in their local neighbourhoods.

ACEs [3] **and trauma responsive Merseyside** [54]**:**

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.
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.
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.

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Appendix 1 – MerVCom adulthood violence victimisation survey items

Table A1 presents the survey questions and response options from survey used to measure each of the adulthood violence victimisation experiences.

Table A1: MerVCom adulthood violence victimisation questions

Question	Response options
Physical violence	
Since you were 18, has anyone ever used force on you? For example, they may have pushed you, slapped you, hit, punched or kicked you, choked you or used a weapon against you?	• Yes • No • Prefer not to say
If yes:	
Did this happen in the past 12 months?	• Yes • No • Prefer not to say
How many times in the past 12 months did this happen?	• Once • Twice or more times • Prefer not to say
Please think about the person/persons who did this to you. What was their relationship to you at the time it happened? If more than one person did any of these things to you, please tell us about all the different people.	• Your boyfriend/girlfriend/date • A previous boyfriend/girlfriend/date • Your husband/wife/civil partner • Your ex-husband/wife/civil partner • Your father/mother • Your step-father/step-mother • Your son/daughter before they were 18 years old • Your son/daughter after the age of 18 years • A sibling • Another relative • Friend or acquaintance • Person in a position of trust or authority (e.g. teacher, doctor, youth worker, religious figure) • A stranger • Someone else • Prefer not to say
Did you tell anyone about what was happening at the time it happened or afterwards?	• Yes – the police • Yes – family member/friend • Yes – doctor/health care worker • Yes – Counsellor/victim support organisation • Yes – somebody else • Yes – can't remember who • Didn't tell anyone

	• Prefer not to say
Psychological abuse/Coercive control	
Since you were 18, has anyone ever done any of the things listed below? - Prevented you from having your fair share of the household money - Stopped you seeing friends and relatives - Repeatedly belittled you to the extent that you felt worthless - Monitored your letters, phone calls, emails, texts or social media - Kept track of where you went or how you spent your time - Frightened or threatened you in any way. For example, they may have threatened to hurt you, to kill you, to use a weapon on you, or to hurt someone close to you [such as your children]?	• Yes • No • Prefer not to say
If yes:	
Did this happen in the past 12 months?	• Yes • No • Prefer not to say
How many times in the past 12 months did this happen?	• Once • Twice or more times • Prefer not to say
Please think about the person/persons who did this to you. What was their relationship to you at the time it happened? If more than one person did any of these things to you, please tell us about all the different people.	• Your boyfriend/girlfriend/date • A previous boyfriend/girlfriend/date • Your husband/wife/civil partner • Your ex-husband/wife/civil partner • Your father/mother • Your step-father/step-mother • Your son/daughter before they were 18 years old • Your son/daughter after the age of 18 years • A sibling • Another relative • Friend or acquaintance • Person in a position of trust or authority (e.g. teacher, doctor, youth worker, religious figure) • A stranger • Someone else • Prefer not to say

Please think about where this happened. Where did this occur? If you experienced this in more than one place, please tell us about all the different places.	• At home • At work • In the night-time economy • In another public space • Other – please specify • Prefer not to say
Did you tell anyone about what was happening at the time it happened or afterwards?	• Yes – the police • Yes – family member/friend • Yes – doctor/health care worker • Yes – Counsellor/victim support organisation • Yes – somebody else • Yes – can't remember who • Didn't tell anyone • Prefer not to say
Stalking and harassment	
Since the age of 18, has anyone, including someone you know or a stranger, pestered or harassed you by doing things like phoning or writing to you, following you, waiting outside your home or workplace, or putting obscene or threatening information on the internet that may have caused you fear, alarm or distress?	• Yes • No • Prefer not to say
If yes:	
Did this happen in the past 12 months?	• Yes • No • Prefer not to say
How many times in the past 12 months did this happen?	• Once • Twice or more times • Prefer not to say
Please think about the person/persons who did this to you. What was their relationship to you at the time it happened? If more than one person did any of these things to you, please tell us about all the different people.	• Your boyfriend/girlfriend/date • A previous boyfriend/girlfriend/date • Your husband/wife/civil partner • Your ex-husband/wife/civil partner • Your father/mother • Your step-father/step-mother • Your son/daughter before they were 18 years old • Your son/daughter after the age of 18 years • A sibling • Another relative • Friend or acquaintance

	• Person in a position of trust or authority (e.g. teacher, doctor, youth worker, religious figure) • A stranger • Someone else • Prefer not to say
Please think about where this happened. Where did this occur? If you experienced this in more than one place, please tell us about all the different places.	• At home • At work • In the night-time economy • In another public space • Other – please specify • Prefer not to say
Did you tell anyone about what was happening at the time it happened or afterwards?	• Yes – the police • Yes – family member/friend • Yes – doctor/health care worker • Yes – Counsellor/victim support organisation • Yes – somebody else • Yes – can't remember who • Didn't tell anyone • Prefer not to say
Indecent exposure	
Since you were 18, has anyone ever indecently exposed themselves to you (i.e. flashing) in a way that caused you fear, alarm or distress?	• Yes • No • Prefer not to say
If yes:	
Did this happen in the past 12 months?	• Yes • No • Prefer not to say
How many times in the past 12 months did this happen?	• Once • Twice or more times • Prefer not to say
Please think about the person/persons who did this to you. What was their relationship to you at the time it happened? If more than one person did any of these things to you, please tell us about all the different people.	• Your boyfriend/girlfriend/date • A previous boyfriend/girlfriend/date • Your husband/wife/civil partner • Your ex-husband/wife/civil partner • Your father/mother • Your step-father/step-mother • Your son/daughter before they were 18 years old • Your son/daughter after the age of 18 years • A sibling • Another relative

	• Friend or acquaintance • Person in a position of trust or authority (e.g. teacher, doctor, youth worker, religious figure) • A stranger • Someone else • Prefer not to say
Please think about where this happened. Where did this occur? If you experienced this in more than one place, please tell us about all the different places.	• At home • At work • In the night-time economy • In another public space • Other – please specify • Prefer not to say
Did you tell anyone about what was happening at the time it happened or afterwards?	• Yes – the police • Yes – family member/friend • Yes – doctor/health care worker • Yes – Counsellor/victim support organisation • Yes – somebody else • Yes – can't remember who • Didn't tell anyone • Prefer not to say
Unwanted sexual touching	
Since you were 18, has anyone ever touched you in a sexual way when you did not want it? ***If yes:***	• Yes • No • Prefer not to say
Did this happen in the past 12 months?	• Yes • No • Prefer not to say
How many times in the past 12 months did this happen?	• Once • Twice or more times • Prefer not to say
Please think about the person/persons who did this to you. What was their relationship to you at the time it happened? If more than one person did any of these things to you, please tell us about all the different people.	• Your boyfriend/girlfriend/date • A previous boyfriend/girlfriend/date • Your husband/wife/civil partner • Your ex-husband/wife/civil partner • Your father/mother • Your step-father/step-mother • Your son/daughter before they were 18 years old • Your son/daughter after the age of 18 years • A sibling

	• Another relative • Friend or acquaintance • Person in a position of trust or authority (e.g. teacher, doctor, youth worker, religious figure) • A stranger • Someone else • Prefer not to say
Please think about where this happened. Where did this occur? If you experienced this in more than one place, please tell us about all the different places.	• At home • At work • In the night-time economy • In another public space • Other – please specify • Prefer not to say
Did you tell anyone about what was happening at the time it happened or afterwards?	• Yes – the police • Yes – family member/friend • Yes – doctor/health care worker • Yes – Counsellor/victim support organisation • Yes – somebody else • Yes – can't remember who • Didn't tell anyone • Prefer not to say
Rape or assault by penetration	
Since the age of 18, has anyone ever penetrated your [mouth, vagina or anus/mouth or anus] with their penis or an object (including their fingers) when you made it clear that you did not agree or when you were not capable of consent?	• Yes • No • Prefer not to say
If yes:	
Did this happen in the past 12 months?	• Yes • No • Prefer not to say
How many times in the past 12 months did this happen?	• Once • Twice or more times • Prefer not to say
Please think about the person/persons who did this to you. What was their relationship to you at the time it happened? If more than one person did any of these things to you, please tell us about all the different people.	• Your boyfriend/girlfriend/date • A previous boyfriend/girlfriend/date • Your husband/wife/civil partner • Your ex-husband/wife/civil partner • Your father/mother • Your step-father/step-mother

	• Your son/daughter before they were 18 years old • Your son/daughter after the age of 18 years • A sibling • Another relative • Friend or acquaintance • Person in a position of trust or authority (e.g. teacher, doctor, youth worker, religious figure) • A stranger • Someone else • Prefer not to say
Please think about where this happened. Where did this occur? If you experienced this in more than one place, please tell us about all the different places.	• At home • At work • In the night-time economy • In another public space • Other – please specify • Prefer not to say
Did you tell anyone about what was happening at the time it happened or afterwards?	• Yes – the police • Yes – family member/friend • Yes – doctor/health care worker • Yes – Counsellor/victim support organisation • Yes – somebody else • Yes – can't remember who • Didn't tell anyone • Prefer not to say
Since the age of 18, has anyone ever forced you to penetrate another person's mouth, vagina, or anus with your penis or an object (including your fingers), when you made it clear that you did not agree or when you were not capable of consent?	• Yes • No • Prefer not to say
If yes:	
Did this happen in the past 12 months?	• Yes • No • Prefer not to say
How many times in the past 12 months did this happen?	• Once • Twice or more times • Prefer not to say
Please think about the person/persons who did this to you. What was their relationship to you at the time it happened? If more than one person did	• Your boyfriend/girlfriend/date • A previous boyfriend/girlfriend/date • Your husband/wife/civil partner

any of these things to you, please tell us about all the different people.	• Your ex-husband/wife/civil partner • Your father/mother • Your step-father/step-mother • Your son/daughter before they were 18 years old • Your son/daughter after the age of 18 years • A sibling • Another relative • Friend or acquaintance • Person in a position of trust or authority (e.g. teacher, doctor, youth worker, religious figure) • A stranger • Someone else • Prefer not to say
Please think about where this happened. Where did this occur? If you experienced this in more than one place, please tell us about all the different places.	• At home • At work • In the night-time economy • In another public space • Other – please specify • Prefer not to say
Did you tell anyone about what was happening at the time it happened or afterwards?	• Yes – the police • Yes – family member/friend • Yes – doctor/health care worker • Yes – Counsellor/victim support organisation • Yes – somebody else • Yes – can't remember who • Didn't tell anyone • Prefer not to say

Appendix 2: Data tables

Table A2: Adjusted prevalence (%) of any form of violence victimisation since 18 years, and in the past 12 months, by region and local authority area

Study area	Since 18 years	Past 12 months
Knowsley	28.4	3.1
Liverpool	33.4	5.4
Sefton	28.8	3.8
St Helens	30.1	3.5
Wirral	39.4	5.0
Merseyside	32.9	4.5

Table A3: Adjusted prevalence (%) of any form of violence victimisation since 18 years, by ward

Local authority	Ward code	Ward name	Since 18 years	Past 12 months
Knowsley	E05010935	Cherryfield	28.8	3.6
	E05010936	Halewood North	27.9	2.5
	E05010937	Halewood South	28.2	2.9
	E05010938	Northwood	28.8	3.8
	E05010939	Page Moss	28.8	3.8
	E05010940	Prescot North	28.3	3.2
	E05010941	Prescot South	29.4	2.8
	E05010942	Roby	26.9	1.8
	E05010943	Shevington	29.2	3.2
	E05010944	St Gabriels	28.5	3.2
	E05010945	St Michaels	28.2	3.4
	E05010946	Stockbridge	28.6	3.6
	E05010947	Swanside	28.0	2.7
	E05010948	Whiston and Cronton	27.8	3.1
	E05010949	Whitefield	28.0	3.3
Liverpool	E05015277	Aigburth	32.0	2.3
	E05015278	Allerton	31.4	1.7
	E05015279	Anfield	33.9	5.5
	E05015280	Arundel	34.5	7.4
	E05015281	Belle Vale	33.0	5.3
	E05015282	Broadgreen	32.7	4.9
	E05015283	Brownlow Hill	29.9	9.6
	E05015284	Calderstones	30.2	2.1
	E05015285	Canning	31.3	8.6
	E05015286	Childwall	31.8	2.5
	E05015287	Church	32.7	4.0
	E05015288	City Centre North	35.8	2.8
	E05015289	City Centre South	34.6	6.6
	E05015290	Clubmoor East	33.3	5.4
	E05015291	Clubmoor West	32.8	5.2
	E05015292	County	33.8	5.7
	E05015293	Croxteth	33.2	4.7
	E05015294	Croxteth Country Park	33.6	3.0
	E05015295	Dingle	34.2	5.6
	E05015296	Edge Hill	33.7	7.6
	E05015297	Everton East	33.5	5.7

	E05015298	Everton North	34.6	5.6
	E05015299	Everton West	33.4	7.8
	E05015300	Fazakerley East	35.1	5.5
	E05015301	Fazakerley North	34.3	4.0
	E05015302	Fazakerley West	33.9	5.3
	E05015303	Festival Gardens	36.3	4.5
	E05015304	Garston	33.7	5.4
	E05015305	Gateacre	31.8	3.0
	E05015306	Grassendale & Cressington	33.7	2.5
	E05015307	Greenbank Park	29.3	4.6
	E05015308	Kensington & Fairfield	33.7	7.8
	E05015309	Kirkdale East	34.0	5.3
	E05015310	Kirkdale West	34.0	5.1
	E05015311	Knotty Ash & Dovecot Park	33.3	5.5
	E05015312	Mossley Hill	30.7	1.8
	E05015313	Much Woolton & Hunts Cross	32.1	3.5
	E05015314	Norris Green	34.2	6.0
	E05015315	Old Swan East	33.9	5.3
	E05015316	Old Swan West	35.8	5.7
	E05015317	Orrell Park	33.5	5.0
	E05015318	Penny Lane	33.5	3.6
	E05015319	Princes Park	34.3	6.9
	E05015320	Sandfield Park	32.6	4.3
	E05015321	Sefton Park	33.9	5.5
	E05015322	Smithdown	33.2	7.8
	E05015323	Speke	33.9	5.8
	E05015324	Springwood	34.8	4.7
	E05015325	St Michael's	33.0	5.2
	E05015326	Stoneycroft	33.2	5.1
	E05015327	Toxteth	34.1	7.1
	E05015328	Tuebrook Breckside Park	34.7	5.6
	E05015329	Tuebrook Larkhill	33.7	5.6
	E05015330	Vauxhall	33.7	6.7
	E05015331	Walton	33.6	5.5
	E05015333	Waterfront South	35.6	2.7
	E05015334	Wavertree Garden Suburb	34.4	4.6
	E05015335	Wavertree Village	34.6	5.1
	E05015336	West Derby Deysbrook	32.7	4.7
	E05015337	West Derby Leyfield	32.4	3.8

	E05015338	West Derby Muirhead	35.1	3.4
	E05015339	Woolton Village	30.6	2.4
	E05015340	Yew Tree	34.1	5.3
Sefton	E05000932	Ainsdale	27.6	3.0
	E05000933	Birkdale	29.1	3.0
	E05000934	Blundellsands	28.1	2.5
	E05000935	Cambridge	28.1	3.6
	E05000936	Church	30.3	5.0
	E05000937	Derby	30.6	5.7
	E05000938	Duke's	28.3	4.1
	E05000939	Ford	30.3	5.2
	E05000940	Harington	23.6	2.4
	E05000941	Kew	29.8	4.0
	E05000942	Linacre	31.0	6.1
	E05000943	Litherland	30.7	5.0
	E05000944	Manor	28.1	3.9
	E05000945	Meols	27.3	2.7
	E05000946	Molyneux	28.9	3.3
	E05000947	Netherton and Orrell	30.2	5.4
	E05000948	Norwood	30.3	3.7
	E05000949	Park	26.9	2.1
	E05000950	Ravenmeols	27.0	2.3
	E05000951	St Oswald	30.0	5.1
	E05000952	Sudell	28.2	2.7
	E05000953	Victoria	28.9	3.0
St Helens	E05014120	Billinge & Seneley Green	27.8	2.2
	E05014121	Blackbrook	30.0	3.3
	E05014122	Bold & Lea Green	31.4	3.7
	E05014123	Eccleston	26.7	2.1
	E05014124	Haydock	30.2	3.3
	E05014125	Moss Bank	30.5	3.7
	E05014126	Newton-le-Willows East	30.1	3.6
	E05014127	Newton-le-Willows West	31.6	4.2
	E05014128	Parr	31.7	4.8
	E05014129	Peasley Cross & Fingerpost	31.8	5.0
	E05014130	Rainford	27.8	1.9
	E05014131	Rainhill	28.5	2.4
	E05014133	Sutton North West	30.5	4.1
	E05014134	Sutton South East	30.9	3.5

	E05014135	Thatto Heath	30.3	3.7
	E05014132	Town Centre	31.9	4.8
	E05014136	West Park	30.7	4.2
	E05014137	Windle	29.0	3.4
Wirral	E05000954	Bebington	39.0	4.1
	E05000955	Bidston and St James	42.2	7.0
	E05000956	Birkenhead and Tranmere	43.2	7.7
	E05000957	Bromborough	40.7	5.6
	E05000958	Clatterbridge	35.8	3.2
	E05000959	Claughton	40.6	5.9
	E05000960	Eastham	38.3	4.1
	E05000961	Greasby, Frankby and Irby	35.9	2.9
	E05000962	Heswall	33.8	3.2
	E05000963	Hoylake and Meols	37.1	3.4
	E05000964	Leasowe and Moreton East	40.8	5.9
	E05000965	Liscard	40.8	6.6
	E05000966	Moreton West and Saughall Massie	40.2	4.4
	E05000967	New Brighton	40.2	5.8
	E05000968	Oxton	39.5	4.1
	E05000969	Pensby and Thingwall	39.1	3.3
	E05000970	Prenton	39.8	5.2
	E05000971	Rock Ferry	41.4	7.3
	E05000972	Seacombe	41.7	7.5
	E05000973	Upton	40.3	5.5
	E05000974	Wallasey	39.0	3.5
	E05000975	West Kirby and Thurstaston	36.7	3.2

Table A4: Adjusted prevalence (%) of individual types of violence victimisation, by region and local authority area

Study area	Any adulthood violence	Any sexual assault	Any intimate partner violence	Any night-time economy violence	Physical violence	Psychological abuse and coercive control	Stalking and harassment	Indecent exposure	Unwanted sexual touching	Rape or assault by penetration
Knowsley	28.4	9.3	12.5	8.7	18.5	10.4	7.1	5.1	5.8	2.2
Liverpool	33.4	12.0	10.4	12.3	24.0	9.1	9.5	6.0	9.7	3.2
Sefton	28.8	9.9	9.5	10.0	22.4	8.8	7.1	4.7	7.2	2.5
St Helens	30.1	9.1	10.9	10.4	23.8	8.4	6.3	3.3	6.8	3.5
Wirral	39.4	12.6	12.7	9.5	27.9	10.5	12.6	6.5	8.4	3.2
Merseyside	32.9	11.1	11.0	10.6	23.9	9.4	9.1	5.4	8.1	3.0

Table A5: Adjusted prevalence (%) of individual types of adulthood violence victimisation, by ward

Local authority	Ward code	Ward name	Any adulthood violence	Any sexual assault	Any intimate partner violence	Any night-time economy violence	Physical violence	Psychological abuse and coercive control	Stalking and harassment	Indecent exposure	Unwanted sexual touching	Rape or assault by penetration
Knowsley	E05010935	Cherryfield	28.8	9.2	13.7	8.0	19.0	11.4	7.7	5.5	5.3	2.1
	E05010936	Halewood North	27.9	9.7	11.2	9.5	17.7	9.1	6.4	4.9	6.4	2.5
	E05010937	Halewood South	28.2	9.0	12.0	8.9	18.1	10.1	6.9	4.7	5.8	2.1
	E05010938	Northwood	28.8	9.2	13.6	8.1	19.1	11.4	7.7	5.4	5.4	2.1
	E05010939	Page Moss	28.8	9.4	13.7	8.2	19.0	11.5	7.8	5.4	5.6	2.2
	E05010940	Prescot North	28.3	8.6	11.9	9.0	18.8	10.0	6.9	4.6	5.5	2.1
	E05010941	Prescot South	29.4	10.9	12.2	9.3	18.9	10.3	7.6	5.9	6.6	2.6
	E05010942	Roby	26.9	9.2	10.3	9.5	16.8	8.4	5.8	4.5	6.1	2.1
	E05010943	Shevington	29.2	9.1	12.8	9.3	18.9	10.9	7.3	4.7	5.9	2.0
	E05010944	St Gabriels	28.5	8.9	13.0	8.2	18.6	10.9	7.3	5.0	5.4	2.0
	E05010945	St Michaels	28.2	8.9	13.0	8.1	18.4	10.9	7.3	5.1	5.3	2.0
	E05010946	Stockbridge	28.6	9.3	14.0	7.8	18.9	12.0	8.0	5.6	5.5	2.1
	E05010947	Swanside	28.0	9.5	11.0	9.6	17.9	9.1	6.4	4.6	6.5	2.6
	E05010948	Whiston and Cronton	27.8	9.5	11.9	8.6	18.0	9.8	6.8	5.2	5.9	2.5
	E05010949	Whitefield	28.0	9.6	12.5	8.3	18.3	10.2	7.1	5.4	5.8	2.5
Liverpool	E05015277	Aigburth	32.0	11.4	8.9	13.5	21.6	7.0	7.3	5.1	9.2	2.5
	E05015278	Allerton	31.4	13.3	8.7	13.0	21.0	6.5	7.3	6.8	9.5	2.7
	E05015279	Anfield	33.9	11.6	11.9	10.9	24.8	10.6	10.4	6.4	9.3	3.0
	E05015280	Arundel	34.5	13.4	10.8	14.7	27.4	10.6	10.3	6.0	12.0	4.7
	E05015281	Belle Vale	33.0	11.0	11.6	10.0	23.3	9.4	9.6	5.9	7.9	2.6
	E05015282	Broadgreen	32.7	11.9	10.1	11.5	22.9	7.9	8.6	5.8	9.3	3.6
	E05015283	Brownlow Hill	29.9	14.0	5.6	16.0	20.5	5.7	8.4	5.7	13.2	4.8
	E05015284	Calderstones	30.2	13.7	7.9	13.0	18.8	5.9	7.3	7.7	8.9	2.5
	E05015285	Canning	31.3	11.3	8.4	14.5	23.8	9.0	9.3	5.0	10.9	3.5
	E05015286	Childwall	31.8	12.5	8.7	13.3	20.9	6.9	7.7	6.1	9.4	2.5
	E05015287	Church	32.7	11.6	9.4	13.0	22.5	7.4	8.1	5.2	9.4	3.0
	E05015288	City Centre North	35.8	15.4	7.6	18.6	24.7	6.4	9.2	6.5	11.7	3.3
	E05015289	City Centre South	34.6	13.3	7.4	14.9	23.2	7.2	10.3	5.4	11.1	3.1
	E05015290	Clubmoor East	33.3	11.5	12.2	9.8	23.5	10.6	10.5	6.6	8.7	2.6
	E05015291	Clubmoor West	32.8	10.7	11.4	9.9	23.3	9.3	9.4	5.8	7.7	2.5
	E05015292	County	33.8	11.2	11.6	10.7	24.1	9.7	10.0	6.0	8.4	2.7
	E05015293	Croxteth	33.2	12.3	13.0	8.4	23.2	12.0	11.6	8.0	9.4	2.4
	E05015294	Croxteth Country Park	33.6	12.4	9.9	12.8	22.7	8.0	8.6	5.8	9.6	2.7
	E05015295	Dingle	34.2	12.3	13.1	10.6	25.2	12.3	11.5	7.2	10.2	3.1
	E05015296	Edge Hill	33.7	11.1	11.6	14.9	29.0	11.9	9.8	4.9	11.0	4.3

	E05015297	Everton East	33.5	11.9	12.8	10.9	26.1	12.6	11.0	6.8	10.4	3.3
	E05015298	Everton North	34.6	12.2	12.6	11.3	27.2	12.3	11.1	6.8	10.0	3.4
	E05015299	Everton West	33.4	11.4	11.5	14.7	28.3	11.7	9.8	5.0	11.2	4.3
	E05015300	Fazakerley East	35.1	12.3	11.9	10.3	25.1	10.2	11.1	6.9	8.4	2.8
	E05015301	Fazakerley North	34.3	14.1	10.2	12.9	23.6	8.1	9.2	6.9	10.4	3.7
	E05015302	Fazakerley West	33.9	11.2	11.0	11.2	24.6	9.4	9.7	5.8	8.8	3.0
	E05015303	Festival Gardens	36.3	12.3	10.5	13.7	25.3	9.2	10.6	5.9	9.7	2.6
	E05015304	Garston	33.7	11.8	10.7	12.0	23.9	8.5	9.1	5.7	9.3	3.5
	E05015305	Gateacre	31.8	10.3	9.1	11.7	21.5	7.4	7.7	4.7	8.3	2.1
	E05015306	Grassendale & Cressington	33.7	12.2	9.4	12.6	22.6	7.9	8.6	5.6	9.5	2.4
	E05015307	Greenbank Park	29.3	10.9	7.9	11.6	18.5	7.0	7.9	5.6	8.9	2.4
	E05015308	Kensington & Fairfield	33.7	11.5	11.1	13.7	27.3	11.2	10.4	5.5	10.5	3.6
	E05015309	Kirkdale East	34.0	11.3	12.1	9.8	24.5	11.0	10.8	6.7	8.7	2.4
	E05015310	Kirkdale West	34.0	12.2	13.0	9.5	25.1	12.7	11.9	7.8	10.1	2.6
	E05015311	Knotty Ash & Dovecot Park	33.3	11.1	11.6	10.3	23.5	9.5	9.7	5.9	8.1	2.7
	E05015312	Mossley Hill	30.7	12.6	8.6	13.4	20.6	6.3	6.8	6.1	9.4	2.8
	E05015313	Much Woolton & Hunts	32.1	12.6	8.9	12.6	21.9	6.9	7.8	5.9	9.8	3.5
	E05015314	Norris Green	34.2	11.9	12.4	11.5	25.1	10.8	10.4	6.1	9.6	3.3
	E05015315	Old Swan East	33.9	12.2	10.9	11.0	23.9	9.0	9.8	6.4	8.9	3.2
	E05015316	Old Swan West	35.8	12.9	11.9	10.5	25.7	10.4	11.6	7.2	8.6	2.8
	E05015317	Orrell Park	33.5	10.0	10.4	11.4	24.2	8.7	8.9	5.0	7.7	2.3
	E05015318	Penny Lane	33.5	10.1	8.9	13.9	22.3	7.7	8.2	3.8	9.4	2.1
	E05015319	Princes Park	34.3	11.5	12.2	13.7	28.3	12.3	10.5	5.6	10.9	3.9
	E05015320	Sandfield Park	32.6	11.3	9.8	11.3	22.6	7.8	8.3	5.4	8.9	3.1
	E05015321	Sefton Park	33.9	10.9	10.2	12.4	24.7	8.2	8.9	5.1	8.7	3.2
	E05015322	Smithdown	33.2	12.7	9.4	13.9	24.4	9.4	10.5	5.6	11.4	3.3
	E05015323	Speke	33.9	11.2	11.6	11.0	24.2	9.5	9.8	5.7	8.4	2.8
	E05015324	Springwood	34.8	13.6	10.6	11.1	24.6	8.7	9.9	7.1	9.6	3.7
	E05015325	St Michael's	33.0	12.8	9.0	13.6	23.0	7.0	8.1	5.6	10.8	4.4
	E05015326	Stoneycroft	33.2	10.9	10.0	11.5	24.0	8.1	8.6	5.4	8.4	3.1
	E05015327	Toxteth	34.1	11.7	12.4	14.6	29.1	12.6	10.1	5.2	11.3	4.5
	E05015328	Tuebrook Breckside Park	34.7	11.7	12.6	11.0	26.6	12.6	11.6	6.8	10.2	2.9
	E05015329	Tuebrook Larkhill	33.7	11.3	12.0	10.9	25.1	10.7	10.2	6.1	8.9	2.9
	E05015330	Vauxhall	33.7	11.5	10.6	10.9	24.3	9.6	10.5	6.3	8.5	2.6
	E05015331	Walton	33.6	11.1	11.1	11.0	23.9	9.0	9.4	5.7	8.3	2.9
	E05015333	Waterfront South	35.6	16.6	8.1	17.6	23.8	6.6	9.5	7.3	12.4	3.6
	E05015334	Wavertree Garden Suburb	34.4	11.4	11.2	10.5	24.4	9.6	10.1	6.1	8.2	2.5
	E05015335	Wavertree Village	34.6	13.4	11.3	11.0	24.3	10.1	11.0	7.4	10.3	3.4
	E05015336	West Derby Deysbrook	32.7	12.4	9.7	11.9	22.8	7.5	8.3	5.9	9.9	4.0

	E05015337	West Derby Leyfield	32.4	13.5	8.7	12.6	22.2	6.7	7.9	6.3	10.5	4.2
	E05015338	West Derby Muirhead	35.1	12.7	9.4	11.8	23.9	8.4	9.7	5.8	9.7	2.7
	E05015339	Woolton Village	30.6	12.3	8.3	12.3	20.6	6.1	6.8	5.9	9.3	3.1
	E05015340	Yew Tree	34.1	13.0	11.1	11.5	23.8	9.2	10.0	6.6	10.0	3.7
Sefton	E05000932	Ainsdale	27.6	10.0	8.8	9.8	20.9	8.0	6.5	4.8	7.1	2.4
	E05000933	Birkdale	29.1	9.8	9.0	10.9	22.3	8.5	6.8	4.2	7.6	2.4
	E05000934	Blundellsands	28.1	10.1	8.5	10.6	21.0	7.9	6.5	4.9	7.1	2.1
	E05000935	Cambridge	28.1	8.5	9.7	8.0	22.2	9.2	7.1	4.3	5.9	1.8
	E05000936	Church	30.3	9.7	10.5	9.5	24.7	10.0	7.9	4.6	7.1	2.8
	E05000937	Derby	30.6	9.8	11.7	8.8	25.1	11.5	8.8	5.1	7.0	2.6
	E05000938	Duke's	28.3	8.6	9.4	8.8	22.6	8.9	7.0	4.3	5.9	1.9
	E05000939	Ford	30.3	10.3	10.9	9.5	24.3	10.2	8.1	4.9	7.6	3.1
	E05000940	Harington	23.6	9.9	6.7	10.5	15.8	5.4	5.1	5.5	6.0	1.9
	E05000941	Kew	29.8	11.1	9.2	11.3	23.3	8.4	7.0	4.6	8.9	3.7
	E05000942	Linacre	31.0	9.4	11.4	9.2	25.6	11.0	8.6	4.7	6.6	2.4
	E05000943	Litherland	30.7	9.4	11.0	9.7	24.6	10.7	8.3	4.3	7.1	2.4
	E05000944	Manor	28.1	9.8	9.4	9.6	21.6	8.7	7.0	4.9	6.7	2.3
	E05000945	Meols	27.3	10.1	8.4	10.2	20.3	7.6	6.2	4.7	7.3	2.4
	E05000946	Molyneux	28.9	10.9	9.1	10.4	22.4	8.5	6.9	4.9	8.4	3.1
	E05000947	Netherton and Orrell	30.2	10.8	10.3	10.2	24.3	9.6	7.9	4.9	8.2	3.7
	E05000948	Norwood	30.3	9.6	9.5	10.9	23.8	9.2	7.3	3.9	7.8	2.5
	E05000949	Park	26.9	10.3	8.2	10.8	20.1	7.1	5.9	5.0	7.1	2.3
	E05000950	Ravenmeols	27.0	10.0	8.3	10.5	20.0	7.4	6.0	4.8	7.0	2.1
	E05000951	St Oswald	30.0	10.0	11.1	9.1	24.2	10.4	8.2	5.0	7.0	2.7
	E05000952	Sudell	28.2	10.0	8.6	10.9	21.5	7.8	6.4	4.5	7.5	2.4
	E05000953	Victoria	28.9	10.8	9.0	11.3	22.1	8.1	6.6	4.7	8.1	2.9
St Helens	E05014120	Billinge & Seneley Green	27.8	9.0	9.0	10.7	20.7	6.6	5.2	3.3	6.6	3.0
	E05014121	Blackbrook	30.0	9.3	10.9	10.2	23.8	8.3	6.2	3.4	7.0	3.6
	E05014122	Bold & Lea Green	31.4	8.3	11.7	10.3	25.1	9.5	6.8	2.8	6.6	2.9
	E05014123	Eccleston	26.7	9.4	8.8	11.3	19.5	6.2	5.0	3.7	6.4	2.9
	E05014124	Haydock	30.2	9.2	10.6	10.4	23.9	8.2	6.2	3.1	7.1	3.7
	E05014125	Moss Bank	30.5	10.0	10.7	10.7	24.3	8.1	6.2	3.5	7.7	4.6
	E05014126	Newton-le-Willows East	30.1	9.5	11.0	11.2	23.9	8.3	6.3	3.4	7.1	3.7
	E05014127	Newton-le-Willows West	31.6	8.6	12.1	10.2	25.5	9.8	7.1	3.0	6.6	3.1
	E05014128	Parr	31.7	8.6	12.8	9.5	26.1	10.2	7.4	3.3	6.3	3.3
	E05014129	Peasley Cross & Fingerpost	31.8	8.7	12.9	9.7	26.3	10.4	7.5	3.3	6.3	3.3
	E05014130	Rainford	27.8	9.3	9.2	10.5	21.1	6.7	5.1	3.4	6.7	3.1
	E05014131	Rainhill	28.5	8.8	9.3	10.6	21.8	7.1	5.4	3.0	6.8	3.2
	E05014133	Sutton North West	30.5	9.8	11.0	10.3	24.5	8.4	6.5	3.4	7.5	4.5

	E05014134	Sutton South East	30.9	9.0	10.5	11.0	24.5	8.3	6.3	2.9	7.4	3.7
	E05014135	Thatto Heath	30.3	9.3	11.5	10.2	24.4	8.9	6.6	3.4	6.8	3.6
	E05014132	Town Centre	31.9	8.7	12.4	9.5	26.5	10.1	7.6	3.4	6.1	3.1
	E05014136	West Park	30.7	9.8	10.8	10.8	24.8	8.2	6.4	3.3	7.8	4.8
	E05014137	Windle	29.0	9.1	10.2	10.9	22.2	7.7	6.0	3.4	6.6	3.4
Wirral	E05000954	Bebington	39.0	13.7	11.7	10.6	27.3	9.2	11.5	6.7	9.6	4.0
	E05000955	Bidston and St James	42.2	12.7	15.5	8.5	31.0	13.6	15.6	6.8	8.3	3.1
	E05000956	Birkenhead and Tranmere	43.2	12.7	15.4	8.7	32.6	13.8	16.4	7.0	8.1	3.2
	E05000957	Bromborough	40.7	13.0	13.4	9.9	29.5	11.1	13.2	6.4	9.1	3.8
	E05000958	Clatterbridge	35.8	12.6	10.2	10.0	23.5	7.8	10.1	6.8	7.9	2.8
	E05000959	Claughton	40.6	12.1	13.2	9.1	29.6	11.3	13.3	6.0	8.5	3.4
	E05000960	Eastham	38.3	13.0	11.6	10.1	26.5	9.3	11.5	6.6	8.8	3.4
	E05000961	Greasby, Frankby and Irby	35.9	12.9	10.4	10.2	23.3	7.9	10.1	7.1	8.0	2.7
	E05000962	Heswall	33.8	12.1	9.2	10.0	20.7	6.9	9.4	7.1	7.1	2.3
	E05000963	Hoylake and Meols	37.1	12.6	10.9	10.1	24.7	8.6	10.7	6.6	8.2	2.9
	E05000964	Leasowe and Moreton East	40.8	12.3	14.1	9.0	29.7	11.9	13.8	6.3	8.3	3.3
	E05000965	Liscard	40.8	12.1	14.1	8.6	30.1	12.0	13.9	6.3	8.1	3.3
	E05000966	Moreton West and Saughall	40.2	12.2	12.8	9.5	28.4	10.8	12.6	5.9	8.7	3.0
	E05000967	New Brighton	40.2	13.5	12.6	9.5	29.4	10.2	12.6	6.7	9.6	4.7
	E05000968	Oxton	39.5	12.3	12.1	9.7	28.1	10.0	11.9	6.0	8.6	3.2
	E05000969	Pensby and Thingwall	39.1	11.3	11.9	9.1	27.0	10.2	11.8	5.2	8.2	2.3
	E05000970	Prenton	39.8	12.6	12.8	9.6	28.3	10.7	12.8	6.3	8.7	3.4
	E05000971	Rock Ferry	41.4	11.7	14.8	8.7	30.8	12.9	14.7	6.2	7.8	3.0
	E05000972	Seacombe	41.7	11.9	15.3	8.6	31.2	13.1	15.1	6.4	7.9	3.1
	E05000973	Upton	40.3	12.8	13.5	9.2	28.9	11.3	13.3	6.5	8.8	3.4
	E05000974	Wallasey	39.0	13.5	11.8	10.2	27.5	9.3	11.4	6.6	9.3	3.7
	E05000975	West Kirby and Thurstaston	36.7	12.6	11.2	9.6	24.6	8.7	10.7	6.9	7.9	2.7

Table A6: Bivariate associations between health risk behaviours, sociodemographics, and adulthood violence victimisation[1]

		Alcohol	Tobacco/Vaping	Drug use	Gambling
		5+ drinks weekly	Daily Smoking or Vaping	Any illicit drugs past year	Any gambling harm
Prevalence (unmodelled)	**%**	15.8	18.2	5.6	10.0
	n (total sample size)	831	960	292	169
Sex	**Male**	18.6 (463)	18.6 (463)	6.5 (160)	13.9 (123)
	Female	18.0 (496)	18.0 (496)	4.7 (130)	5.7 (46)
	χ2	0.355	0.355	8.069	30.555
	p	NS	NS	**<0.01**	**<0.001**
Age group (years)	**18-24**	24.7 (120)	24.7 (120)	17.0 (83)	16.4 (18)
	25-34	22.1 (171)	22.1 (171)	9.9 (76)	13.9 (33)
	35-44	20.2 (186)	20.2 (186)	5.6 (51)	13.2 (41)
	45-54	23.0 (168)	23.0 (168)	6.3 (46)	10.4 (29)
	55-64	19.2 (192)	19.2 (192)	2.3 (23)	7.3 (24)
	65+	9.0 (120)	9.0 (120)	1.0 (13)	5.7 (24)
	χ2	112.206	112.206	223.048	23.902
	p	**<0.001**	**<0.001**	**<0.001**	**<0.001**
Ethnicity	**Any White background**	18.6 (906)	18.6 (906)	5.6 (272)	9.9 (163)
	Any other non-White background	13.3 (48)	13.3 (48)	5.1 (19)	10.4 (5)
	χ2	6.260	6.260	0.132	0.000
	p	**<0.05**	**<0.05**	NS	NS
Deprivation quintile	**1 (most deprived)**	26.1 (628)	26.1 (628)	6.8 (163)	11.9 (86)
	2	17.2 (143)	17.2 (143)	7.1 (59)	10.8 (32)
	3	11.2 (92)	11.2 (92)	3.8 (31)	6.9 (18)
	4	8.8 (72)	8.8 (72)	3.5 (29)	7.9 (21)
	5 (least deprived)	6.5 (25)	6.5 (25)	2.6 (10)	8.2 (12)
	χ2	212.328	212.328	28.236	7.766
	P	**<0.001**	**<0.001**	**<0.001**	NS
Adulthood violence victimisation	**Yes**	18.6 (326)	23.2 (409)	9.9 (172)	13.0 (93)
	No	14.4 (505)	15.7 (551)	3.4 (120)	7.8 (76)
	χ2	15.926	43.965	93.587	12.026
	p	**<0.001**	**<0.001**	**<0.001**	**<0.001**

[1] NS – Not significant.

Table A7: Bivariate associations between health and wellbeing, sociodemographics, and violence victimisation[2]

		Poor general health	Low mental wellbeing
Prevalence (unmodelled)	**%** **n (total sample size)**	19.0 962	14.1 717
Sex	**Male**	18.0 (428)	13.2 (315)
	Female	19.9 (531)	14.8 (398)
	χ2	3.022	2.689
	p	NS	NS
Age group (years)	**18-24**	8.2 (38)	17.4 (83)
	25-34	12.7 (94)	13.8 (103)
	35-44	12.8 (114)	15.8 (143)
	45-54	18.1 (127)	15.3 (109)
	55-64	25.2 (240)	14.8 (140)
	65+	26.8 (343)	10.8 (138)
	χ2	151.813	19.477
	p	**<0.001**	**<0.01**
Ethnicity	**Any White background**	19.5 (915)	13.8 (652)
	Any other non-White background	12.9 (44)	16.9 (58)
	χ2	8.844	2.622
	p	**<0.01**	NS
Deprivation quintile	**1 (most deprived)**	25.0 (571)	18.8 (434)
	2	16.3 (132)	12.7 (104)
	3	13.4 (107)	10.6 (85)
	4	14.6 (116)	8.5 (68)
	5 (least deprived)	9.9 (36)	7.0 (26)
	χ2	103.294	88.383
	p	**<0.001**	**<0.001**
Adulthood violence victimisation	**Yes**	21.0 (360)	20.0 (348)
	No	18.1 (602)	11.0 (369)
	χ2	6.015	76.336
	p	**<0.05**	**<0.001**

[2] NS – Not significant.

Table A8: Bivariate associations between adverse childhood experiences, sociodemographics and violence victimisation[3]

		No ACEs	1 ACE	2-3 ACEs	4+ ACEs	School exclusions	No trusted adult support
Prevalence (unmodelled)	**%**	50.2	19.0	18.9	11.8	4.8	27.8
	n (total sample size)	2708	1027	1021	639	254	1440
Sex	**Male**	51.4 (1313)	19.7 (503)	19.2 (489)	9.7 (248)	6.2 (154)	28.4 (691)
	Female	49.1 (1389)	18.4 (521)	18.7 (529)	13.8 (389)	3.6 (99)	27.1 (744)
	χ²				21.238	19.615	1.004
	p				**<0.001**	**<0.001**	NS
Age group (years)	**18-24**	53.0 (269)	17.5 (89)	15.0 (76)	14.6 (74)	6.9 (34)	21.3 (102)
	25-34	43.3 (345)	19.1 (152)	20.5 (163)	17.2 (137)	9.8 (75)	27.8 (211)
	35-44	49.8 (471)	19.9 (188)	17.8 (168)	12.5 (118)	5.4 (49)	24.8 (225)
	45-54	45.7 (343)	17.6 (132)	20.6 (155)	16.1 (121)	6.2 (46)	30.1 (220)
	55-64	49.3 (501)	19.3 (196)	21.5 (219)	9.9 (101)	3.0 (30)	30.9 (302)
	65+	56.4 (763)	19.7 (266)	17.5 (237)	6.4 (86)	1.5 (20)	28.2 (370)
	χ²				107.939	88.911	21.028
	p				**<0.001**	**<0.001**	**<0.001**
Ethnicity	**Any White background**	49.2 (2455)	19.5 (974)	19.2 (958)	12.0 (598)	4.8 (237)	27.4 (1321)
	Any other non-White background	61.5 (232)	13.3 (50)	15.1 (57)	10.1 (38)	4.1 (15)	32.2 (113)
	χ²				21.990	0.383	3.470
	p				**<0.001**	NS	NS
Deprivation quintile	**1 (most deprived)**	47.3 (1174)	19.0 (470)	19.2 (475)	14.6 (361)	6.2 (150)	29.1 (685)
	2	48.7 (416)	18.9 (161)	21.1 (180)	11.4 (97)	4.8 (40)	28.2 (235)
	3	51.7 (434)	21.7 (182)	17.9 (150)	8.8 (74)	3.5 (29)	25.8 (210)
	4	55.0 (459)	18.1 (151)	18.2 (152)	8.7 (73)	3.2 (26)	24.3 (197)
	5 (least deprived)	58.3 (225)	16.3 (63)	16.6 (64)	8.8 (34)	2.4 (9)	30.0 (113)
	χ²				54.476	23.308	9.820
	p				**<0.001**	**<0.001**	**<0.05**
Adulthood violence victimisation	**Yes**	26.8 (476)	20.6 (366)	28.2 (501)	24.5 (436)	8.4 (147)	37.9 (667)
	No	61.7 (2232)	18.3 (661)	14.4 (520)	5.6 (203)	3.0 (107)	22.5 (773)
	χ²				772.829	72.257	136.776
	p				**<0.001**	**<0.001**	**<0.001**

[3] NS – Not significant.

Table A9: Bivariate associations between criminal justice exposure, sociodemographics, and adulthood violence victimisation[4]

		Arrest history	Incarceration history
Prevalence (unmodelled)	**%**	8.6	5.2
	n (total sample size)	453	274
Sex	**Male**	14.5 (358)	9.2 (227)
	Female	3.4 (94)	1.7 (47)
	χ²	205.027	148.788
	p	**<0.001**	**<0.001**
Age group (years)	**18-24**	3.8 (19)	1.8 (9)
	25-34	8.4 (65)	5.4 (42)
	35-44	7.9 (73)	5.0 (46)
	45-54	13.1 (96)	9.0 (66)
	55-64	10.3 (102)	6.3 (62)
	65+	7.3 (97)	3.7 (49)
	χ²	40.568	41.550
	p	**<0.001**	**<0.001**
Ethnicity	**Any White background**	8.8 (432)	5.4 (262)
	Any other non-White background	4.9 (18)	2.7 (10)
	χ²	6.770	4.839
	p	**<0.01**	**<0.05**
Deprivation quintile	**1 (most deprived)**	10.8 (260)	6.6 (158)
	2	7.9 (66)	5.5 (46)
	3	7.5 (62)	4.5 (37)
	4	5.5 (45)	2.7 (22)
	5 (least deprived)	5.3 (20)	2.9 (11)
	χ²	31.812	24.714
	p	**<0.001**	**<0.001**
Adulthood violence victimisation	**Yes**	14.5 (253)	8.9 (156)
	No	5.7 (200)	3.3 (118)
	χ²	113.962	72.279
	p	**<0.001**	**<0.001**

[4] NS – Not significant.

Table A10: Bivariate associations between perceptions of personal safety and prevalence of violence, sociodemographics, and adulthood violence victimisation[5]

		Perceptions of personal safety from violence		Perceptions of prevalence of violence	
		Personally unsafe in Merseyside generally	Personally unsafe in neighbourhood	Violence is common in Merseyside generally	Violence is common in neighbourhood
Prevalence (unmodelled)	**%**	13.9	6.4	86.3	34.8
	n (total sample size)	734	340	4585	1858
Sex	**Male**	10.5 (264)	4.7 (117)	81.8 (2060)	30.1 (761)
	Female	16.9 (468)	8.0 (221)	90.3 (2515)	39.0 (1091)
	χ2	44.250	23.798	80.01	46.415
	p	**<0.001**	**<0.001**	**<0.001**	**<0.001**
Age group (years)	**18-24**	11.7 (58)	5.4 (27)	85.9 (433)	37.2 (187)
	25-34	10.4 (81)	6.4 (50)	85.8 (671)	36.1 (284)
	35-44	13.9 (129)	7.3 (68)	87.9 (820)	35.2 (331)
	45-54	14.4 (106)	6.4 (47)	88.6 (659)	38.0 (283)
	55-64	16.8 (168)	7.4 (74)	86.6 (869)	37.0 (373)
	65+	14.3 (189)	5.5 (73)	84.1 (1112)	29.4 (394)
	χ2	17.404	5.376	11.168	24.454
	p	**<0.01**	NS	**<0.05**	**<0.001**
Ethnicity	**Any White background**	14.1 (691)	6.4 (312)	87.3 (4300)	34.8 (1719)
	Any other non-White background	11.1 (41)	6.8 (25)	72.5 (263)	33.7 (125)
	χ2	2.562	0.083	63.085	0.179
	p	NS	NS	**<0.001**	NS
Deprivation quintile	**1 (most deprived)**	16.2 (396)	9.1 (222)	88.5 (2158)	44.9 (1100)
	2	11.6 (95)	6.6 (54)	86.1 (726)	33.9 (287)
	3	14.1 (117)	3.6 (30)	84.0 (698)	22.8 (190)
	4	10.7 (88)	3.5 (29)	83.1 (682)	23.3 (193)
	5 (least deprived)	10.4 (38)	1.4 (5)	84.0 (321)	23.0 (88)
	χ2	25.031	66.211	22.731	234.681
	p	**<0.001**	**<0.001**	**<0.001**	**<0.001**
Adulthood violence victimisation	**Yes**	20.3 (356)	11.3 (198)	87.0 (1543)	43.0 (763)
	No	10.7 (378)	4.0 (142)	85.9 (3042)	30.7 (1095)
	χ2	90.494	102.695	1.210	78.999
	p	**<0.001**	**<0.001**	NS	**<0.001**

[5] NS – Not significant.

Table A11: Bivariate associations between neighbourhood cohesion, social relationships, sociodemographics, and violence victimisation[6]

		Neighbourhood cohesion					Social relationships		
		Low overall neighbourhood cohesion	**Low neighbourhood needs fulfilment**	**Low neighbourhood group membership**	**Low neighbourhood influence**	**Low neighbourhood emotional connection**	**Does not feel close to adults they live with**	**Does not feel close to relative they don't live with**	**Does not have close or good friends**
Prevalence (unmodelled)	**%**	17.0	16.2	15.8	21.0	18.7	8.8	14.2	13.3
	n (total sample size)	904	871	851	1123	1004	387	754	716
Sex	**Male**	16.6 (419)	15.5 (395)	15.3 (389)	21.7 (548)	18.3 (466)	9.1 (195)	16.4 (411)	15.5 (395)
	Female	17.1 (480)	16.7 (470)	16.2 (457)	20.3 (571)	18.9 (532)	8.3 (189)	12.3 (340)	11.3 (317)
	χ2	0.251	1.308	0.886	1.393	0.264	0.833	18.383	21.118
	p	NS	NS	NS	NS	NS	NS	**<0.001**	**<0.001**
Age group (years)	**18-24**	20.8 (104)	18.3 (92)	19.4 (98)	22.9 (115)	24.8 (125)	9.6 (45)	16.2 (81)	10.9 (55)
	25-34	19.5 (153)	16.3 (129)	19.1 (151)	20.5 (162)	21.5 (170)	8.4 (58)	13.9 (109)	13.3 (105)
	35-44	18.4 (172)	18.8 (177)	17.5 (165)	19.0 (178)	19.4 (183)	6.4 (53)	13.3 (124)	11.9 (112)
	45-54	19.0 (141)	16.8 (125)	16.8 (126)	19.8 (148)	20.9 (156)	11.0 (71)	14.8 (109)	13.8 (103)
	55-64	16.5 (166)	16.6 (168)	15.0 (152)	21.6 (219)	18.9 (192)	7.6 (63)	16.9 (169)	13.7 (139)
	65+	12.4 (166)	13.2 (178)	11.7 (158)	21.7 (291)	13.0 (176)	10.2 (95)	11.9 (157)	14.7 (198)
	χ2	32.640	15.418	31.362	4.556	47.276	13.891	14.395	6.730
	p	**<0.001**	**<0.01**	**<0.001**	NS	**<0.001**	**<0.05**	**<0.05**	NS
Ethnicity	**Any White background**	16.7 (825)	16.2 (802)	15.6 (777)	20.8 (1028)	18.5 (922)	8.6 (350)	13.9 (680)	13.3 (659)
	Any other non-White background	20.1(74)	17.0 (64)	19.0 (71)	23.9 (89)	20.9 (78)	9.9 (33)	18.2 (66)	13.1 (49)
	χ2	2.698	0.194	2.942	1.995	1.279	0.657	5.277	0.014
	p	NS	NS	NS	NS	NS	NS	**<0.05**	NS
Deprivation quintile	**1 (most deprived)**	21.6 (527)	20.6 (507)	19.7 (486)	27.3 (670)	23.1 (569)	10.2 (198)	16.3 (395)	15.1 (372)
	2	17.8 (150)	16.5 (140)	17.6 (150)	19.3 (164)	20.3 (173)	9.8 (71)	13.4 (113)	12.4 (106)
	3	12.2 (102)	11.9 (100)	12.2 (102)	17.4 (146)	13.8 (116)	7.8 (56)	12.6 (105)	12.8 (107)
	4	10.6 (88)	10.8 (90)	9.7 (81)	10.1 (84)	12.7 (106)	6.7 (46)	12.0 (98)	10.2 (85)
	5 (least deprived)	9.7 (37)	8.8 (34)	8.3 (32)	15.4 (59)	10.4 (40)	4.7 (16)	11.3 (43)	11.9 (46)
	χ2	89.444	79.704	78.412	134.131	82.984	17.569	16.461	15.000
	p	**<0.001**	**<0.001**	**<0.001**	**<0.001**	**<0.001**	**<0.01**	**<0.01**	**<0.01**
Adulthood violence victimisation	**Yes**	19.1 (338)	17.6 (312)	17.4 (308)	24.4 (433)	21.6 (384)	9.8 (134)	16.0 (278)	15.8 (279)
	No	15.9 (566)	15.5 (559)	15.1 (543)	19.3 (690)	17.2 (620)	8.3 (253)	13.4 (476)	12.1 (437)
	χ2	8.485	3.530	4.477	18.783	14.979	2.613	6.174	13.117
	p	**<0.01**	NS	**<0.05**	**<0.001**	**<0.001**	NS	**<0.05**	**<0.001**

[6] NS – Not significant.

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