VIOLENCE REDUCTION UNIT

DOING THINGS DIFFERENTLY FOR GREATER MANCHESTER'S COMMUNITIES

GREATER MANCHESTER
VIOLENCE REDUCTION UNIT

Strategic Needs Assessment for Violence 2022/23

CONTRIBUTORS

This Strategic Needs Assessment was written and produced by a multi-agency working group, with additional key partners contributing throughout its development.

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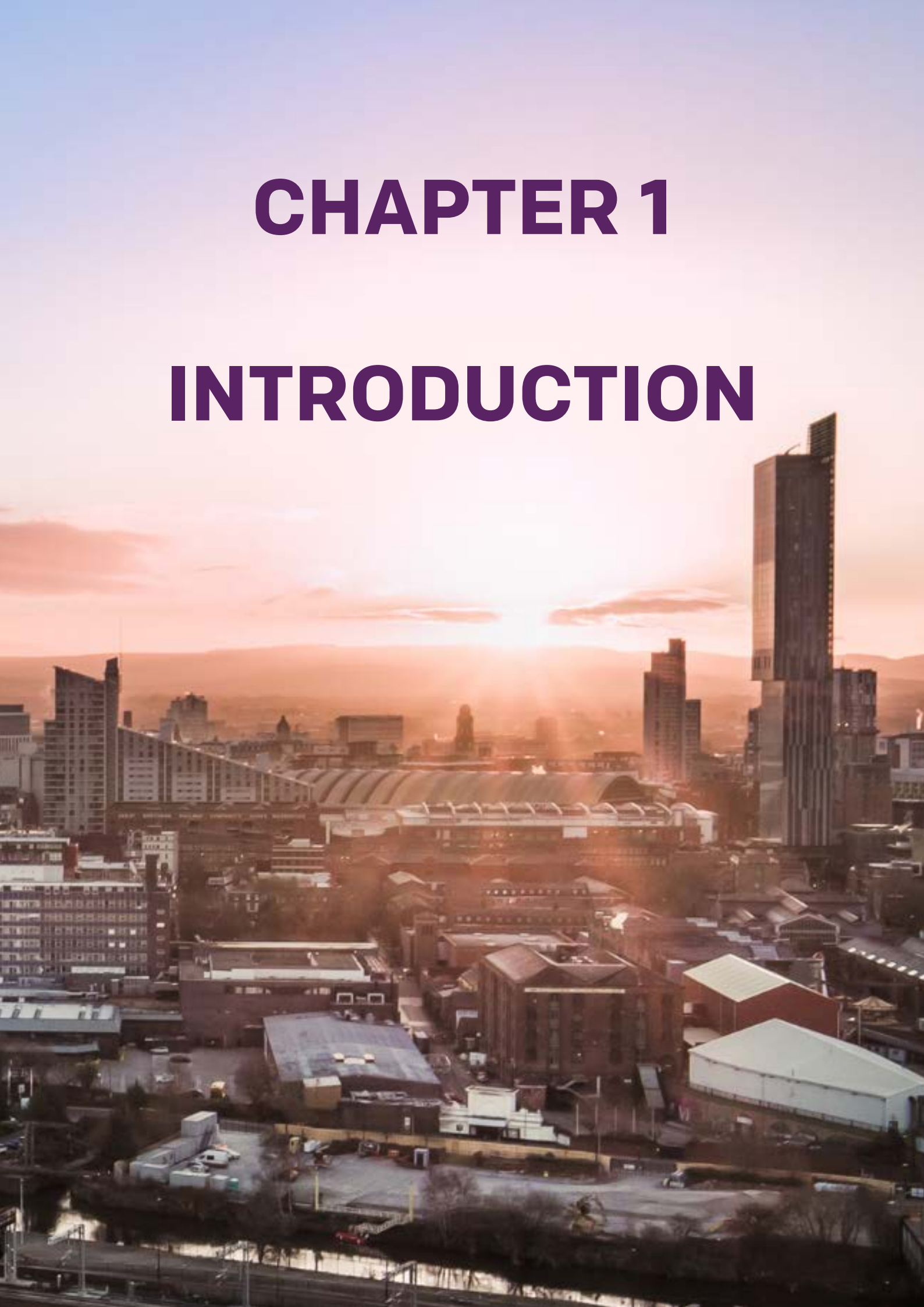
CONTENTS

CHAPTER 1

INTRODUCTION



Violence is not inevitable

Violence is preventable

Together we can stop violence

Each year world-wide millions of women, men and children suffer non-fatal forms of violence. This includes child maltreatment, youth violence, intimate partner violence, sexual violence and abuse of older people, with many people suffering multiple forms of violence. The impact from violence contributes to life-long ill-health and ultimately early death (WHO, 2022). Across England and Wales, 696 people were victims of homicide in 2021. In Greater Manchester there were 54 homicides over the same time period.

The association between early exposure to violence and major causes of adulthood mortality has been long recognised. More recent evidence documents the biology of violence, demonstrating that traumatic stress experienced in response to violence may impair brain architecture, immune status, metabolic systems, and inflammatory responses. Early experiences of violence may present lasting damage at the basic level of nervous, endocrine and immune systems, and can even influence genetic alterations of DNA (Hoeffler and Fearon 2014).

In addition to death, physical injury and disability, violence can lead to stress that impairs the development of the nervous system and immune system; thereby leading to ill-health in later years. People who are exposed to violence are at increased risk of a wide range of immediate and life-long behavioural, physical and mental health problems; including being a victim and/or perpetrator of further violence. Violence can also undermine the social and economic development of whole communities and societies (WHO, 2022).

Violence is not an inherent part of the human condition. It can be predicted, and it can be prevented. It is also complex. Risk and protective factors all interact. In recent years, data-driven and evidence-based approaches have produced knowledge and strategies that can prevent violence. These include interventions at individual, close relationships, community and societal levels (WHO, 2022). Across Greater Manchester, communities and partners have come together and continue to do so to find collaborative solutions, to reduce violence and to create healthier and more inclusive communities.

There are many types of violence. Whilst one strategy, one organisation or one community may focus on one 'type' of violence, there are many inter-dependencies and substantial overlap with similar root causes. It is acknowledged that people living in the most disadvantaged areas have the greatest impact from violence, especially victims, who are often subject to multiple types. Therefore, inequality is a large factor in violence. It is critical that we focus on equality and equity to ensure that we reduce violence. Tackling inequality is one of the Mayor's strategic priorities within the Greater Manchester Strategy.

Preventing violence is broader than focusing on the violence alone. It is about ensuring that there is good emotional wellbeing, resilient communities, engagement and cohesion, as well as good employment, good education and supportive and nurturing environments to flourish. There have been many studies that have provided evidence to determine what our risk and protective factors are. Understanding these factors means we can develop and adopt new public health-based approaches to tackling violence. Such approaches focus on stopping violence occurring in the first place by reducing known risk factors and promoting the known protective factors throughout the life course. It should be noted that these factors are correlated indicators and not causal factors.

Greater Manchester Violence Reduction Unit (GM VRU)

Established in October 2019, the Greater Manchester Violence Reduction Unit (VRU) is a team of subject leads and experts from the police, probation, public health, health, education, community and voluntary sector, youth justice and local authorities, working together to address the underlying causes of violence and working with communities to prevent it. The VRU in Greater Manchester is one of twenty VRU's across the country (Figure 1.1).

The VRU, through Greater Manchester's Mayor and the Deputy Mayor for police, crime, fire and criminal justice, launched its Serious Violence Action Plan in the summer of 2020. This action plan sets out seven priorities based on its local data, intelligence and local voices within communities (Figure 1.2).

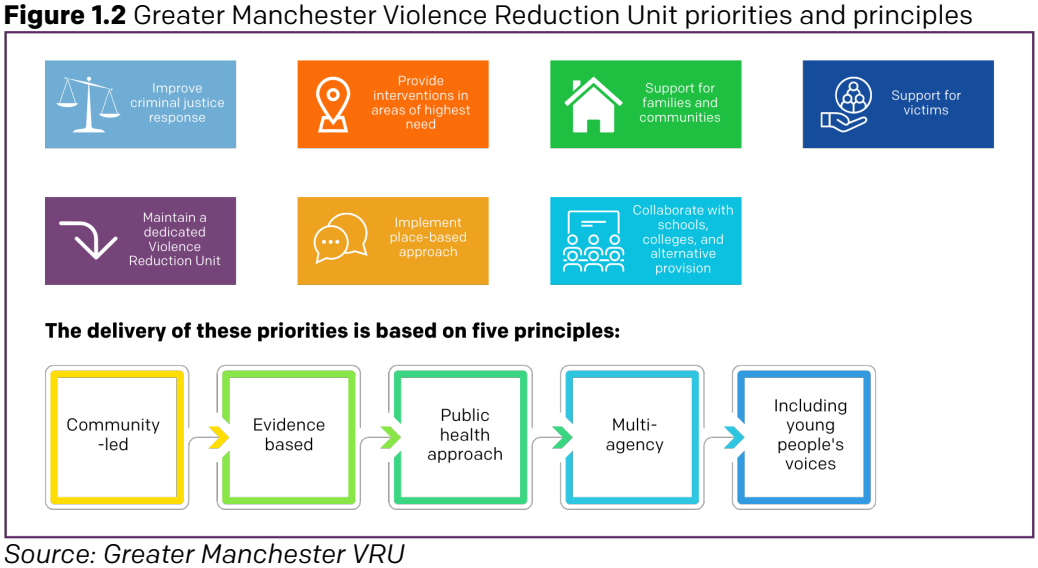
In April 2020 the GM VRU produced a strategic needs assessment which has been updated annually. These assessments are important for all of concerned. By sharing information, we can identify our needs and assets for our communities and understand local trends. We can intervene appropriately, whether that is through a universal or targeted approach or components of both, to prevent violence and strengthen our assets. We use national, regional, and local intelligence, incorporating data, information as well as the voices of our communities.

Bringing together intelligence on violence into one place ensures a multi-agency lens approach and to allow us to better understand the levels of violence across the city-region. In doing so, strategic priorities and direction of planning can be refreshed and re-focused. This enables collaborative solutions to be found.

Figure 1.1 Map showing the violence reduction units across England and Wales

Source: House of Commons Library

Figure 1.2 Greater Manchester Violence Reduction Unit priorities and principles



Source: Greater Manchester VRU

Governance

Greater Manchester VRU has a well-established and robust governance, being part of the Greater Manchester Combined Authority (GMCA). The Violence Reduction Governance Board oversees the planning and implementation of the VRU's action plan. It also oversees and signs off the strategic needs assessment. The Governance Board is chaired by the Deputy Mayor for police, crime, fire and criminal justice and meets quarterly. Progress on the recommendations from this report will be governed by the Violence Reduction Governance Board. A multi-agency Strategic Needs Assessment Task and Finish Group was established to ensure delivery of the report. It is intended that this report will be published on the Greater Manchester VRU website so that it is publicly available and a copy will be submitted to the Home Office.

Aim and Objectives

The aim of this strategic needs assessment is to provide an overview to our communities and partners about our knowledge and understanding of violence across Greater Manchester and the risk and protective factors for why violence occurs.

A public health approach to violence prevention and reduction underpins this assessment. It considers what the data tells us, listens to the voice of local people and communities, assesses the published evidence and gathers good practice from other areas and within Greater Manchester.

Our objectives for this strategic needs assessment are to:

1. Understand what a public health approach to violence prevention means and how it can be applied in practice.
2. Set out our evidence-base of violence across Greater Manchester, considering the prevalence and incidence of the various types of violence by person, place, and over time, taking a life-course approach.
3. Set out our evidence-base of our community assets and where there are opportunities to enhance and strengthen further.
4. Determine the gaps in our knowledge and understanding and make recommendations for future action thereby building violence prevention capacity at national and local levels.

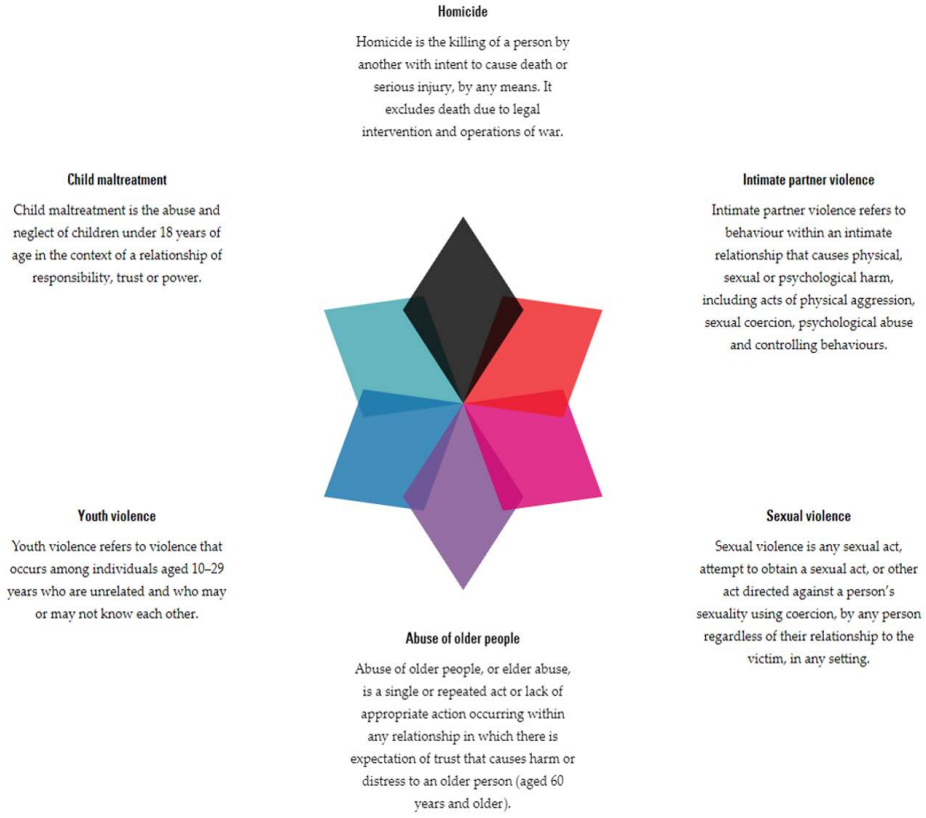
Definitions

Violence is defined by the World Health Organization (WHO) as:

"The intentional use of physical force or power, threatened or actual, against oneself, another person, or against a group or community, that either results in or has a high likelihood of resulting in injury, death, psychological harm, maldevelopment or deprivation".

Whilst violence appears defined by each category, there are many inter-dependencies and overlap (Figure 1.3). Furthermore, as our intelligence builds, there is growing evidence that many perpetrators of violence are often victims of violence too. We know that relationships, both positive and negative, have significant impact on violence.

Figure 1.3 Types of violence defined by the World Health Organization



Source: World Health Organization (WHO)

While the terms will mostly be used interchangeably in this document, it is important to note the distinction between interpersonal violence and violent crime. Not all forms of violence, such as the use of legal force by police, may be criminal, nor may all forms of crime that involve violence be classed as violent crimes. For example, according to the current Home Office crime counting rules, rape is classed as a sexual offence rather than violence against the person (Home Office 2022). While this report will take a broader view of violence than the narrow criminal definition of violence against the person, it is helpful to understand that many definitions of violence have their roots in the criminal definition, and much of the data drawn upon in this needs assessment will rely on this definition. A full summary of definitions can be found: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1134342/hocr-complete-july-22-amend-jan-23.pdf

Within interpersonal violence, it is also important to be aware of the various definitions of violence when reviewing the data and literature. For example, the Youth Endowment Fund survey of children and young people used the following definition of violence:

By violent crime, we mean the use of force or threat of force against another person or people, for example punching someone, threatening someone with a weapon, or mugging someone. This also includes sexual assault, which is when somebody intentionally touches someone in a sexual way without their consent.

YEF, 2022

The YEF (2022) also included the following types of criminal offences: robbery, physical assault, sexual assault, weapons offences. It should be noted that the Crime Survey for England and Wales does not include sexual violence in their violent crimes' definition.

The Serious Violence Strategy (2018) defined serious violence as:

Specific types of crime such as homicide, knife crime and gun crime and areas of criminality where serious violence or its threat is inherent, such as gangs and county lines drug dealing. It also includes emerging crime threats faced in some areas of the county such as the use of corrosive substances as a weapon.

However, it was recognised that a broader definition of violence was required if a multi-agency or 'public health' approach to tackling and preventing serious violence is going to be implemented (PHE, 2019).

The Serious Violence Duty 2022 states that

Specified authorities[1] will need to work together to identify the kinds of serious violence that occur in their areas as far as possible.

Therefore, the Police, Crime, Sentencing and Courts Act 2022 ('the PCSC Act) does not define serious violence for the purposes of the Duty 2022.

The Duty 2022 goes on to state:

In determining what amounts to serious violence in their local area, the specified authorities must take into account the following factors listed in Section 13 (6) of the PCSC Act:
a) the maximum penalty which could be imposed for any offence involved in the violence
b) the impact of the violence on any victim
c) the prevalence of the violence in the area
d) the impact of the violence on the community in the area.

It should be noted that terrorism is not included, and violence is not limited to physical violence against the person. Specified authorities should consider whether the types of violence included below, amounts to serious violence in their area, in accordance with the factors set out above. For the purposes of the Duty, violence includes:

Domestic abuse
Sexual abuse
Violence against property
Threats of violence.

In considering serious violence, the Duty 2022 outlines that there should be a focus on:

- Public space youth violence including homicide.
- Violence against the person which may include both knife crime and gun crime, and areas of criminality where serious violence or its threat is inherent, such as in county lines drug dealing.

The Duty 2022 allows local flexibility when defining serious violence to include (but not limited to):

- Alcohol related violence
- Criminal exploitation
- Modern slavery
- Violence against women and girls, including domestic abuse
- Sexual offences
- Male and LGBTQ+ victims.

The GM VRU values the opportunity to ensure a comprehensive definition of violence is used that includes all forms of violence, which is important when considering the interplay between various types, and from place-based and time-trend perspectives. Therefore, for the purposes of this strategic needs assessment, the WHO definition will be used, whilst also taking into account the Serious Violence Duty Statutory Guidance (2022) as outlined above.

[1]Specified authorities includes Chief Officers of police, fire and rescue authorities, Integrated Care Boards, Local Authorities, Youth Offending Teams and Probation Services

CHAPTER 2

A PUBLIC HEALTH APPROACH TO VIOLENCE PREVENTION

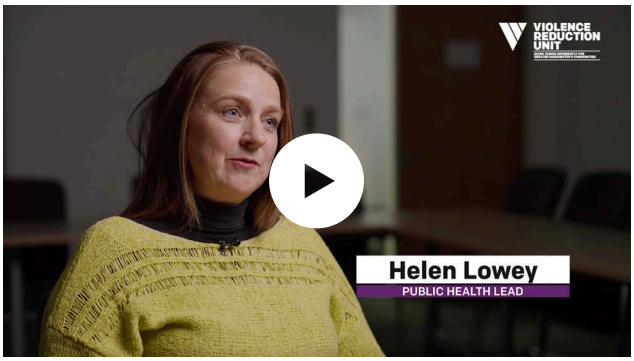
Violence is a major public health problem, affecting many people's lives through death, injury and harmful effects on neurological, cardiovascular, immune and other biological systems. Victims and perpetrators of violence have higher prevalence of adverse childhood experiences. They often show high-risk behaviours such as unsafe sex, harmful alcohol and drug use and smoking, all of which contribute to lifelong ill health and premature mortality (WHO VRU 22-26).

Violence is a major cause of ill health and poor wellbeing and is strongly related to other socioeconomic inequalities. The most deprived fifth of areas in England have hospital admission rates for violence five times higher than those of the most affluent fifth. Violence affects individuals and families through to communities and our wider society. The financial impact of violence cannot be under-estimated and has a significant impact on our health services, criminal justice system and wider economy (Bellis et al., 2012).

Because of its complexity, the biggest opportunity to reduce and prevent violence is to have a whole-system approach that is led by our communities. It is necessary to first understand the situation, using local data and evidence, and then to address the risk factors and thereby prevent people from being involved in violence, and support those who are victims and those who witness violence. No one agency can resolve this issue alone and no one agency's data can provide enough intelligence (Bellis et al., 2012). There is a need to bring our intelligence together to enable clearer and more comprehensive understanding of the situation and for shared ownership of outcomes and solutions. This is why Greater Manchester VRU is well placed to work with partners to address violence. Since its inception in 2019, GM VRU has taken a public health approach to violence prevention and continues to do so. The recent evaluation report has found that overall, VRUs made good progress towards a whole-systems approach. Building on progress made in previous years, VRUs showed signs of maturing and becoming embedded in local responses to prevent violence (VRU evaluation report, gov.uk, 2023).

The GM VRU partnership provides strategic leadership on violence prevention, develops the evidence, considers the norms and standards, including implementation tools and has a strong partnership approach. Together, we focus on preventing all types of violence and in all settings, recognising the inter-dependencies and generational trauma. GM VRU also takes a whole system approach and includes childhood adversity and trauma, youth violence, intimate partner violence, interpersonal violence, which includes family or partner violence as well as community violence including violence in institutional settings such as schools, workplaces, and prisons. We have a strong emphasis on preventing youth violence and violence against children, and violence in open spaces and across our communities. Our action plan, overseen by the Violence Prevention Governance Board, sets out all priorities and activities for Greater Manchester.

The World Health Organization (2017a) defines a public health approach to reducing violence as one that:



'Seeks to improve the health and safety of all individuals by addressing underlying risk factors that increase the likelihood that an individual will become a victim or a perpetrator of violence.

By definition, public health aims to provide the maximum benefit for the largest number of people. Programmes for primary prevention of violence based on the public health approach are designed to expose a broad segment of a population to prevention measures and to reduce and prevent violence at a population-level'.

The World Health Organization suggests an analytical framework, separating the different types of violence, the nature of the problem and the action required to deal with it, but also identifies and emphasises the common features and linkages between the different types of violence which leads to a holistic approach to violence prevention (PHE, 2018). This violence prevention work, which GM VRU has adopted, is based on the following approaches and principles (WHO VRU 22-26):

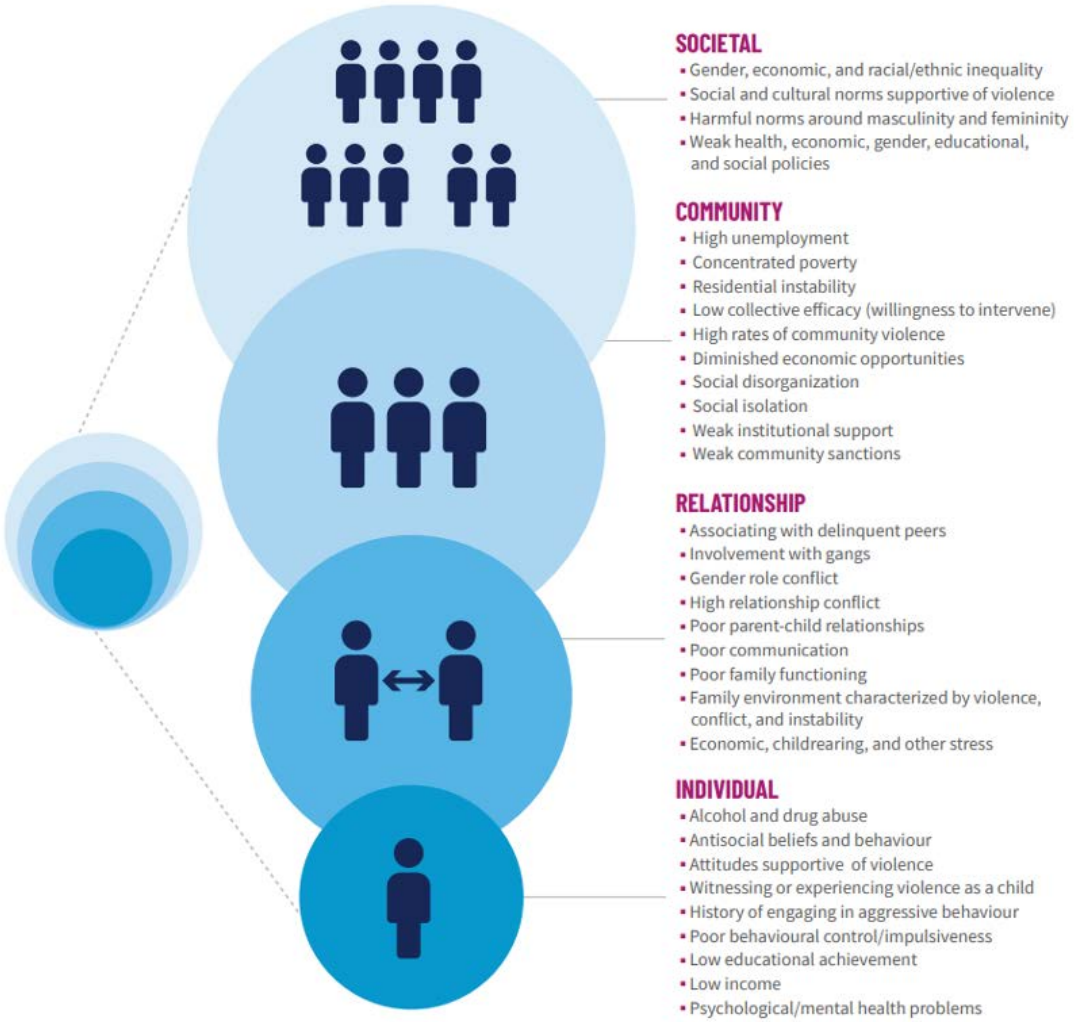
1. Social Ecological Model
2. Public Health Approach
3. Evidence-based practice
4. Human rights
5. Life course approach
6. Multisectoral approach

Here we will look at each component separately.

1. SOCIAL ECOLOGICAL MODEL

Preventing violence requires a population approach which looks at the needs and assets of the whole population. This enables us to get a better understanding as to why some population groups are at greater risk of violence than others and most importantly how we can mitigate against it. It is important to look across the four levels of the social ecology model (Figure 2.1; WHO VRU 22-26). Figure 2.2 looks at both risk and protective factors. It is clear that 'early years' intervention is critical, ensuring that children and young people have a stable, supportive and nurturing beginning that lasts into adulthood, where intergenerational cycles of violence can be broken.

Figure 2.1 Social ecological model for understanding and preventing violence



Source: World Health Organization (WHO)

2. PUBLIC HEALTH APPROACH

Public Health is defined by the Faculty of Public Health (2016) as:

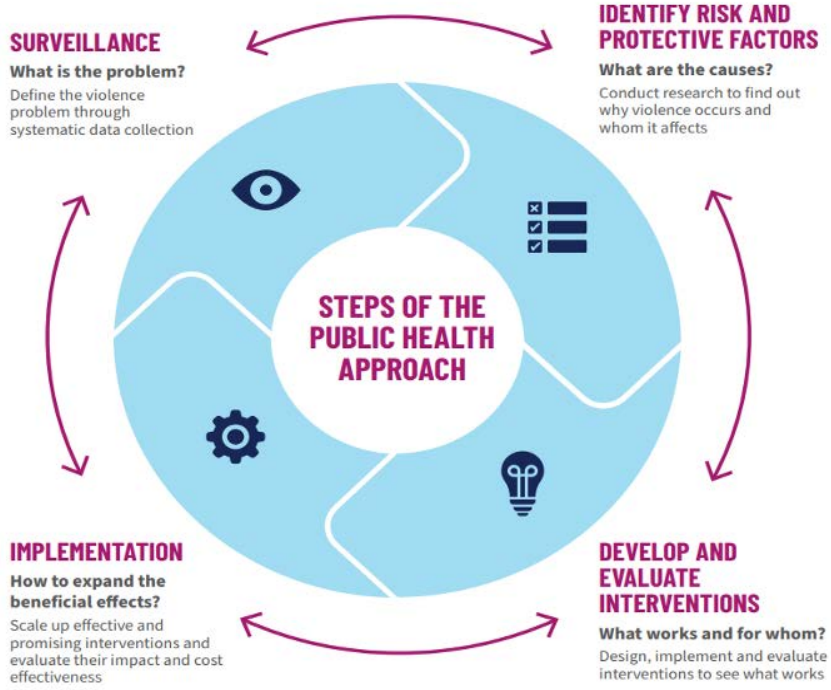
'The science and art of promoting and protecting health and wellbeing, preventing ill-health and prolonging life through the organised efforts of society'.

What is important from this description is the systematic changes and whole system approach to improving outcomes by taking a public health approach. Therefore, public health aims to provide the maximum benefit for the largest number of people, what is often referred to as a 'population approach'. By considering populations rather than just individuals, the focus shifts to prevent health problems at scale, extend better care into a wider population reach and to improve safety to a greater number of people. Greater Manchester VRU has taken a population approach since it was established, so that interventions can be tested and roll out at scale. https://gmvru.co.uk/

By changing policy and strategy, as well as implementing interventions at a universal through to targeted approach, it is possible to gain a greater reach. All of which is based on data, intelligence, and evidence. Greater Manchester VRU has undertaken several research and evaluation projects to ensure that the interventions they commission are having a positive impact. Having a public health approach offers practitioners, policymakers, and researchers a stepwise guide that can be applied to planning programmes, policies and investigation (WHO VRU 22-26), which is what Greater Manchester VRU has adopted.

A public health approach is science-based. It is based on evidence that violent behaviours and its consequences can be prevented. There are four-steps to a public health approach (Figure 2.2) thereby providing a framework to organise prevention at all levels of the social ecology model, from the community, through entire societies, to regional and global levels (WHO VRU 22-26).

Figure 2.2 Steps of the public health approach



Source: WHO Violence Prevention Unit: Approach, objectives and activities, 2022-2026

When we consider the public health approach, Greater Manchester VRU comes from the premise that prevention is better than cure. There are three stages of opportunities to prevent violence:

Primary
Prevent violence before it starts. This aims to reduce people's tendency for violence. Primary prevention of conditions for violence should be our main objective.

Secondary
Provide support early, when violence is happening and we work together to mitigate further escalation and to stop it becoming established, often called Early Intervention. This involves early warning and intervention as an early stage, de-escalation of violence and conflict handling alongside effective planning. This aims to lower the chances of those involved in violence being involved again.

Tertiary
Looking to find ways to help people move away from a life of violence and includes criminal justice, enforcement, and holding people to account for their actions. It involves response, treatment and rehabilitation as well as reconstruction and resolution. It is also to ensure that those affected by violence get the support that they need.

By considering the three stages of prevention, we can work together to develop a range of policies and interventions across the life course (Bellis, 2012), which is what this strategic needs assessment aims to do, considering pregnancy and early years, childhood and youth, and adulthood.

3. EVIDENCE-BASED PRACTICE

Good scientific evidence is an essential part of a public health approach to violence prevention. We use data to understand violence better and take an evidence-based approach to ensure that the interventions we use and our response strategies to prevent violence, are based on scientific evidence and are likely to work, which also take cultural considerations into account (WHO VRU 22-26). Greater Manchester has a contract with Manchester Metropolitan University and works with other universities across the country, all with different specialisms.

Throughout this needs assessment we aim to critique the evidence, analyse the data and understand our community models. This ensures that the GM VRU strategic needs assessment is grounded in data and evidence.

4. HUMAN RIGHTS

Violence prevention and response strategies and interventions must be compliant with relevant conventions, including the convention on the Rights of the Child and the Convention of the Elimination of Discrimination against Women and other international and regional human rights instruments (WHO VRU 22-26).

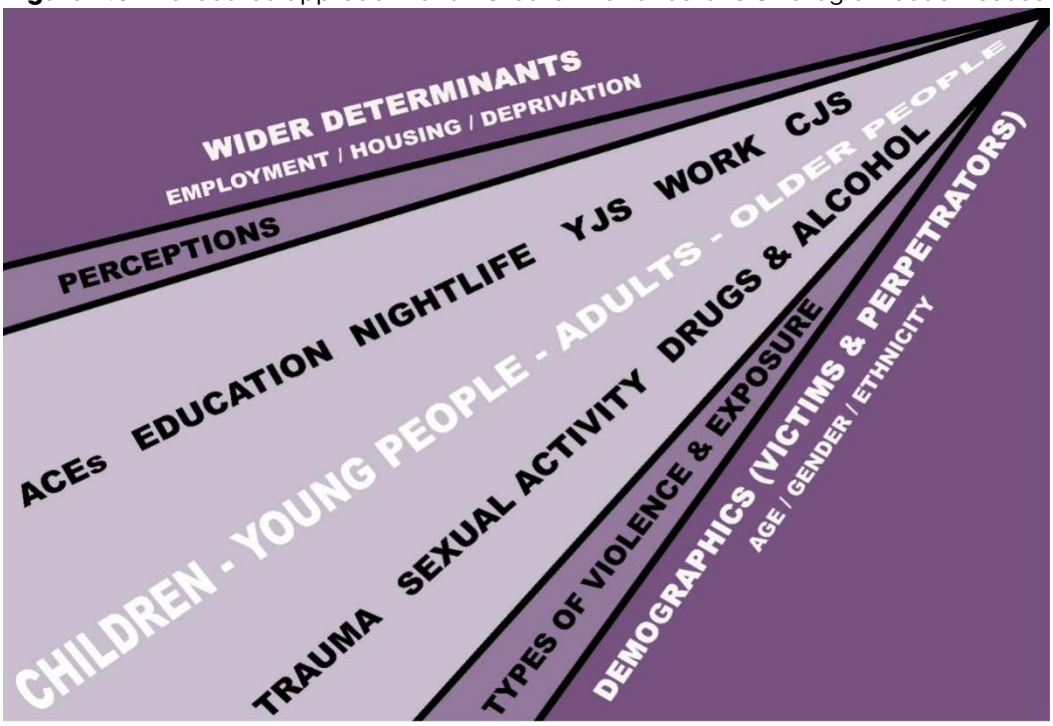
New learning from brain science, psychology and public mental health fields needs to be applied in developing violence prevention strategies, humanitarian aid and conflict resolution. Discussion of power differences is important and can be part of recognising our common human and civil rights.

5. LIFE COURSE APPROACH

Policies, plans and interventions for preventing and responding to violence need to take account of health and social needs at all stages of the life course, including pregnancy, infancy, childhood, adolescence, adulthood, and older age (WHO VRU 22-26).

It is important that we understand how violence impacts on each stage of the life course, i.e., domestic violence starts or gets worse during pregnancy through to the long-term impact of adverse childhood experiences and the inter-generational relationships. This is so that we can work on the best evidence to break the cycles of violence and deprivation. This needs assessment takes a life-course approach, as shown in Figure 2.3.

Figure 2.3 Life-course approach taken Greater Manchester's Strategic Needs Assessment

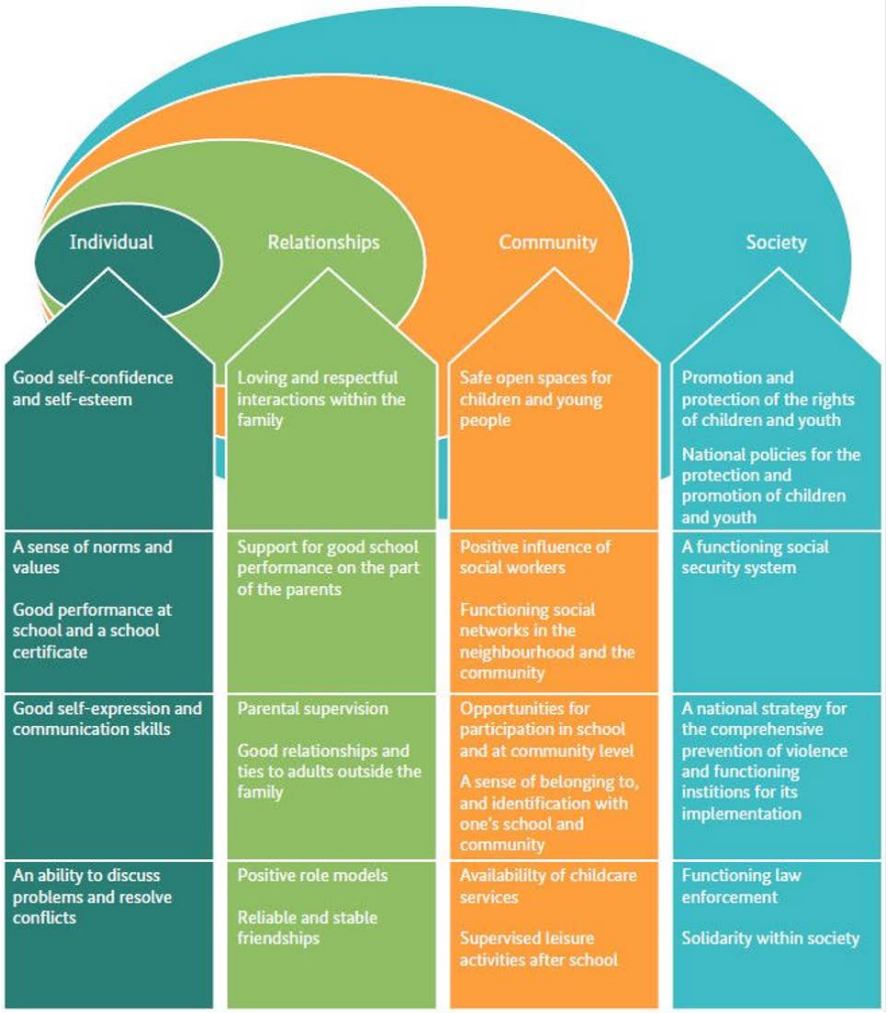


Source: Greater Manchester VRU 2023

6. MULTISECTORAL APPROACH

A comprehensive and coordinated response for preventing and responding to violence requires partnership and collective action with multiple public sectors such as health, education, employment, justice, housing, social development, and other relevant sectors, as well as civil society organisations, faith-based organisations, academia, and the private sector, as appropriate to the country's situation (WHO VRU 22-26). Partnerships with our communities and other organisations is essential so that we develop and implement a whole-system, whole-community response.

It is important that through partnership working we take an asset-based approach, recognising all the strengths and resources – natural, human, educational, economic, and environmental – available to a community to improve its security and health. Greater Manchester's VRU has a strong and well-established community-led ethos and drive and is well connected across our communities.



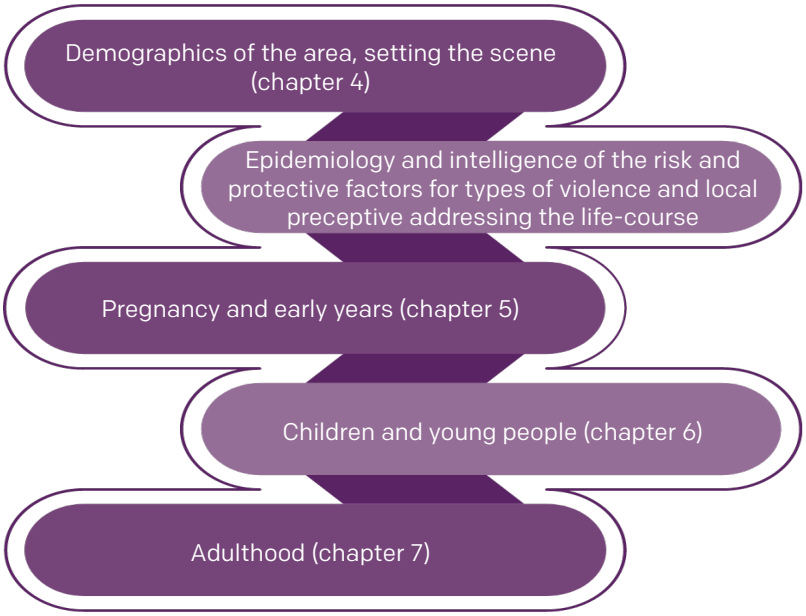
Source: *Tackling Violence in South Africa: Concepts & Approaches – Learn how – SaferSpaces*

CHAPTER 3

SCOPE AND METHODOLOGY

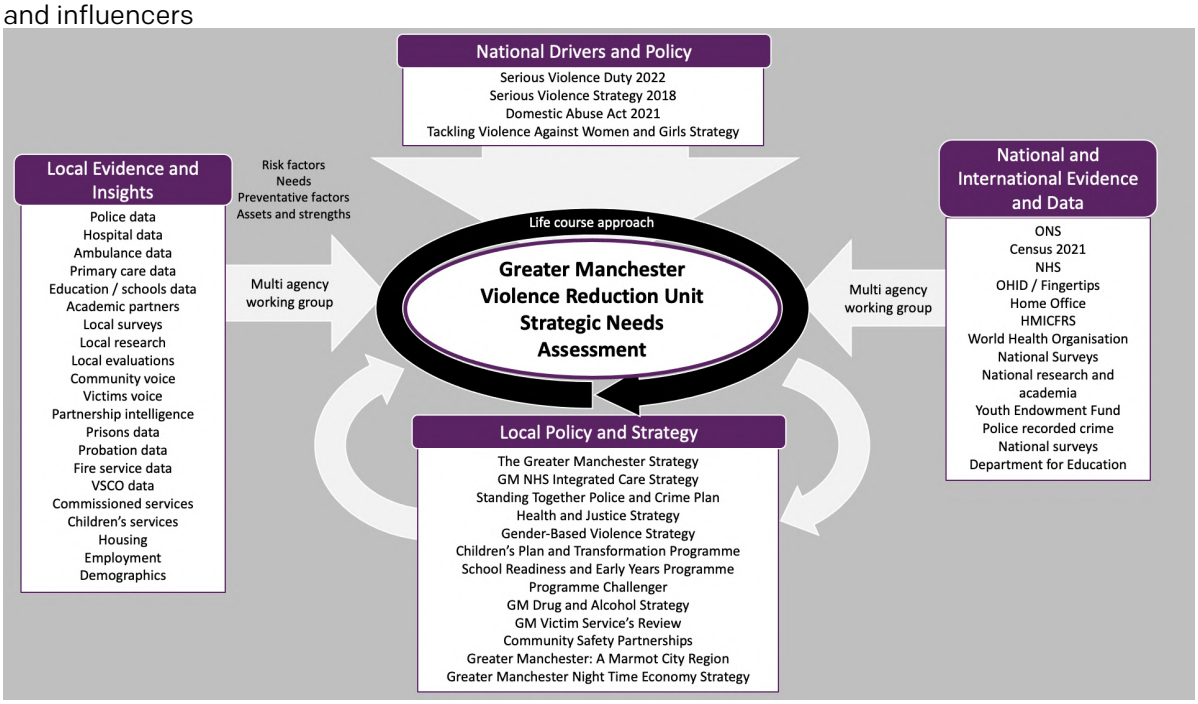
Scope

This needs assessment enables us to understand the prevalence of violence across GM and an understanding of the risk factors and protective factors for violence across the life-course.



When developing this needs assessment, it is important to understand the national, regional and local drivers, i.e. key strategies, legal requirements, plans etc., and also the interdependent needs assessments and strategies (Figure 3.1). This is to ensure that the focus and approach is right for GM but also so that links can be made to the other documents for avoidance of duplication whilst ensuring gaps are prevented. Below the various acts, strategies, needs assessments and priorities are outlined.

Figure 3.1 Greater Manchester Violence Reduction Unit Strategic Needs Assessment approach and influencers



Source: Greater Manchester VRU 2023

National

SERIOUS VIOLENCE DUTY 2022

To ensure that preventing and reducing serious violence is a priority for Community Safety Partnerships (CSPs).

National guidance, produced December 2022, sets out effective partnership working, advice on data sharing, information on monitoring and inspection and advice on working with the voluntary and community sector and young people.

Serious Violence Duty - GOV.UK (www.gov.uk)

SERIOUS VIOLENCE STRATEGY 2018

To break the deadly cycle of violence that devastates the lives of individuals, families and communities.

Sets out how Government will respond to serious violence.

Consolidates the range of important work already being taken forward and renews government's ambition to go further.

Focus is not solely on law enforcement but also partnerships across a range of sectors including our communities.

Home Office – Serious Violence Strategy, April 2018 (publishing.service.gov.uk)

DOMESTIC ABUSE ACT 2021

Prioritising prevention: Reduce the amount of domestic abuse, domestic homicide, and suicides linked to domestic abuse, by stopping people from becoming perpetrators and victims to begin with.

Supporting victims: Help all victims and survivors who have escaped from domestic abuse feel that they can get back to life as normal, with support for their health, emotional, economic, and social needs.

Pursuing perpetrators: Reduce the amount of people who are repeat offenders and make sure that those who commit this crime feel the full force of the law.

A stronger system: Improve the systems and processes that underpin the response to domestic abuse across society.

Included is the Tackling Domestic Abuse Plan, 2022.

Domestic Abuse Act 2021 - GOV.UK (www.gov.uk)

TACKLING VIOLENCE AGAINST WOMEN AND GIRLS' STRATEGY

Increase support for victims and survivors, through ensuring they have access to quality support appropriate to their needs (as measured through increased funded support services).

Building on the increases we have seen in reporting to the police for some of these crimes, we want an increase in the number of perpetrators brought to justice.
The Government's long-term fundamental ambition must be nothing less than to reduce the prevalence of violence against women and girls.

Cross-Government approach that complements wider work across Government to tackle other key priorities, including homicide, serious violence, and neighbourhood crime.

Tackling violence against women and girls strategy - GOV.UK (www.gov.uk)

Greater Manchester

The Greater Manchester Strategy Find out more	**NHS Integrated Care Partnership** Find out more	**Standing Together Police and Crime Plan** Find out more
Health and Justice Strategy Find out more	**Gender Based Violence Strategy** Find out more	**Children's Plan and Transformation Programme** Find out more
Housing and Homelessness Strategy Find out more	**Programme Challenger** Find out more	**GM Drug and Alcohol Strategy** Find out more
Victim Service Review Find out more	**Community Safety Partnerships**, 10 locality level Community Safety Partnerships with strong violence prevention focus	**A Marmot City Region** Find out more
Night Time Economy Strategy Find out more	**Gambling Harms** Strategic Needs Assessment, 2022 Find out more	**Equalities** Find out more

Methodology

A collaborative approach with local subject experts from a range of agencies and partners was taken to ensure a broad and inclusive methodology was employed.

Data included in this needs assessment has been taken from several sources, as listed in Figure 3.1. Data is available at different levels depending on the data source, with some indicators at upper tier authority level and some at lower super output (LSOA) area level. If there are only Greater Manchester level data, and indeed at upper tier local authority level, then masking of inequalities can occur.

There is often a time-lag of data, this is especially the case at national level but is also often the case locally. This is due to the time taken to cleanse the data to ensure that it is as accurate as possible to enable national, regional and local comparisons to be made. There can be limitations to the data, for example not all fields of data are captured at source, changes in definitions or recording of data changes over time, with some levels of data being too small to present due to confidentiality. Also, correlation does not mean causation.

It is important that the data and intelligence we use are as complete, accurate and high quality as possible. There are audits that are undertaken to assess the quality of the data recorded and inspections and assessments take place.

In 2020, Greater Manchester Police (GMP) was inspected by Her Majesty's Inspectorate of Constabulary and Fire & Rescue Services (HMICFRS), where concerns were raised around the quality of crime recording. Since this inspection significant improvements have been made. As a result, data from 2021 onwards shows a rise in the number of crimes, including the number of violent offences, stalking and harassment and violence without injury. It should be noted that this rise is likely due to improvements to the recording of the intelligence and may not reflect a true rise in offences.

It should be acknowledged that different datasets use different definitions for violence. Therefore, not all figures and trends are comparable, and direct comparison is not possible.

There is a national definition for domestic abuse. However, people are not arrested for 'domestic abuse' but rather the specific crime that they have carried out, i.e. physical abuse, sexual abuse, financial abuse. Therefore, on police records, 'domestic abuse offences' includes all crimes with a domestic flag added by police officers. As such, both violent and non-violent offences are captured. Domestic abuse flagged offences may occur both in public or in private, and offending can be driven by the same underlying causes as other types of violence and therefore has been included in all analyses.

The last three years of data have been used where possible. For police recorded crime (PCR) this includes the calendar years 2020, 2021, and 2022, although data starts from July 2019 when the new system was implemented in GMP.

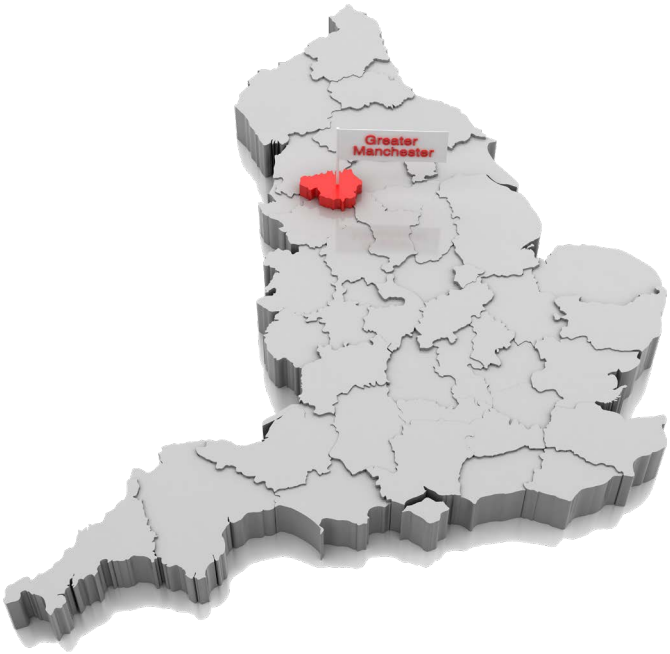
The impact of Covid-19 and the restrictions that were put in place to prevent the spread of the virus since March 2020, changed people's behaviours which had an impact on violence as described throughout the report. It is too early to tell what the full impact Covid-19 has had on violence and whether any change, positively or negatively, is sustained. Therefore, care must be taken when interpreting trend data which includes this time period.

CHAPTER 4

GREATER MANCHESTER CITY-REGION

Greater Manchester (GM) is a city region located in the North West of England with a diverse population of 2,867,752 (Census 2021). The conurbation includes many interlinked towns and city centres across the ten metropolitan boroughs: Bolton, Bury, Manchester, Oldham, Rochdale, Salford, Stockport, Tameside, Trafford and Wigan. Each of these boroughs has their own demographic profile, challenges, and assets.

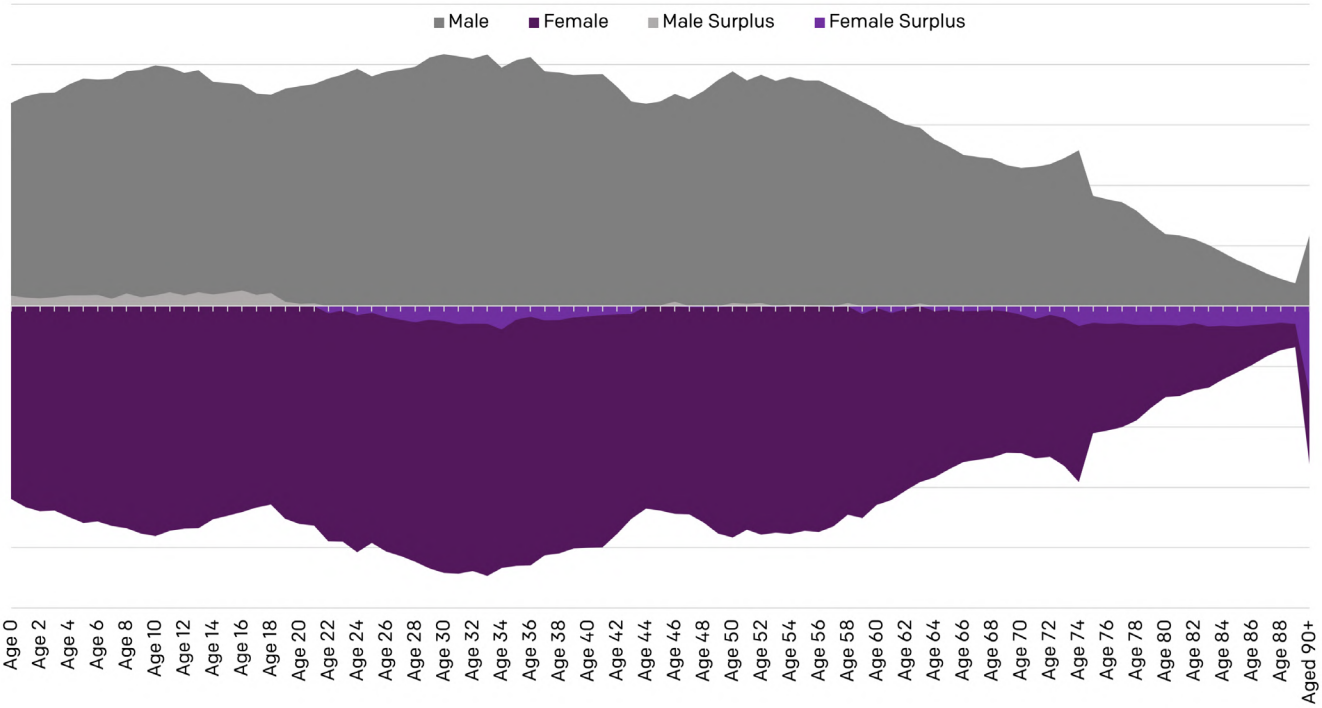
The Greater Manchester strategy has a bold vision, where *'we want Greater Manchester to be a place where everyone can live a good life, growing up, getting on and growing old in a greener, fairer more prosperous city region.'* However, set against this ambition is a city-region where large inequalities exist, both across the city-region and with other areas nationally.



Demographics

Greater Manchester has a near even proportion of females (50.7%) to males (49.3%), although this varies by age. Among those aged under 25, there are 16,574 more men and boys than women and girls (50.9% male to 49.1% female). Among those aged 65+ however, there are 37,145 more women than men (54.1% female to 45.9% male). Figure 4.1 shows the gender and age distribution for the city region. Please note, 'Surplus' in Figure 4.1 refers to the difference between populations by gender for that year of age. Male surplus indicates that there are more men and boys than women and girls of that age group, and female surplus indicates the reverse.

Figure 4.1 Age and Gender profile for Greater Manchester city region, 2021



Source: ONS Population Estimates 2022

Compared with England and Wales as a whole, Greater Manchester has:

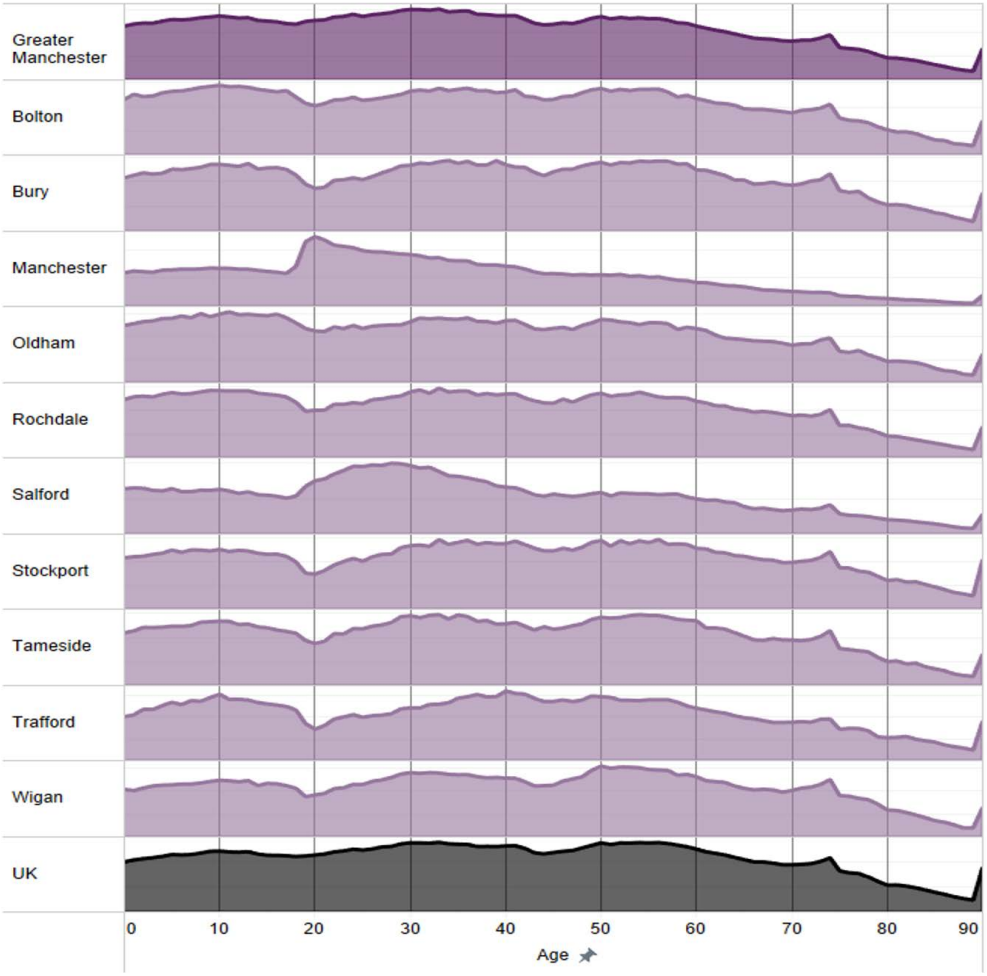
- Higher proportion of younger people, under 25 years old (31.9% of the city region's population compared to 29.1% across England and Wales)
- Similar proportion of working age, 25-64 years (52.3% in both Greater Manchester and England and Wales)
- Lower proportion of 65+ year old (27.4% compared to 31.1% across England and Wales)

There are however many differences between boroughs (Figure 4.2). For example, Bolton, Bury, Oldham, Rochdale, and Tameside have similar age profiles which is high young population that reduces substantially for 18–24-year-olds as young people leave the area for university and/or work, and a larger proportion of older population (65 years and above), but still below national figures.

Manchester and Salford have a large proportion of 18–34-year-olds, reflecting the large student population, retention of these students, and attraction of younger working age job seekers to the city centre and Salford Quays. Manchester in particular, shows the sharp increase at age 18-20 years which then shows a steady decline without any increase with age, resulting in a very low proportion of older people. Salford mirrors this trend but is less pronounced. Only Stockport and Wigan have a higher than national average population aged 65+ at 20.1% and 19.3% respectively.

Understanding age profile is important from a violence prevention perspective. The majority of victims and perpetrators (sometimes referred to as offenders or suspects) of violence are younger people, from childhood (victims) through to adolescent years and into working age. Young people are most at risk of experiencing violence, and most likely to experience multiple forms of interpersonal violence (Violence Prevention Wales, 2022). Therefore, it is expected that particular types of violence and crime will be higher across the city-region and within particular boroughs compared with areas across England and Wales who have a higher older age population.

Figure 4.2 Age profile for Greater Manchester local authorities and the UK, 2021



Source: ONS Population Estimates 2022

Greater Manchester city region is ethnically diverse. Three quarters of the local population identify as White British (74.4%). The rest of the population identify as Asian (9.3%), White Other (7.3%), Black (4%), Mixed (2.9%) and Other (2.1%). Compared with England and Wales, GM has:

- Lower proportion of White British and White Other
- Higher proportion of Asian, Black, Mixed and Other

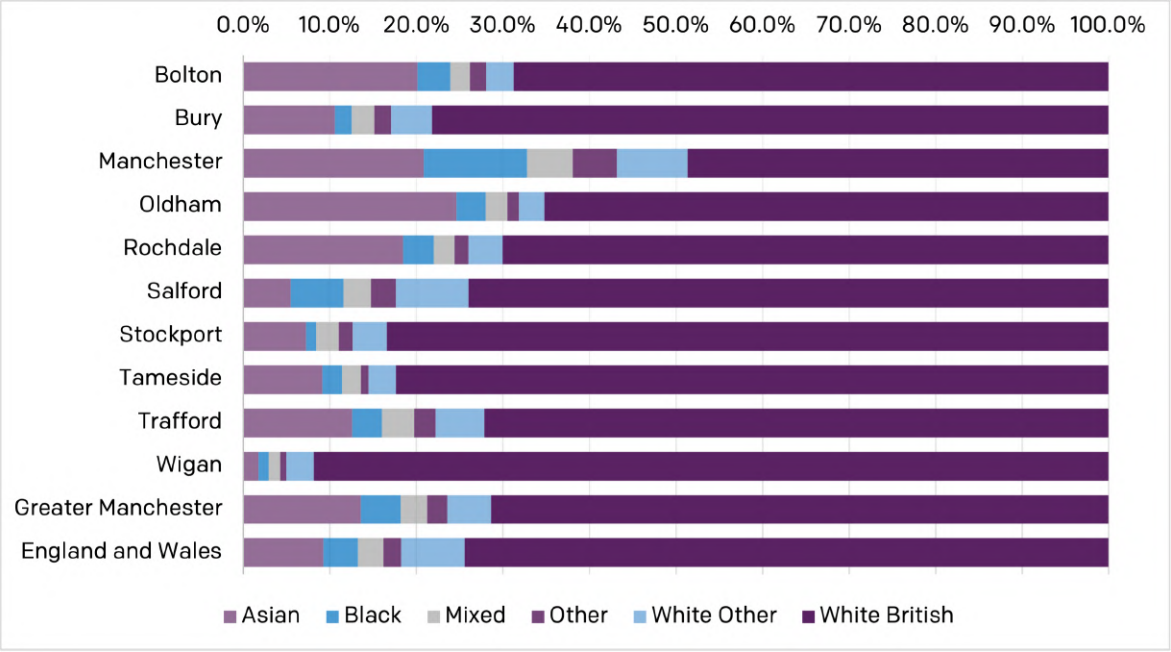
Ethnicity differs across the city region (Figure 4.3). For example, 91.8% of Wigan's population identify as White British and less than 2% identify as being each of either Asian, Black, Mixed or other. In comparison, less than half of the population in Manchester (48.7%) identify as White British and a fifth (20.9%) identify as Asian and a tenth (11.9%) identify as Black.

This is important from a violence prevention perspective. We know from the evidence that ethnicity itself is not a risk factor for violence and that there is very little, if any, relationship between ethnic category and involvement in violent crime, drug use, gang involvement, property offences and antisocial behaviour (Stott et al., 2021).

However, we do know from the evidence that there is over-representation of Black and Asian minority ethnic groups for arrest, prosecution, and conviction statistics (Stott et al., 2021) and over-representation of children who are of Black heritage being a victim or witnessing violence. Half (51%) of children who are of Black heritage have been a victim or witness, which is 12% higher than the rate for children identifying as White (YEF, 2022).

Analysis undertaken as part of Greater Manchester Police's efforts to reduce ethnic disproportionality in policing found that use of force and stop and search is much higher against non-White residents (GMP 2021). Residents who identify as Black are 5.3 times as likely to be stopped and searched residents who identify as White, 4.0 times as likely to have force used against them, 5.7 times as likely to have a taser used (including drawing a taser only), and 2.8 times as likely to be arrested. While these are lower levels of ethnic disproportionality compared to national data where people from Black heritage are 9.0 times more likely to be stopped and searched (England and Wales), it nevertheless highlights the different experiences of policing and law enforcement of people of Black heritage, particularly young Black males.

Figure 4.3 Ethnicity by local authority area (% of population) for Greater Manchester and England and Wales, 2021



Data source: Census 2021

There are at least 80 main languages spoken across Greater Manchester according to the Census 2021, with around 370,000 residents having a language other than English as their first language (9.7% of residents, compared to 8.9% across England and Wales). This ranges from as high as 18.3% in Manchester down to 3.5% in Wigan. The University of Manchester's Multilingual Manchester project estimate the total number of languages spoken in the city region could be as high as 200 (University of Manchester, 2013).

Additionally, around 480,000 people in the city region were born outside of the UK, 16.7% of Greater Manchester residents compared to 12.7% across England and Wales (excluding London). This ranges from 31.4% in Manchester down to 6.2% in Wigan.

The Equality Act (2010) defines an individual as disabled if they have a physical or mental impairment that has a substantial and long-term negative effect on their ability to carry out normal day-to-day activities. Disability and age are closely related, with older people being more likely to be disabled. Greater Manchester has lower rates of people who are identified as disabled under the Equality Act: Day-to-day activities limited a lot compared with the national rate of 17.8%. Manchester is the locality with the highest rate (11.4%) for the city-region closely followed by Salford (10.3%). Stockport and Trafford have the lowest rates (7.6% and 7.0% respectively).

It is important to understand levels of disability across our population in relation to violence because people with a disability are at increased risk. In 2019, the Crime Survey for England and Wales found that almost 1 in 4 (23.1%) disabled adults experienced crime compared with 1 in 5 (20.7%) non-disabled adults. Around 1 in 7 (14.1%) disabled adults aged 16 to 59 years experienced domestic abuse in 2019 compared with 1 in 20 (5.4%) non-disabled adults. Disabled adults (16-59 years) experienced any sexual assault, including attempts, compared with 1.9% of non-disabled adults.

Greater Manchester has a higher percentage of Christian population than the average for England (59.4%). Muslims were the second-largest religious group at 8.7%. Greater Manchester has a higher percentage of Muslim population than the average for England (5.0%).

Greater Manchester is home to one of the largest pride events in the UK and has a large and well-established LGBTQ+ community, with the Village in Manchester City Centre holding national and international renown for its night life and community. Greater Manchester has a higher proportion of residents who do not identify as heterosexual, with 3.7% (85,000 residents) identifying as lesbian, gay, bisexual, or another sexuality other than heterosexual in the Census 2021 compared to 3.2% across England and Wales (with 6.9% not specifying a sexuality, which is below 7.5% nationally). Manchester has the largest lesbian, gay, bisexual, and other sexualities population of any local authority across the city region, with nearly 30,000 residents identifying as a sexuality other than heterosexual. As a proportion of residents, this places Manchester 12th highest in the country, at 6.7% of residents.

Around 14,000 Greater Manchester residents identify with a gender other than the one they were born with (including trans men and women, non-binary, and other identities), around 0.6% of the population. This is above the national average of 0.5%. Manchester in particular is the 13th highest of any local authority by proportion, with 1.0% of the population being of a gender identity other than cis gender.

Deprivation

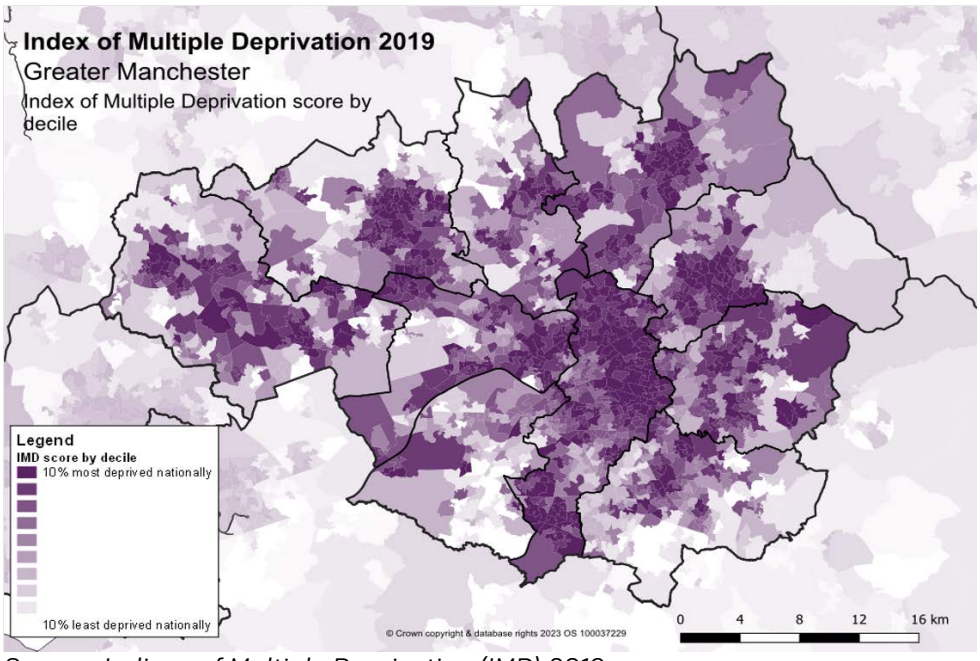
There is extensive international and local research indicating that almost all social challenges, from violent crime to poverty to ill health, follow a distinct social gradient and disproportionately affect residents of the most deprived areas. We know from the evidence that the prevalence of violence is higher in more disadvantaged areas and that those who live in the most disadvantaged areas suffer the greatest from the impact of violence.

In line with Greater Manchester's status as Marmot City Region and the Violence Reduction Unit's public health approach to violence, recognising and understanding these inequalities is key to tackling the problems of violence (Institute for Health Equity, 2021). As such, deprivation levels as well as demographics are important to understand and contextualise from a violence prevention perspective.

Despite Greater Manchester's significant growth and change over recent decades, large portions of the city region nevertheless experience significant levels of deprivation. Four of Greater Manchester's ten local authorities are among the 25 most deprived local authorities in the country, with Manchester being behind only Blackpool among all English local authorities.

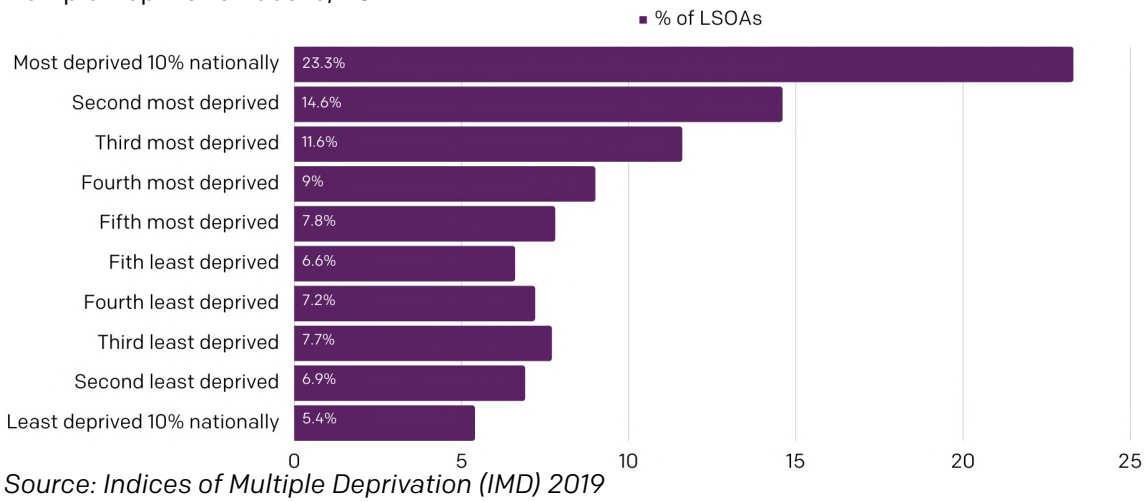
A quarter (23.3%) of Lower Super Output Areas (LSOAs) in Greater Manchester (LSOAs are small areas of around 1,500 residents each) are among the most deprived 10% of areas in England (Figure 4.5). Almost 50% of children in Greater Manchester live in areas among the most deprived 20% of areas in England. There is also great inequality, with 142,000 Greater Manchester residents living in areas among the 10% least deprived in England.

Figure 4.4 Map of Greater Manchester Lower Super Output Areas (LSOAs) by Index of Multiple Deprivation decile, 2019



Source: Indices of Multiple Deprivation (IMD) 2019

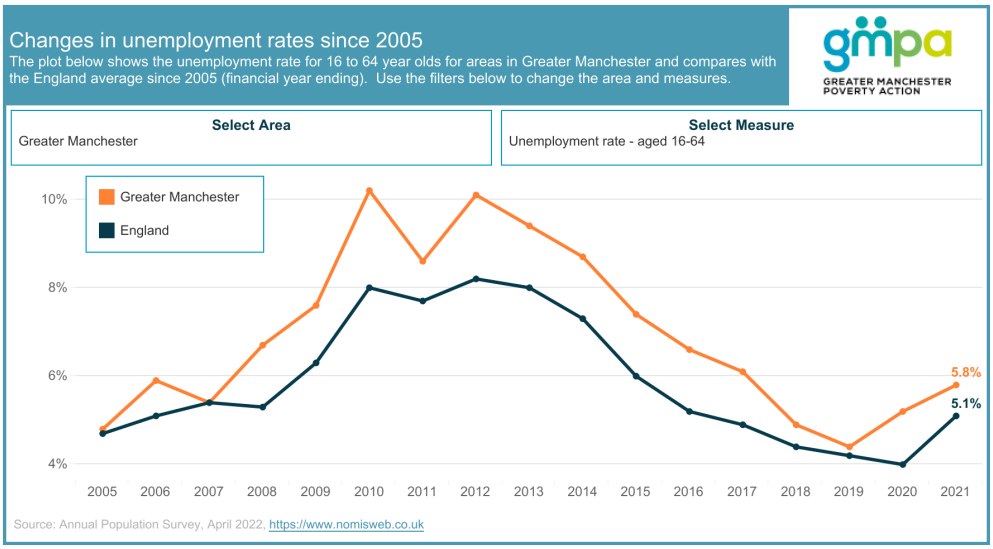
Figure 4.5 Proportion of Greater Manchester Lower Super Output Areas (LSOAs) by Index of Multiple Deprivation decile, 2019



Source: Indices of Multiple Deprivation (IMD) 2019

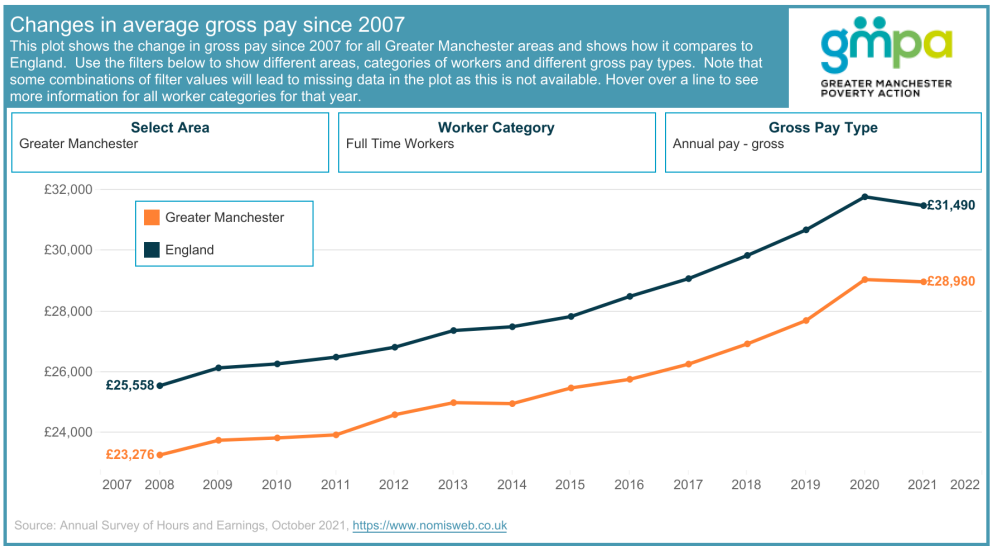
Greater Manchester has significantly lower proportion of people (aged 16-64 years) in employment compared with England (71.3% versus 75.4%). Salford, Manchester, Bolton, Oldham and Rochdale have the lowest employment rates across the city-region. Greater Manchester has higher unemployment rates than England, with 5.8% of our population being unemployed compared with 5.1% nationally (Figure 4.6). Further, the gross pay is much lower in Greater Manchester, averaging at £28,980 compared with a national average of £31,490 (Figure 4.7). Across the city-region, there were 195,000 workers earning below the real living wage (2021).

Figure 4.6 Unemployment rates in England and Greater Manchester, 2005 to 2021



Source: Annual Population Survey 2022 via Greater Manchester Poverty Action

Figure 4.7 Gross pay over time in England and Greater Manchester, 2007 to 2021



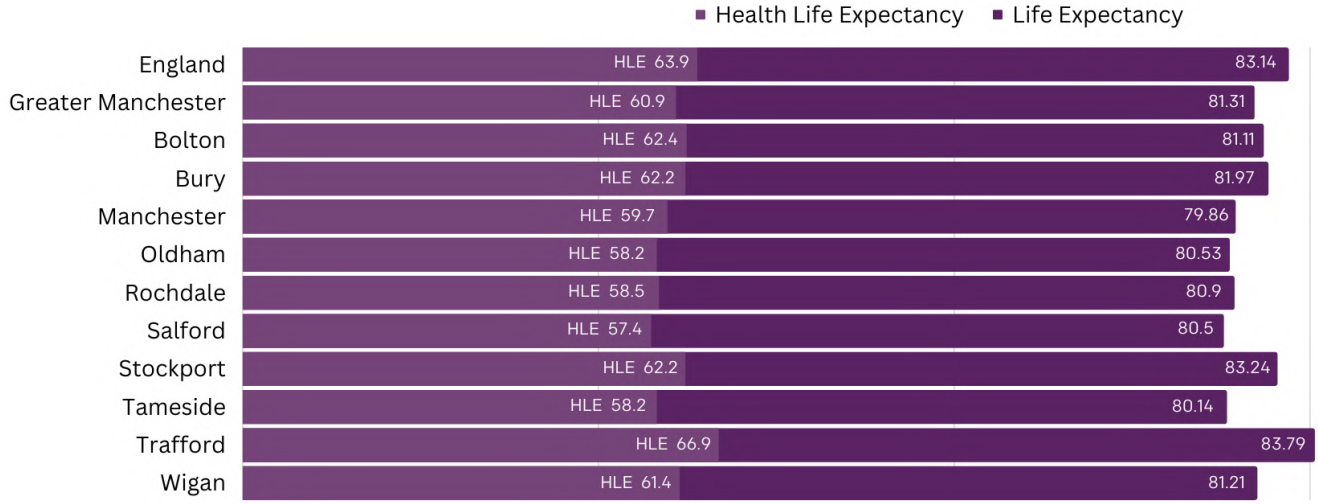
Source: Annual Survey of Hours and Earnings 2022 via Greater Manchester Poverty Action

Living in poverty has serious negative impacts on our health, social, emotional, and mental development, behaviour and educational outcomes. Around 145,000 children are living in relative poverty (before housing costs) in Greater Manchester. This represents around 1 in 4 children. The child poverty rate in the city region is higher than the England and UK average. (GM Poverty Action, 2022). Children who are born into poverty are more likely to experience a wide range of health and social problems including poor nutrition, chronic disease, toxic stress, developmental delays, and mental health problems (OHDP&HP, 2022). People who experience poverty in their childhood are more likely to experience poverty in adulthood, which contributes to generational cycles of poverty. Over 260,000 households in Greater Manchester are in receipt of support of housing costs through either the housing element of Universal Credit or Housing Benefits.

Overall, 30% of all children and young people under 18 years are living in the most disadvantaged (deprived) areas across Greater Manchester, compared with just 10% nationally. Differences occur by borough, with Manchester having 54% of young people living in the most disadvantaged areas, followed by Oldham (41%), Rochdale (38%), Salford (35%) and Bolton (31%). Only Trafford has a lower than national average of children and young people living in the most disadvantaged area (6%).

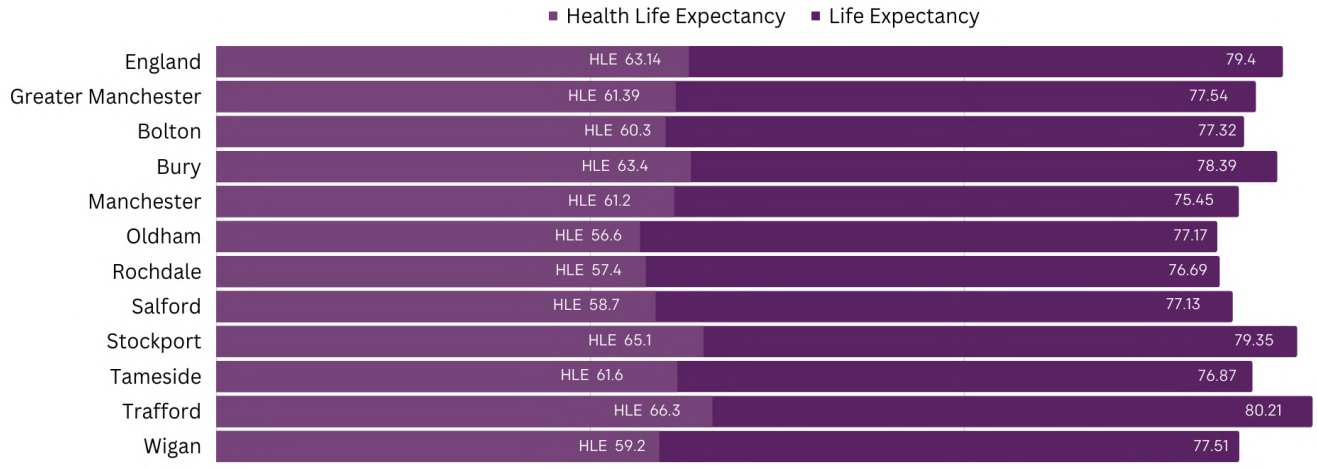
When we look at life expectancy, we can see that Greater Manchester has a significantly lower life expectancy and lower healthy life expectancy for both females (Figure 4.8) and males (Figure 4.9) compared with national figures. Across the city-region, there is also wide variation across the ten localities.

Figure 4.8 Female Life Expectancy (LE) and Healthy Life Expectancy (HLE), England, Greater Manchester and by Locality, 2018-20



Source: ONS Healthy Life Expectancy 2022

Figure 4.9 Male Life Expectancy (LE) and Healthy Life Expectancy (HLE), England, Greater Manchester and by Locality, 2018-20



Source: ONS Healthy Life Expectancy 2022

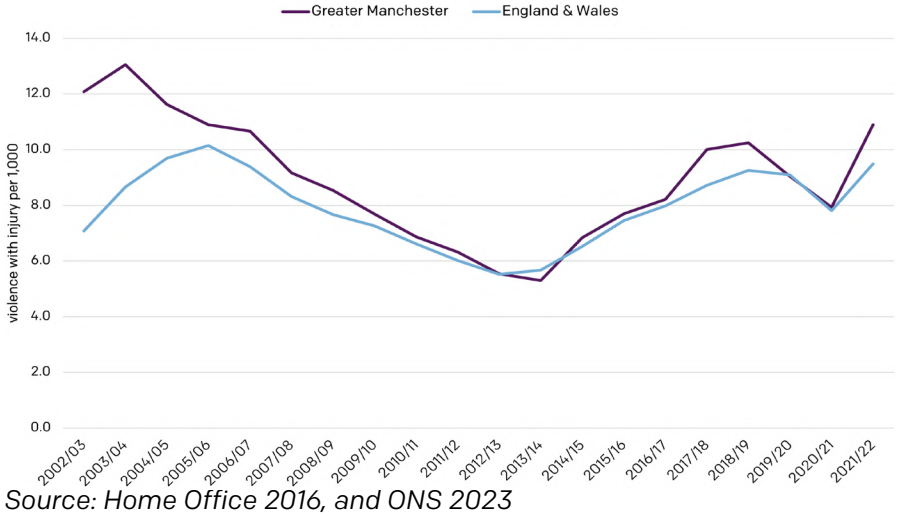
According to the Census 2021 survey, less than half the GM population are estimated to be in 'very good health', ranging from 53.1% in Trafford to 45.3% in Tameside and six of the ten local authorities have rates below the national average. Overall, 1.4% of our residents describe themselves as in 'very bad health' (Census, 2021), which is slightly higher than national. Rates are slightly higher in Manchester (1.5%) and Tameside (1.5%). A further 4.6% of the population are in 'bad health' compared to 4.0% nationally, with Tameside (5.1%) and Rochdale (5.0%) identifying as the highest rates across the city region. An additional 12.9% or residents are in only 'fair health', which is slightly higher than the national rate.

Violence

Nationally, crime has fallen rapidly over the last 20 years, however since the mid-2010s there have been steep increases in police recorded homicides, robbery, and violence with injury across England and Wales and Greater Manchester. Fortunately, homicides and our most serious forms of knife and gun related crime remain low in numbers compared with other types of crime and violence, accounting for about 1% of all recorded crime in Greater Manchester. And whilst homicide rates have more than halved in Greater Manchester since their peak in the early 2000s (excluding homicides committed by Harold Shipman), in 2021/22 they stood 49% higher than eight years previously.

Rates for violence with injury peaked in 2003/04 for Greater Manchester and 2005/06 for England and Wales and then slowly reduced until 2013/14, where rates started to increase again until 2021/21 when they reduced sharply, which is when Covid-19 restrictions were in place. Since 2021/21 the rates have started to increase again but remain below GM's peak of 2003/04. This pattern is observed both nationally and for Greater Manchester (Figure 4.10).

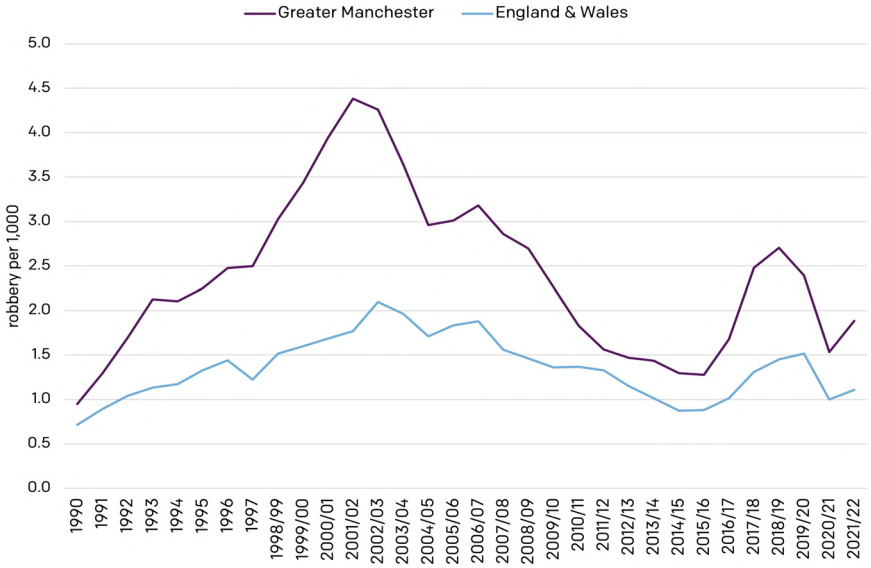
Figure 4.10 Annual police recorded violence with injury per 1,000 residents for Greater Manchester and England and Wales, 2002 to 2022



Source: Home Office 2016, and ONS 2023

Rates of robbery in Greater Manchester have reduced over time, coming down to similar levels and patterns to those observed for England and Wales (Figure 4.11).

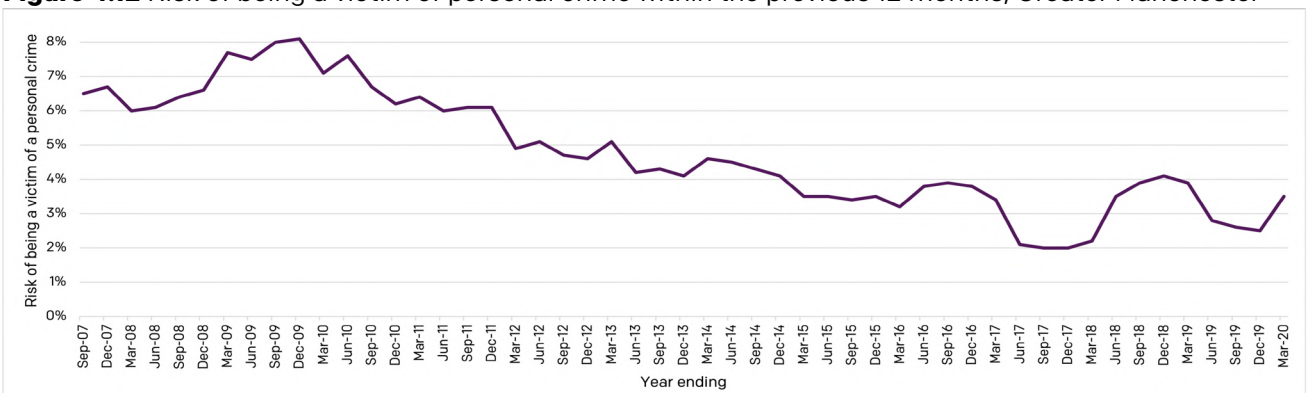
Figure 4.11 Annual police recorded robbery per 1,000 residents for Greater Manchester and England and Wales, 2002 to 2022



Source: Home Office 2016, and ONS 2023

Whilst serious violence is perpetrated by a small minority, those individuals do considerable harm (PHE, 2019). In 2022, just 24% of offenders were responsible for over 50% of violent crimes in Greater Manchester. Even more strikingly, over 50% of the harm caused by violent offences was caused by just 5.9% of offenders. It is recognised that serious violence extends to other forms of serious assault and that a significant proportion of violence is linked to either domestic abuse or alcohol (PHE, 2018).

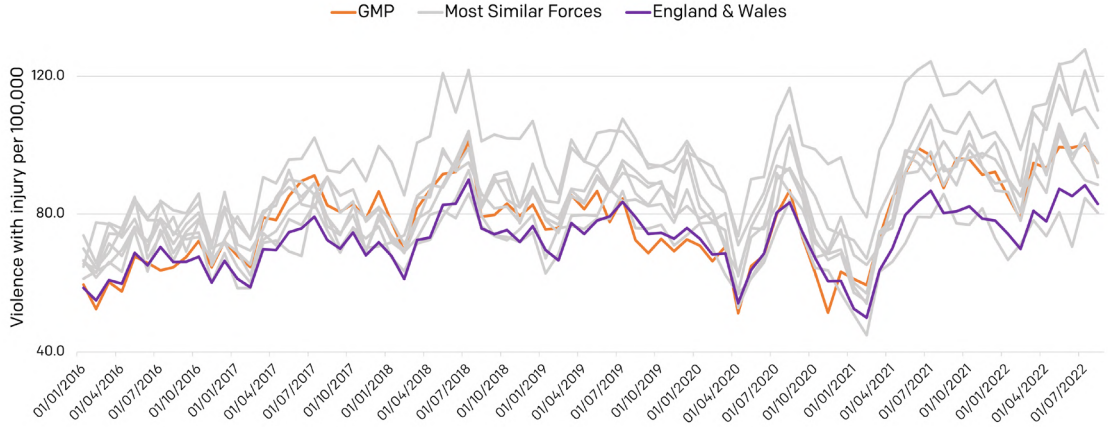
Figure 4.12 Risk of being a victim of personal crime within the previous 12 months, Greater Manchester



Source: Crime Survey for England and Wales 2007-2020

Police recorded violent crime has been rising in Greater Manchester, which reflects improvements to Greater Manchester Police recording practices at the end of 2020 onwards. Greater Manchester rates have followed a similar pattern to both national figures and our peers in recent years, and indeed, Greater Manchester's rate of violence with injury is amongst the lowest of our most similar forces group in recent data (Figure 4.13).

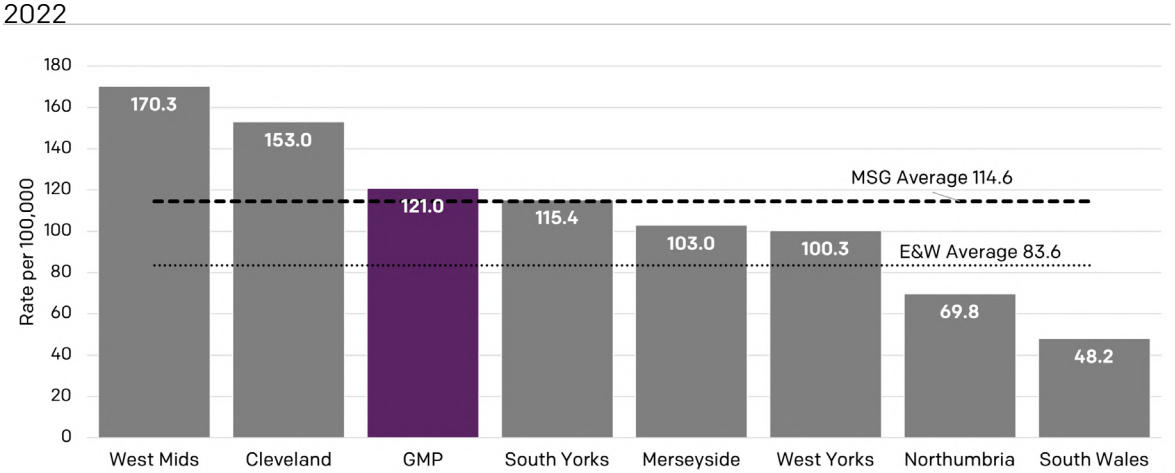
Figure 4.13 Monthly police recorded violence with injury per 1,000 residents, 2016 to 2022



Source: ONS Police Recorded Crime (2023)

Greater Manchester's knife crime in the year ending September 2022 is above national average but statistically similar to its peers (Figure 4.14).

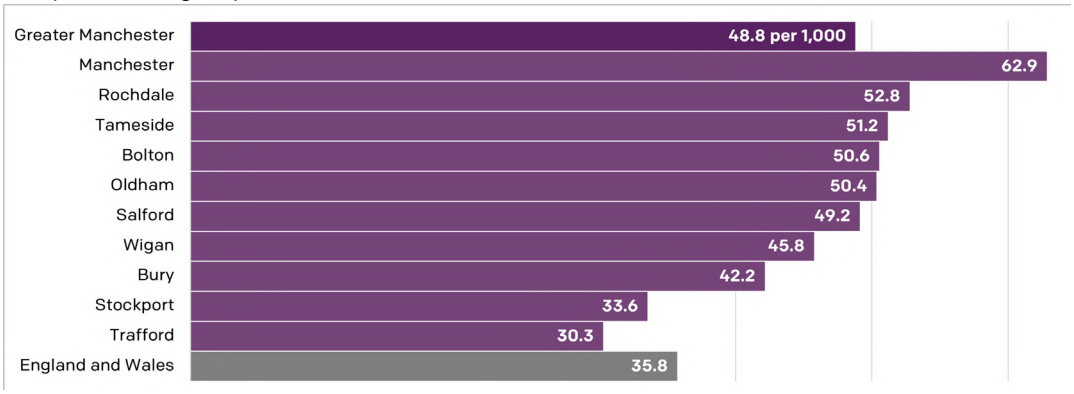
Figure 4.14 Police recorded knife crimes per 100,000 residents for the year ending September 2022



Source: ONS Police Recorded Crime (2023)

Despite the progress made, the city region stands above the national average for all forms of violence and faces significant inequalities between areas, reflecting the deprivation and demographics of the area. There were 138,655 violent offences in Greater Manchester for the year ending September 2022 (Figure 4.15), giving a rate of 48.8 per 1,000 population (persons, all ages). This is significantly higher than the national rate of 35.8 per 1,000 population. Manchester, Rochdale, Tameside, Bolton, Oldham, and Salford all had higher rates than Greater Manchester's average. Only Stockport and Trafford had lower than national rates.

Figure 4.15 Police recorded violence with injury offences crimes per 1,000 residents for the year ending September 2022



Source: ONS Police Recorded Crime (2023)

It is well evidenced that violence is under-reported to the police and that changing crime recording practices both over time and between parts of the country often makes it difficult to truly understand the underlying trends in violence. In some cases, violence is serious enough for people to seek help from health services, such as emergency departments and ambulance services, or even require hospital admission. By drawing upon our health data, we can explore further any underlying trends which are unaffected by police recording practices or engagement with communities.

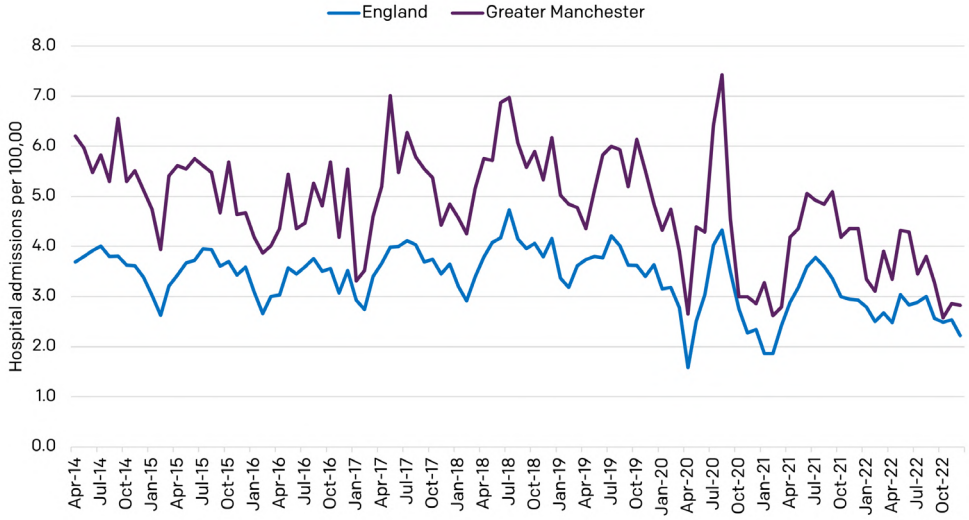
Across Greater Manchester there were 5,110 hospital admissions for violence (including sexual violence) between 2018/19 and 2020/21, giving a higher than national rate: 57.8 per 100,000 compared with 41.9 per 100,000 respectively (Figure 4.16). Trafford was the only authority across Greater Manchester to be significantly lower than the national rate of 33.6 per 100,000). However, we can see that hospital admissions due to assault are reducing both nationally and for Greater Manchester, with the city-region having a greater rate of decline since 2018/19.

Figure 4.16 Hospital admissions due to assault (including sexual assault) age standardised rate per 100,000, 3-year rolling periods (2018/19 to 2020/21 latest data)

Source: OHID Fingertips (2022)

Looking at rates of hospital admissions over time, a seasonal pattern is observed (Figure 4.17). Hospital admissions rise over the summer and fall during winter months. Aside from a significant summer spike during summer of 2020, rates of hospital admissions due to assault have remained below pre-COVID rates in recent years, both nationally and in Greater Manchester.

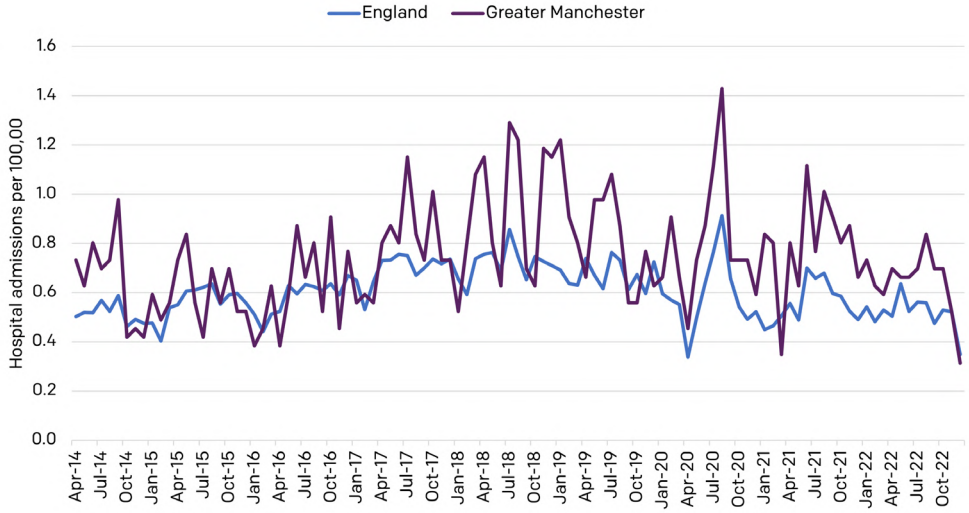
Figure 4.17 Hospital admissions due to assault (including sexual assault) monthly rate per 100,000 population, 2014 to 2022



Source: Greater Manchester Integrated Care Partnership (2023)

A similar picture is evident for hospital admissions from assaults by sharp object only, albeit with a less stable pattern in Greater Manchester (Figure 4.18). Rising rates of more serious violence since the mid-2010s are most likely due to the rising admissions due to assault by sharp object.

Figure 4.18 Hospital admissions due to assault by sharp object only monthly rate per 100,000 population, 2014 to 2022

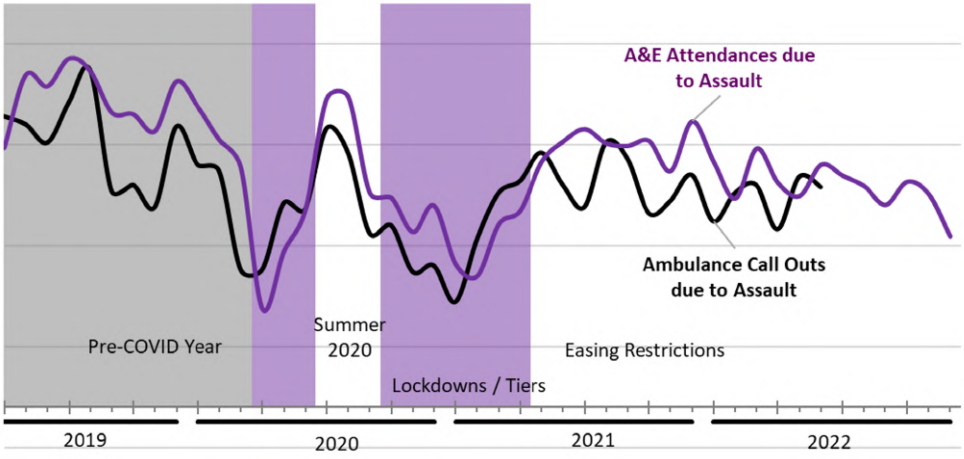


Source: Greater Manchester Integrated Care Partnership (2023)

Since 2019, an average (per month) of 790 people attended an Emergency Department and 470 people called an ambulance due to assault in Greater Manchester. Of these ambulance call outs over this time period, around two thirds (67%) could not be matched to a police-recorded crime, indicating the value of health data to understand hidden and unreported violence.

While changes to crime recording practices have resulted in a significant step upwards in violent crime, since the end of 2020 (through police data), health data through the use of ambulance and Emergency Department data, indicate that underlying volumes of serious violence may be falling over the past years. Both ambulance call outs and Emergency Department attendances due to assault stand below pre-COVID levels in latest data (Figure 4.19).

Figure 4.19 Trends in monthly ambulance call outs due to assault and emergency department attendances due to assault in Greater Manchester, 2019 to 2022

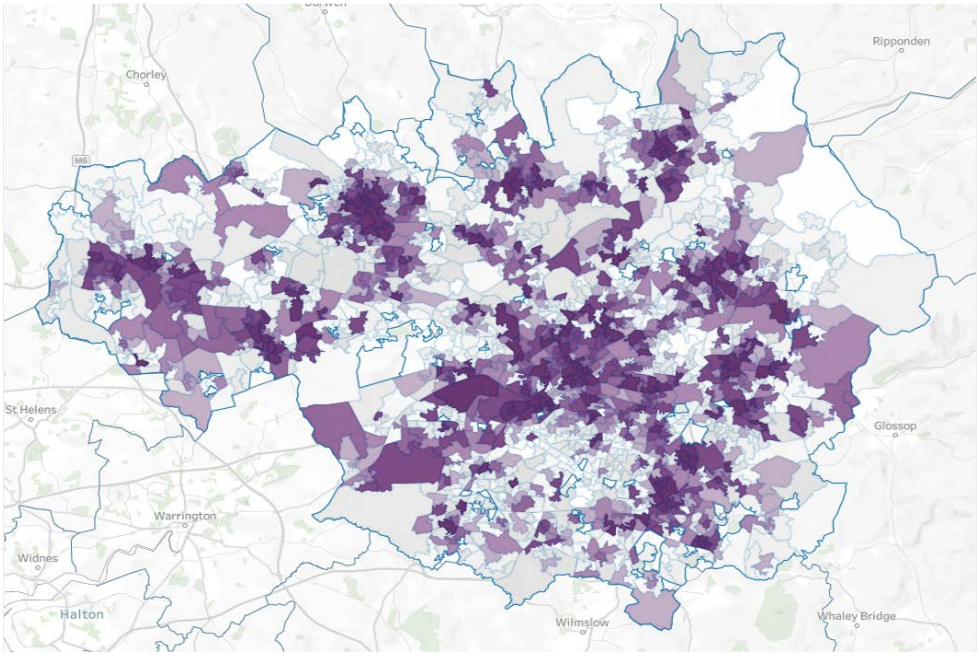


Source: Liverpool John Moore's University Trauma and Injury Intelligence Group (LJMU TIIG)

Just over a quarter (28%) of victims seen by ambulance services due to assaults were female, two thirds (65%) were male, and 7% had no gender recorded. Of those with a recorded age, 8% were aged 0-17 years; 20% were 18-25 years and 72% were over 25 years of age. Nearly half of these ambulance call outs (46%) were to areas among the 10% most deprived in the country (Figure 4.20).

Emergency department data shows a very similar picture, with two thirds (68%) of those attending due to assault being male and a third (32%) female. A fifth (20%) were aged 18-24 and 13% under 18. The remainder (67%) were aged 25 and over. Like ambulance data, of those incidents where a location was recorded, 51% occurred in areas of Greater Manchester among the 10% most deprived in the country. Two-fifths (42%) of victims live in these most deprived areas despite making up only 25% of the Greater Manchester population.

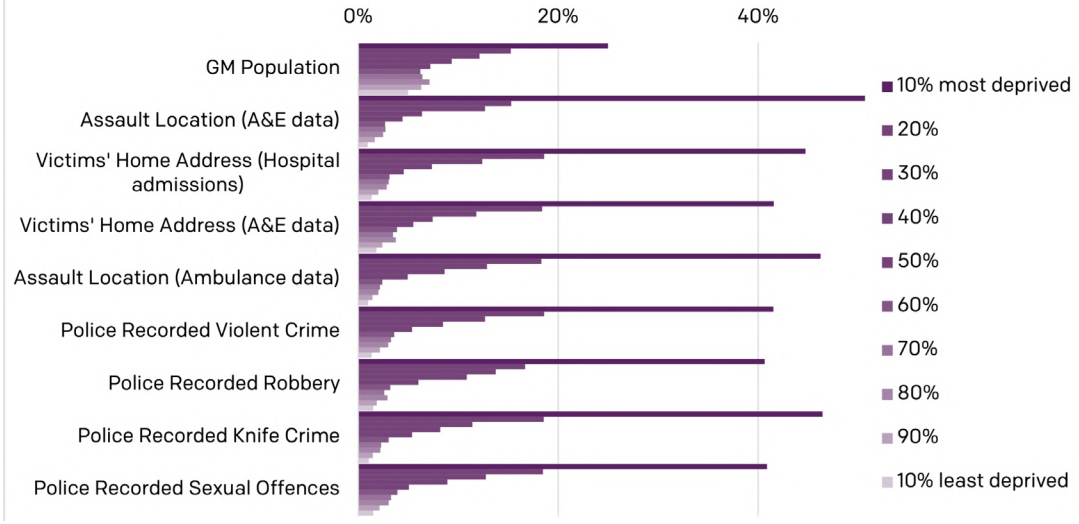
Figure 4.20 Ambulance call outs due to assault by LSOA of incident, 2019-22 total



Source: North West Ambulance Service via Liverpool John Moore's University Trauma and Injury Intelligence Group (LJMU TIIG) (2022)

The disproportionate impact of violence in more deprived areas is mirrored across both health and police data (Figure 4.21). Across all crime types and sources of data, we can see that those areas among the 10% most deprived nationally in particular bear the heaviest burden of violence, both in terms of the location of the incident and the home communities of the victims themselves.

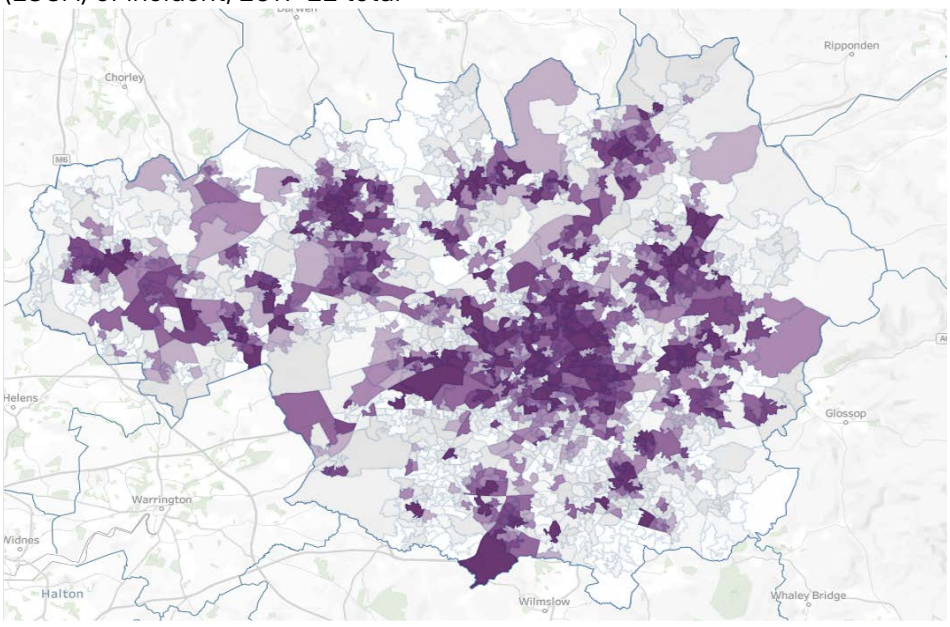
Figure 4.21 Proportion of violence and other crimes by deprivation decile of incident location and victim home address, 2020-22 total



Source: Combined data from Greater Manchester Police (2023), LJMU TIIG (2022), and ONS (2022)

This pattern in part reflects the geographic spread of violence, with incidents tending to occur primarily where there is heavy footfall (for example town centres, city centres, travel hubs, and high streets) or higher vulnerabilities (for example more deprived and isolated neighbourhoods) (Figure 4.22).

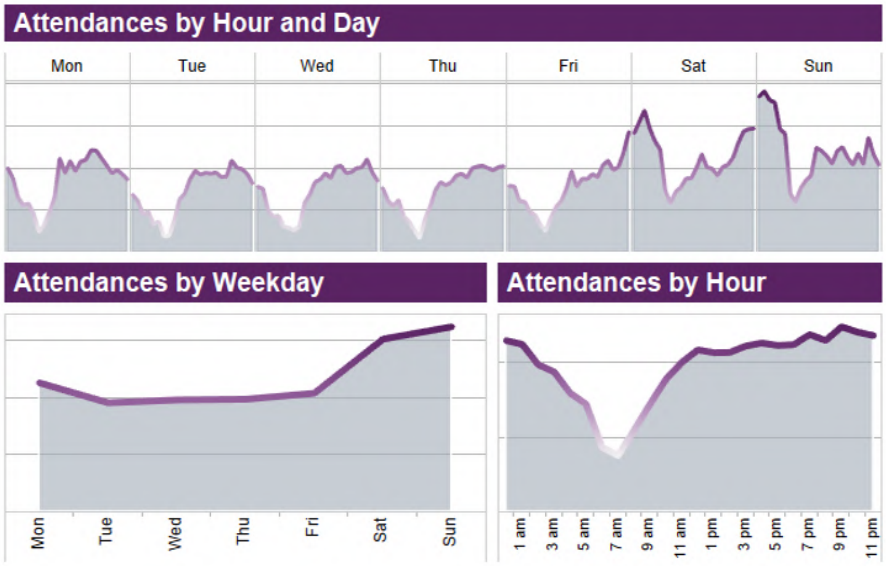
Figure 4.22 Police recorded violent crimes by lower super output area (LSOA) of incident, 2019-22 total



Source: Greater Manchester Police (2023) via GMVRU

A clear trend by hour and days of the week exists across both ambulance call outs and A&E attendances (Figure 4.23). Friday and Saturday evenings are the peak times, mirroring the night time economy days. Incidents are at their lowest at 7am, when a steady increase starts, reaching a peak around 9pm and then a slow reduction until 7am. This reflects both night time economy and, working hours, especially when domestic abuse is implicated.

Figure 4.23 Accident and emergency attendances due to assault by hour and day, 2019-22 total



Source: Liverpool John Moore's University Trauma and Injury Intelligence Group (LJMU TIIG) (2022)

Place based context

Greater Manchester has a strong and established partnership, which has become even stronger through the Covid-19 pandemic. It is important to consider the partnerships that we have, especially from a violence prevention perspective and who we work with.

Greater Manchester's education system consists of 728 local authority-maintained schools, 61 state-funded special schools, 325 academies, 34 free schools, 132 independent schools (of which 34 are independent special education needs (SEN) schools), and 16 further education (FE) colleges. There are 853 state-funded primary schools, of which 49 received an Ofsted rating that 'requires improvement' and six primary schools require 'special measures'.

Greater Manchester has one of the largest and most diverse student populations in Europe. More than 104,000 students are enrolled across the city region's five universities: the University of Manchester, Manchester Metropolitan University, the University of Salford, the University of Bolton and University Academy 92, which partly reflects the different age-distribution across the city-region.

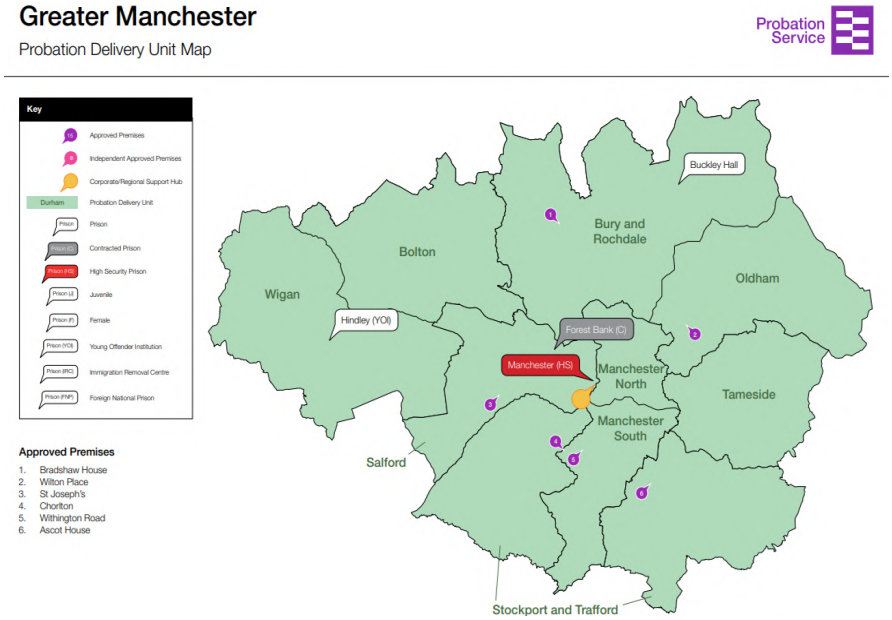
To ensure that we have a good health and social care service, Greater Manchester has a recently established Integrated care system (ICS) and ten locality integrated care partnerships and nine NHS Trusts: Bolton NHS Foundation Trust; GM Mental Health NHS Foundation Trust; Manchester University NHS Foundation Trust; Northern Care Alliance NHS Foundation Trust; Pennine Care NHS Foundation Trust; Stockport NHS Foundation Trust; Tameside and Glossop Integrated Care NHS Foundation Trust; The Christie NHS Foundation Trust; Wrightington, Wigan and Leigh NHS Foundation Trust. These partnerships, which include local authority, police, voluntary and community sector, come together to improve health outcomes. The Integrated Care Board is a specified authority within the Serious Violence Duty, 2022.

Greater Manchester Police (GMP) covers 493 square miles and has 89% frontline police officers (compared with 91% national level). There are currently four His Majesty's Prison Service (HMP) covering the GM city region:

1. HMP and Young Offender Institution (YOI), Hindley, in Wigan
2. HMP Forest Bank in Salford, which is a contracted prison
3. HMP Manchester Prison in Manchester, which is a high security prison
4. HMP Buckley Hall in Bury

There are also 15 approved premises and eight independent approved premises. Figure 4.21 outlines the prison and probation services across GM (Probation Service England and Wales regional maps - GOV.UK (www.gov.uk)). Greater Manchester Police and is a specified authority within the Serious Violence Duty, 2022.

Figure 4.24 His Majesty's Prison (HMP) Services across Greater Manchester



Source: Probation Service (2021)

Greater Manchester Fire and Rescue Service is one of the largest Fire and Rescue Services outside London with more than 1,637 members of staff and 41 fire stations. With an international airport serving over 200 destinations, a major motorway network plus over 200 train and tram stations across the city-region, it presents some of the most operationally varied challenges you will find. Their vision is to make Greater Manchester a safer place by being a modern, community focused and influential Fire and Rescue Service. They have embraced modern technology and procedures to do things quicker, safer, with less people and with less impact on the environment.

Greater Manchester is known across the country and beyond for its thriving nightlife. A city-region that is nationally and internationally synonymous with live music, around one third of our workforce work in jobs or businesses that are significantly active at night – from Manchester Airport to our cultural and leisure sector. The night time economy is the fifth biggest industry in the whole of the UK, employing nearly 10% of the whole of the UK work force. Greater Manchester alone has 414,000 employees working between the hours of 6pm and 6am. Employment in the night time economy is approximately 46% male and 54% female. A higher proportion of female workers across all sections of the night time economy work part time compared to male workers, particularly in core nightlife and culture, and retail, transport and accommodation. Greater Manchester is known nationally and internationally for its music and football.

Greater Manchester has a rich and diverse sporting history from cricket to horse riding to field and track and Rugby League and Rugby Union. However, it is best known for its football, where there are seven men's football clubs (levels 1-4) in the 2022-23 season, including two in the Premier League: Manchester City and Manchester United. The other men's football clubs include Wigan Athletic which is in Level 2, Bolton Wanderers is in Level 3 and in Level 4 we have Rochdale, Salford City and Stockport County. There are three clubs across GM that play in fully professional leagues 1-4 of the English women's football league system: Manchester City and Manchester United play at Level 1 and Stockport County play at Level 4.

CHAPTER 5

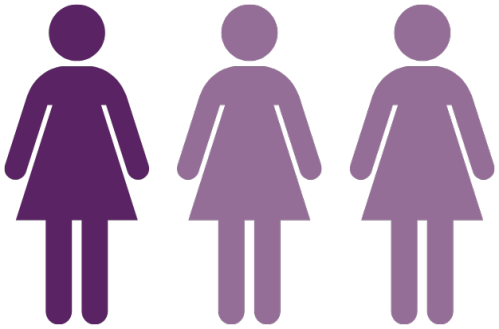
RISK AND PROTECTIVE FACTORS FOR VIOLENCE

PREGNANCY AND EARLY YEARS

> ***Science tells us that a child's experience from conception through their first five years will go on to shape their next 50. It tells us that the kind of children we raise today, will reflect the kind of world we will live in tomorrow. It tells us that investing in the start of life is not an indulgence, but economically, socially, and psychologically vital to a prosperous society.***
>
> ***- Jason Knauf, CEO of the Royal Foundation, December 2020***

The 1,001 days from conception to the age of two sets the foundations for an individual's cognitive, emotional, and physical development. It's a time of rapid development, and it's a time when babies are at their most vulnerable (Government, 2021). A baby's social, emotional, and cognitive development is impacted by the relationships around them, from their parents/caregivers and their families and friends. If a baby, child or young person experience adversity during this important developmental time, there can be long-lasting consequences with increased risk of poor health and social outcomes. It is important to ensure that babies, children and young people experience love, care, and nurture during their 1,001 developmental days and beyond (Government, 2022).

Whilst pregnancy can be a time of great happiness and joy, it can also be a time when domestic abuse can start for the first time and can get worse if there is already domestic abuse within the household (NHS, 2022). Around 30% of domestic abuse begins in pregnancy, and between 40-60% of women experiencing domestic abuse are abused during pregnancy. This makes domestic abuse the most common health problem for women during pregnancy. Domestic abuse is a pattern of assault and coercive behaviour, and can be emotional, physical, psychological, financial and/or sexual. One in 30 women (23,192 female victims) aged 14-49 reported domestic abuse to Greater Manchester Police at least once last year (2022). National research by Women's Aid indicates that 6% of those in community based domestic abuse services and 8% of those in refuges in 2021-22 were pregnant (Women's Aid, 2023).



One in three women who suffer abuse, experience abuse for the first time whilst they are pregnant

Domestic abuse brings many risks for both the pregnant women and their unborn baby, including infection, premature birth, miscarriage, injury and death. Domestic abuse can also affect a woman's mental health and wellbeing as well as aggravate existing health problems or chronic pain conditions. One of the side effects of domestic abuse is stress and anxiety, which can affect the way babies grow and develop, resulting in long term negative outcomes for babies. Women who are being abused may also worry about how competent they will be as a mother and their ability to love and protect their baby.

It is important to identify if domestic abuse is taking place, including during pregnancy. We must remember that domestic abuse is not the fault of the victim/survivor, and we must ensure that people are supported and encouraged to report their experience to someone, whether a health professional, the police, or a charity. The Domestic Abuse Act 2021 ensures that all children under 18 years of age, including babies, are recognised as victims of domestic abuse in their own right when they see, hear or experience domestic abuse and are related to either the victim or the perpetrator.

In Greater Manchester, between January in 2022 and December 2022:

- Domestic abuse accounted for 18% of all crimes recorded
- Domestic abuse accounted for 17% of all homicides
- 42,723 victims of domestic abuse were recorded by Greater Manchester Police (all age; all persons)
- 67,675 domestic abuse related crimes* were recorded by Greater Manchester Police. This is 3% higher than 2021. (all age; all persons)
- Within any three month period, 22% of victims of domestic abuse are victims of multiple domestic offences and 30% of offenders are suspected of multiple domestic offences.
- 67% of all domestic abuse offences were against women (2020-2022 figures)
- 70% of all domestic abuse offences were committed by men (2020-2022 figures)
- Greater Manchester Police recorded 20,212 domestic incidents where a child was present
- 5,724 cases involving children were discussed by Greater Manchester MARACs

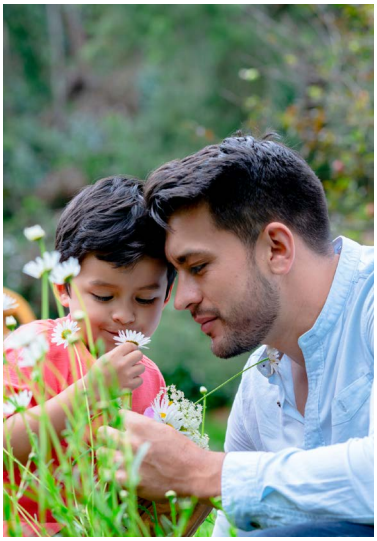
Source: GMP Database
** A victim may report a crime more than once. This is why the number of crimes are higher than the number of victims.*

Babies are completely reliant on their parent/caregivers and later development is heavily influenced by the loving attachment babies have to their parents/caregivers. Parental conflict can impact on the mental health of the baby as well as other adverse childhood experiences and other traumatic exposures. Conversely, having a loving, nurturing and stable environment where babies are able to feed, be loved and cared for results in positive outcomes. Therefore, it is important that parents or carers get the right type of support to help them give their babies the best start for life (Government, 2021). The role of midwives, health visitors, school nurses and wider support is extremely important during this stage of development. The mental health and wellbeing of mothers, fathers, partners, and carers is also important for the development of the baby. Poor mental health can impact a parent/caregiver's ability to bond with their baby. This is why it is important that parents and carers have their own needs met so they can meet the needs of their baby (Government, 2021).

Economists state that investment in early childhood is 'the most powerful investment a country can make, with returns over the life course many times the size of the original investment' (The WHO's Commission on the Social Determinants of Health, 2007).

However, we know from the evidence that there are greater challenges for single parent households, especially from a financial perspective, where many households are living in poverty. There are 137,225 single parent households in Greater Manchester, accounting for 12.9% of all households, above the England and Wales average of 11.1% (Census 2021). Around one in five (21.5%) households in the UK with dependent children are single parent families (where there is one adult in the household and children live most of their time). This rises to one in four (24.6%) for Greater Manchester.

Research shows that living in poverty impacts on our life chances and development in a variety of ways. Having a low-income, below the living wage, increases parents/caregivers' stress levels, impacting on family dynamics. Conversely, increases in household income can boost children's educational achievements and emotional and physical wellbeing. Children who live in poverty often report feeling excluded and embarrassed, citing it as a key source of unhappiness and they also worry about their parents (Quint et al, 2018).



Children living in single parent households are more likely to live in poverty. This may be due to various reasons, such as low maintenance payments for children, high childcare costs and the absence of a second income. Nearly half, 45% of single parents, of which 90% are women, are living in poverty (Women's Budget Group, 2019). Single parents are twice as likely to live in poverty than married or co-habiting parents (Government, 2021). Around 145,000 children are living in poverty in Greater Manchester, representing around 1 in 4 children (GM Poverty Action).

Around 15% of men aged 18-25 on Greater Manchester probation caseloads at the start of 2023 had parental responsibilities and national research indicates (Meek 2011) that around a quarter of young males in prison are fathers or about to become fathers. Anyone in contact with the Criminal Justice Service can create a ripple effect on the whole family, and for children having a father in prison increases the likelihood of antisocial behaviour and being involved themselves in the Criminal Justice system (Farmer Review 2017).

The Farmer Review (2017) found:

- *Families are assets. Overwhelmingly, the evidence demonstrated that families are an asset in reducing reoffending, supporting the welfare and safety of men in prison and, crucially, in providing the hope that men in prison need to begin a process of desistance from crime. Families support loved ones in prison emotionally, practically and financially. They often have the keenest insight into their family member's mental health and the most realistic understanding of their needs both inside prison and on release. However, many families felt as though they were viewed with suspicion by the prison service and that they were shut out from the resettlement process.*

Young adult men in the criminal justice are often a vulnerable group with histories of social exclusion, poor education, exposure to trauma in childhood, and time spent in local authority care. Lack of exposure to positive parenting in early life and opportunity to develop fathering identities is further exacerbated through contact with the Criminal Justice system, arrest, court attendance, and whilst in prison. These issues present significant challenges when integrating back into their own families as parents or older siblings, or when becoming new step partners when forming new relationships, resulting in ongoing impacts to the young people under their care. All too often we recognise that many young adults lack the capacity, confidence and positive support to parent children or be role models for their younger siblings in a positive way, offering positive contribution to a family unit.

The life chances for children who are taken away from their families and put into care are very poor, with increased risk of teenage pregnancy, poor educational achievement, substance misuse and mental health problems. This comes at a high cost. In 2017-18, council spending on children's social care amounted to almost £8.8 billion (116 in Government, 2021). Children's social care spending has increased year on year since 2012 and nationally, the number of children being taken into local authority care remains at an all-time high. As of March 2020, just over 80,000 children were in care, an increase of 2% from the year before (118 in Government, 2021). Rates of children who are looked after are especially high in Greater Manchester, with 92.1 looked after children per 10,000 population aged 0-17 years in 2022, which is 32% higher than the England average of 69.8 per 10,000 population aged 0-17 years.

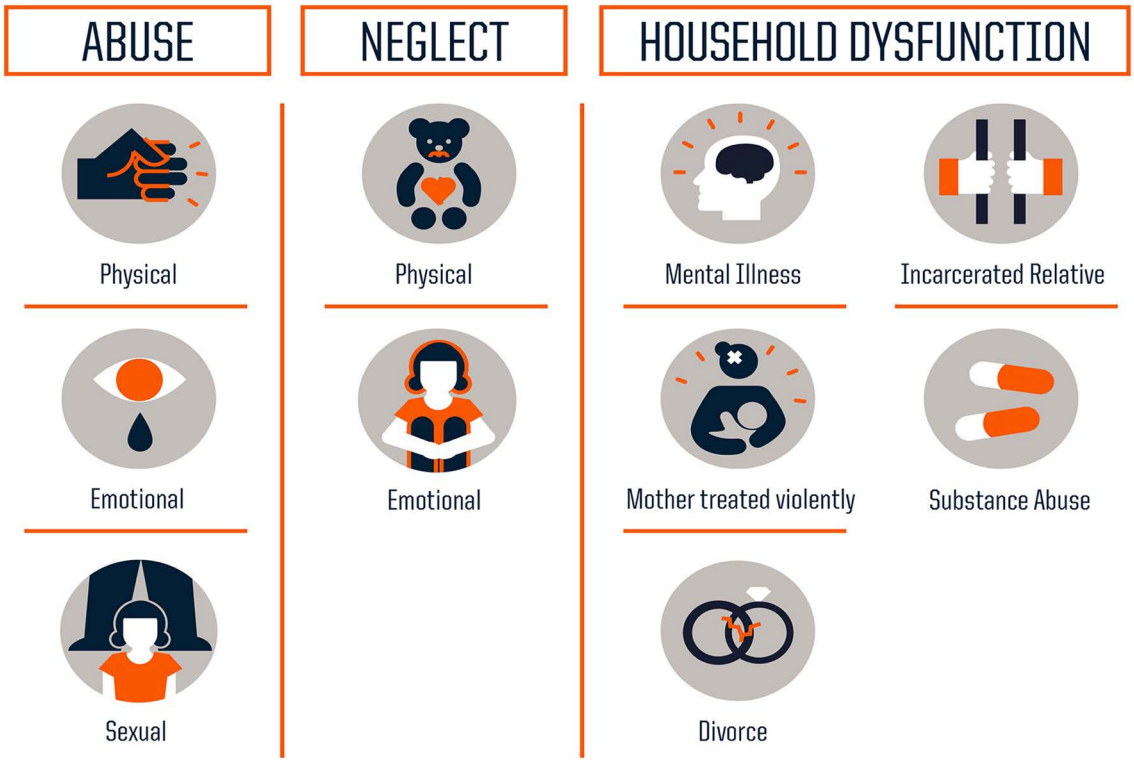
A disproportionate number of children from the care system end up involved in the criminal justice system. Around 14% of children on youth justice service caseloads in Greater Manchester between 2021-22 are or were looked after children compared to less than 1% of children across Greater Manchester.

Living in a household with domestic abuse and/or mental illness are two defined adverse childhood experiences (ACEs). ACEs are traumatic events which result from direct and indirect abuse from a parent and/or carer towards children and young people, usually considered up to the age of 18 years (Figure 5.1). Whilst these are the original ten ACEs, there are other adversities and traumatic events that can happen in a person's life, such as bereavement of a family member. There are various types of trauma, such as community trauma, compounded trauma, ACEs. Many studies use the original ten ACEs and often include other adversities and trauma events depending on their environment or their community.

It is well evidenced that chronic stress in early childhood, whether it is caused by repeated abuse, severe maternal depression, or extreme poverty, has a negative impact on a baby's development. Without the protection of adult support, toxic stress becomes built into the body by the processes that shape the architecture of the developing brain. This has long-term consequences for learning and a baby's future physical and mental health (Government, 2021).

It is important that when we consider violence reduction and prevention we consider from pregnancy right through the life course and investment in early years development, including the support of families and caregivers, including those family members, i.e. parent, who may be living elsewhere such as prison.

Figure 5.1 Types of adverse childhood experiences by abuse, neglect and household dysfunction



Source: Centre for Disease Control and Prevention. Credit, The Robert Wood Johnson Foundation

Childhood adversity (from 0-18 years of age) is unfortunately common, using population prevalence studies:

- In England, just over half (53%) of the adult population have at least one ACE and nearly a tenth (9%) have four or more ACEs (Bellis, 2014)
- In Wales just over half (53%) of the adult population have at least one ACE and over a tenth (14%) have four or more ACEs (Bellis, 2016)
- In Scotland nearly three-quarters (71%) of the adult population have at least one ACE and 15% have four or more ACEs (Scottish Health Survey 2019)
- In Blackburn with Darwen just over half (53%) of the adult population have at least one ACE and just over a tenth (12%) have four or more ACEs (Bellis et al, 2012).
- In Bolton just over half (52%) of the adult population have at least one ACE and just over a tenth (11%) have four or more ACEs (Ford et al, 2022).

Whilst northern areas have the same prevalence of at least one childhood adversity (53%) when compared to England's figure, the prevalence of four or more ACEs increases. Scotland and Wales also have higher ACE prevalence compared with England; mirroring deprivation levels.

Whilst ACEs occur across our society, the prevalence of ACEs is more prevalent in different settings and for specific groups of people. For example, people who have an addiction, such as drugs (including prescribed medication), alcohol, tobacco, gambling and those who are homeless have much greater exposure to childhood adversity than those without addiction. Children who attend alternative provision, those who are in the youth justice system, and those who are in the care system are all at increased risk of trauma and adverse childhood experience. It is estimated that children (from 0-18 years of age) whose parent/caregiver is incarcerated are 67% more likely to have also witnessed domestic abuse. ACEs are also more prevalent where families are poor, isolated, or living in deprived circumstances (EIF, 2020). However, even when deprivation is taken into account, a dose-response relationship between ACEs and poor health and social outcomes remains.

Research (Felitti et al. 1998), Bellis et al. 2012, 2014, 1018, EIF, 2020) into ACEs consistently shows the associated risk of poor health and social outcomes in later life.

Compared with adults with no ACEs, those adults who experienced four or more ACEs in childhood (between 0-18 years of age) are:

- 4.9 times more likely to have memory impairment
- 4.7 times more likely to have depression
- 2.3 times more likely to get cancer and 2.1 times more likely to have a cardiovascular disease
- 3.5 times more likely to have a sexually transmitted infection

In addition to health conditions, adults who experience four or more ACEs in childhood are:

- 7 times more likely to consider themselves an alcoholic
- 5 times more likely to have used illicit drugs
- 10 times more likely to have injected drugs

ACEs can also have a behavioural impact, leading to increased risk of illicit drug use, suicidal ideation, violence perpetration and school absenteeism (BMJ, 2020). Adverse experiences are also linked to such issues as criminal activity and school expulsions (114 in Government, 2021). ACEs have been shown to have an impact on the likelihood of both future violence perpetration and victimisation.

Since the mid-1990s, research has consistently found that a significant proportion of children in the justice system have experienced ACEs (Gray et al, 2021). Equally, there is a dearth of positive influences in their lives too.

It is only in the more recent years that ACEs have become much more 'mainstream' in the various conversations, assessments and understanding (Gray et al, 2021). A study in the USA found a cumulative impact, and that for every additional ACE a child suffered, there was an increased risk of violence perpetration.

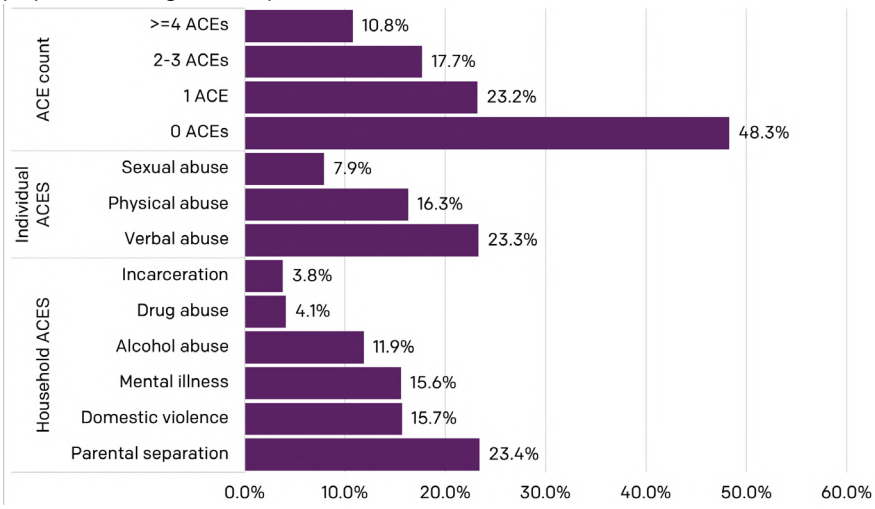
The higher rates of substance abuse problems among adult survivors of child abuse and neglect may, in part, be due to victims using substances to self-medicate from trauma symptoms such as anxiety, depression and intrusive memories caused by an abusive history.

These costs soon add up. In 2016, the Early Intervention Foundation calculated that £655 million was spent on school absence and expulsion and £5.9 billion was spent on youth crime and anti-social behaviour during that year. Overall, £16.6 billion was spent on 'late interventions' by the public sector in England and Wales in 2016 (115 in Government, 2021). Further, the Youth Violence Commission Final Report, Serious Youth Violence in England and Wales generated a total economic and social cost of £1.3 billion in 2018/19. This is a rise of over 50% since 2014/15.

To understand the impact of ACEs on the health and wellbeing of adults in Bolton, the Childhood Adversity and Health and Wellbeing during Covid-19 Study was implemented by Public Health Wales and Bangor University (2021). The study explored: The prevalence of ACEs in Bolton Local Authority; Relationships between ACEs and health and wellbeing; Resilience factors that may offer protection against the harmful impacts of ACEs. Such data are critical to understand the health needs of individuals in Bolton and support the development of appropriate responses (Ford et al., 2021). The full copy of the report can be found here PHW_ACEs_in_Bolton_report_FINAL.pdf (bangor.ac.uk)

Just over half of Bolton's adult population (52%) has at least one ACE, with a tenth (10.8%) having four or more ACEs (Figure 5.2). Parental separation and verbal abuse were the most common, with a quarter of respondents identifying these ACEs (23.4% and 23.3% respectively). Overall, 16% of the adult population lived with parents who had an addiction to drugs and/or alcohol whereas 3.8% had a parent who was incarcerated. Higher than national figures, 7.9% of adults reported sexual abuse when they were children.

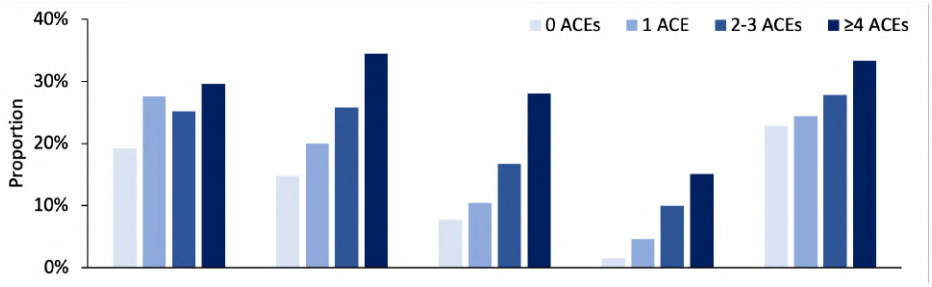
Figure 5.2 Prevalence of individual ACEs and ACE count in the Bolton population (aged 18+ years)



[a]*Figures weighted to mid-2019 Bolton population estimates.*
Source: Ford et al., 2021

A clear dose-response rate was observed for the number of ACEs and the poor health harming behaviours in adulthood. With increasing number of ACEs a person is exposed to, the increasing risk of binge drinking; cigarette use; cannabis use, other street drugs; physical inactivity (Figure 5.3).

Figure 5.3 Proportion of adults reporting health-harming behaviours by ACE count and adjusted odds ratios showing increased risk in individuals with ACEs (Compared with no ACEs)



	Binge drinking[b]	Cigarette use[b]	Cannabis use[c]	Other street drug use[c]	Physical inactivity[b]
	AOR	AOR	AOR	AOR	AOR
1 ACE	1.4*	1.0	1.3	2.8*	1.0
2-3 ACEs	1.2	1.4	1.9*	4.8**	1.3
≥4 ACEs	1.3	1.7*	2.7**	5.9**	1.4

[a]*Weighted data;* [b]*Current outcome;* [c]*Lifetime outcome; AOR = adjusted odds ratio; *P<0.05, **P<0.001.*
Source: Source: Ford et al., 2021

MANCHESTER ACE PREVALENCE THROUGH LOCAL GP PRACTICE

Between August 2020 and February 2021, a local initiative was undertaken to determine whether screening for ACEs works in general practice, as this does not currently happen (Donlan et al, 2022). The GP Practice is within the City of Manchester and is an area of high deprivation, high non-communicable disease prevalence and lower life expectancy. Patients were screened using a modified ACE score, which included the original ACE questions and some Manchester specific questions based on adverse community experiences. Those patients who disclosed four or more ACEs received a GP follow up, as did those with lower scores who requested it. Through this follow up consultation, people were offered further support as needed including onward support, such as to focussed care and the early help support hub and citizen's advice bureau support.

Of the 501 patients screened:

- 315 (63%) of patients screened had at least one ACE
- 185 (37%) of patients screened had four or more ACEs
- Of those patients who had four or more ACEs, all were offered follow up calls. Of which, 81 (44%) required GP follow up and support/onward referral
- High ACE score associated significantly with depression and obesity
- There were strong associations between ACE score and cardiovascular disease, cardio obstructive pulmonary disease (COPD), alcohol dependency and diabetes.

This study by Donlan et al., (2022) found a higher-than-average proportion of people with four or more ACEs. This supports other studies, which found that adults with a history of child abuse and neglect are more likely than the general population to experience physical health problems including diabetes, gastrointestinal problems, arthritis, headaches, gynaecological problems, stroke, hepatitis and heart disease (Felitti et al., 1998, Springer et al 2007). Eating disorders and obesity are common among adult survivors of child abuse and neglect (Hunter, 2014). Prospective research studies have consistently shown links between child abuse and neglect and obesity in adulthood. Sachs-Erricsson et al (2009) found that adult survivors of childhood abuse had more medical problems than non-abused counterparts. The reason for how maltreatment experiences are related to physical health problems in adulthood is unclear. Some studies suggest the direct effects of physical abuse in childhood, where the impact early life stress has on the immune system, whereas others suggest the greater propensity for adult survivors to engage in high-risk behaviours, such as smoking, alcohol abuse and risky sexual behaviour.

Importantly, discussing ACEs with local patients was found to be acceptable by both the health professional and the individual and did not create an influx of workload. Again, this is supported by other studies, including the various population studies. And robust follow up was recognised to be important in this intervention. Whilst the study was focused on health outcomes, this study is important for the violence prevention agenda because of the strong association with ACEs and violence (whether as victim or perpetrator) and shows the high prevalence of ACEs compared with the population level data.

EARLY BREAK – PREVALENCE OF ACES WITH PARENTS

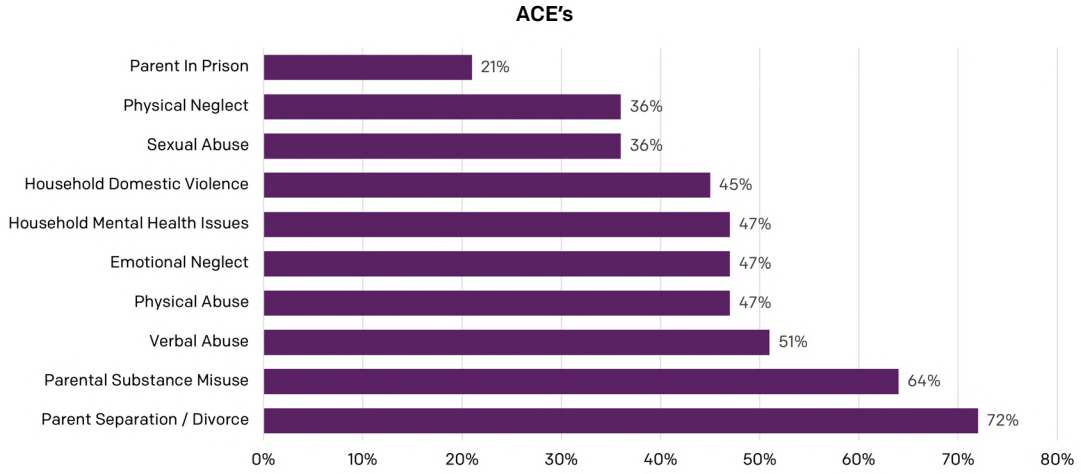
Early Break is a charity that works across Bury, Salford, Trafford, Rochdale, Oldham and Bolton. It provides emotional health and substance misuse services. Their family work provides child centred family services where children are affected by their parent's substance addiction and criminality. The aim of the service is to work with the whole family to break the cycle of intergenerational behaviour.

Early Break assessed 53 adults who accessed their services in relation to ACEs (2022/23) and found:

- 100% (53) had at least 1 ACE
- 35.8% (19) had between 1-3 ACEs
- 30.2% (16) had between 4-6 ACEs
- 33.9% (18) had 7 and above
- 64.2% (34) had 4 or more ACEs
- The average number of ACEs was 4.7

The most common ACE was parental separation/divorce, with 71.7% (38) of adults stating this, closely followed by their own parents using drugs, 64.2% (34). 35.8% (19) of adults stated that they had been sexually abused as a child and 21% (11) said that their parent had been in prison.

Figure 5.4 Percentage of adults in contact with Early Break who stated that they were exposed to each adverse childhood experience as a child



Source: Early Break, 2022/23

MANCHESTER COUNCIL'S YOUTH JUSTICE SERVICE

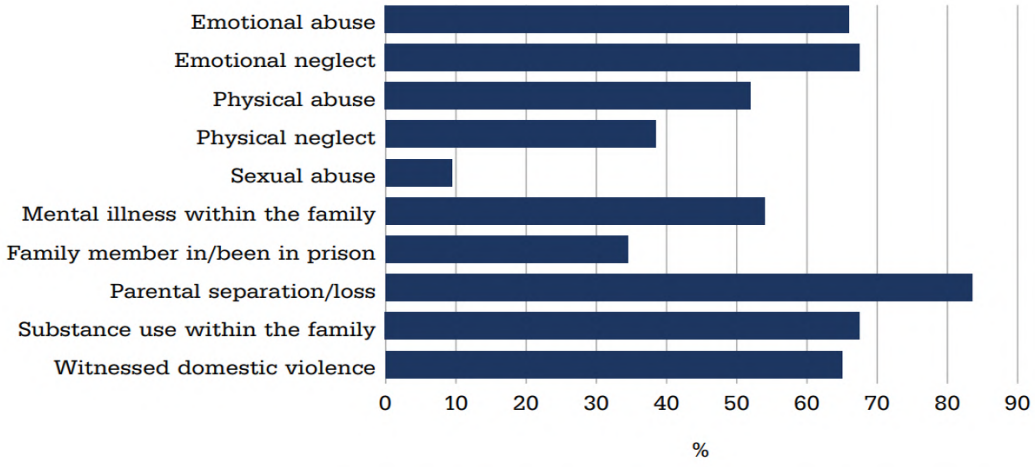
A mixed-methods research project was commissioned by Manchester Council's Youth Justice Service to explore serious youth violence and its relationship with ACEs. Between January 2020 and January 2021, 200 children open to Manchester's Youth Justice Service (out of 424) were assessed for ACEs: emotional, physical and sexual abuse; emotional and physical neglect; Family member with: mental illness; incarceration; parental separation/ loss; substance misuse; domestic violence.

Two-thirds (66%, n=132) of children had five or more ACEs and over a fifth (22%, n=43) had eight or more. Youth justice workers felt that this was an under-representation as many young people may be unwilling to disclose all the adversity they had faced in their lives:

> *I think that we're just scratching the tip of the iceberg..... We only know about what [ACEs] they tell us about, and that really worries me'.*

The most identified ACE was parental separation/loss (84%, n=167; Figure 5.5). This was also raised in the qualitative interviews as a notable negative experience in young people's lives. Around two-thirds of children had experienced substance misuse in the family (68%, n=135), witnessed domestic violence (65%, n=130), experienced emotional neglect (68%, n=135) and experienced emotional abuse (66%, n=132) (the latter two were often identified together). Just over half (52%, n=104) of the children had experienced physical abuse, and just under two-fifths (39%, n=77) had experienced physical neglect. Exactly three-quarters of the assessed children (75%, n=150) had experienced some form of abuse (either emotional, physical and/or sexual) and 71% (n=142) of the cases had experienced some form of neglect (either emotional and/or physical). Three-fifths (60%, n=121) of the cases had experienced both abuse and neglect. These results show that young people who are within the Youth Justice System have a much higher prevalence of ACEs compared with the general population. This also demonstrates that there is a much needed multi-agency approach to prevent trauma and adversity in childhood.

Figure 5.5 Percentage of children open to Manchester's Youth Justice Service experiencing ACEs, 2020-21



Source: Manchester City Council Youth Justice Service (2021)

Almost half (n=99) of those assessed for ACEs had committed a serious youth violence offence. Two-thirds of these (n=67) were for robbery, over a fifth (n=23) were for a violent offence and just under a tenth (n=9) were for a drugs offence. 30% of those assessed for ACEs (n=60) had been charged with 'possession of a knife/bladed article'.

It is evident from the local and national data that ACEs are very common and prevalent. It is also clear that ACEs are much more common in different population groups who are, for example, in contact with local GP for non-communicable disease or within the youth justice system. Other evidence indicates that children who are in the care system, the criminal justice system and in alternative education provision all have a much higher prevalence of ACEs compared with the general population. It is necessary for us to stand back and to reflect on what impact the system is having on those who need our support the most, because of the childhood adversity that they are going through/have been through.

Training our staff to be ACE-Informed and ACE-Responsive is a good start, but a much more fundamental shift in policy change, culture change and environmental change is required. What we once thought were solutions to our health, criminal and education systems are in fact barriers and may result in further trauma for a large proportions of society.

EXAMPLES OF WHAT WE ARE DOING ACROSS GREATER MANCHESTER AS A VIOLENCE REDUCTION UNIT

In 2019 Greater Manchester set an ambitious plan to become an Adverse Childhood Experience and Trauma Responsive system. Greater Manchester VRU has supported this agenda since its agreement in 2019 and has contributed to the leadership of the agenda, supported the work financially and has embedded the agenda across all of its work programmes.

Through the ACEs and Trauma Responsive programme of work, a whole system approach is taken (Figure 5.6), so that we improved outcomes, including reducing the prevalence of ACEs across our population and is being delivered through six objectives:

Objective 1	Communication and Engagement: Creating the right environment. It is important to spend time creating the right environment for change by articulating that people are vulnerable and that by improving their outcomes will have an impact on the whole system.
Objective 2	Workforce Development: Building understanding and capacity across the system.
Objective 3	Evidence Based and Innovative Practice: Map and understand the system, review best practice.
Objective 4	Service User Involvement: Create a social movement across GM to engage communities in understanding a Trauma responsive system and to co-produce.
Objective 5	Service Development: Improving policy / practice to change culture.
Objective 6	Neighbourhood and Community: Improving Community resilience and creating a social movement for change.

Figure 5.6 The whole system approach that is being taken for the adverse childhood experience and trauma responsive city-region

Source: Collaborative approaches to preventing offending and re-offending in children (CAPRICORN)

> ***There's a massive appetite for training. People really want it. Can't get enough of it***

Despite the pandemic, significant progress has been made to establish relationships and identify system leads across the ten local authorities, develop a Community of Practice, secure funding from the Home Office, began a training programme for a wide variety of staff, commission 11 Voluntary and Community Sector Enterprises to deliver and develop resources and a whole-system evaluation. Taking a life course approach, the aim of the programme is to focus on the prevention of ACEs, promotion of recovery and prevention of re-traumatisation and enablement of trauma experienced people to live well. There has been immense engagement and drive, with Greater Manchester Police committing to becoming trauma responsive and the development of podcasts for Primary Care.

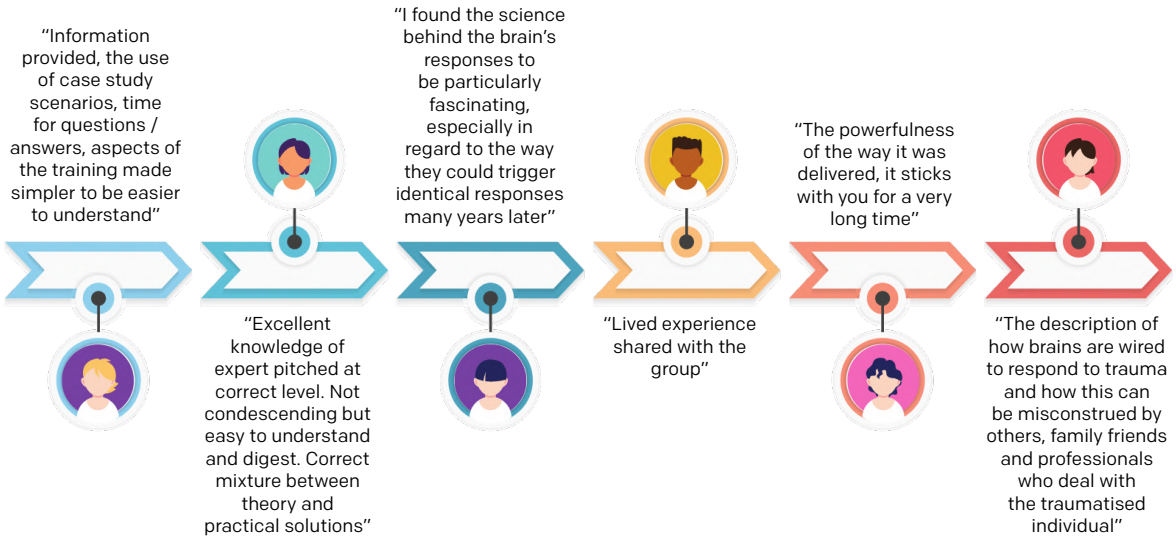
The Greater Manchester training offer has opened up opportunities to upskill the workforce (equitable across GM, different levels of training) and ensured increased knowledge and recognition of trauma informed practice. Through this, staff are able to manage their own personal needs around trauma and value the supervision that is required.

Over 2,500 frontline workers and managers across Greater Manchester from a wide range of sectors including health, children's and adults social care, police, probation, voluntary sector and education have received training across the four levels of trauma aware, trauma skilled, trauma enhanced, trauma specialist.

There is an eLearning platform which provides unlimited licenses and enables a range of organisations to access the learning, including health, justice, local authority, education settings, voluntary and community or social enterprise (VCSE).

Communities of Practice has been established and system and sector leads have been identified to support the work and lead the learning and development in each locality and setting.

Best aspects of the Trauma Informed Virtual training:



Staff's intended changes for action:

Building an ACE and Trauma responsive city-region requires language and understanding of the work to be developed both systematically at a systems leadership level but also across our communities. As such, substantial resource has been invested into our communities to ensure that we connect and consider policy change back into the wider system.

back on track >

Back on Track works with people who have been through a recovery and rehabilitation process, including people who are homeless, have experienced mental health issues and/or substance misuse. Through this project, which is being co-produced with Inspiring Change Manchester and local people, to ensure that resource packs are in the most appropriate language and utilising a creative process.

Beyond Barriers support individuals, organisations and communities to work through and prevent trauma and one key aim is to develop a trauma aware network. The Trafford Collective is working to embed trauma responsiveness in Trafford. So far, interviews have taken place with members to develop a questionnaire that will eventually become a mapping tool for groups across the borough. This will be used at events, learning workshops and networks. The outcome will be a wide range of organisations that are sensitive to trauma both for sector employees, volunteers and beneficiaries.

The BigLife group

Big Life has a focus on health and social care and deliver mental health provision within schools and wellbeing centres. Through the results of their internal audit, Big Life is expanding their approach to trauma responsive approach and are working with Thrive and volunteers with lived experience to ensure that the language and approach is appropriate to the area.

CONTACT

Contact is an arts venue working with young people and is delivered in partnership with Oldham Coliseum and Manchester Art Gallery. Developing a wider trauma informed arts network and a small working group will meet monthly and encourage the inclusion of freelance artists. Many artists use their own lived experience of trauma to produce art but feel that they are not always supported through this. The project is starting with a review of practice and will deliver six events using freelance artists and other arts organisations.

Early Break

Early Break is a young people's substance misuse organisation working across a number of Greater Manchester localities. Early Break is currently running an intergenerational trauma project and have completed a self-audit on being a trauma informed organisation. The project is based on lived experience to deliver in Bury and Salford. Through this project specific trauma implementation plans will be produced.

GREATER TOGETHER MANCHESTER

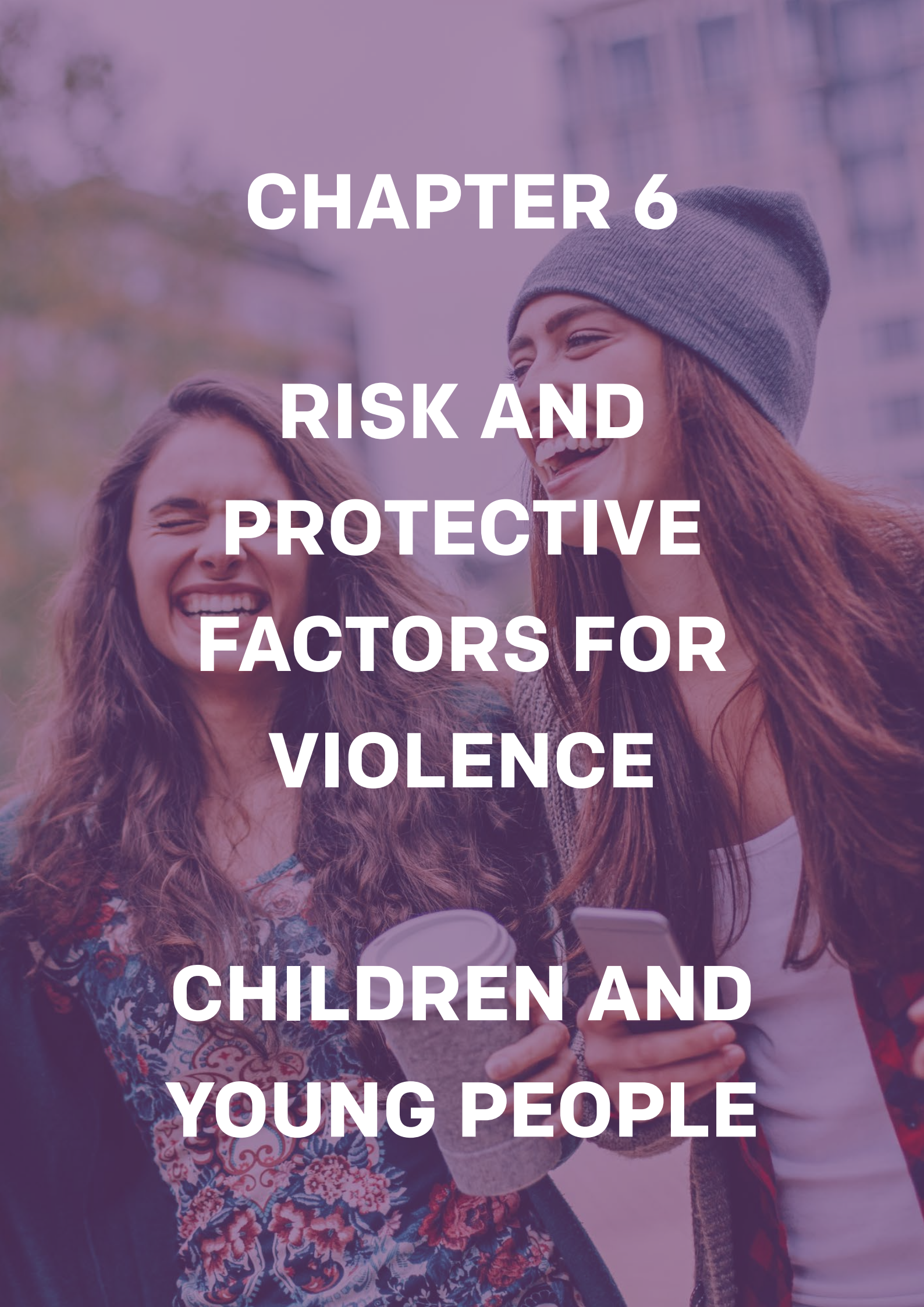
Working with local and faith-based organisations, many of these groups have community spaces and are running community services. This project will help them to adapt what they do to be trauma informed and will develop a network and accessible, appropriate, practical training to support volunteers and small groups.

The Armed Forces HQ is a Greater Manchester wide organisation based in Wigan. 60% of service users have mental health issues and many of which stem from adverse childhood experiences rather than experiences in the Military, although much trauma is experienced during military times. The project will develop good practices for organisations working with members of the armed services and their families/ carers and will raise awareness of the issues of ex-service personnel and will work with support groups to ensure they are trauma informed so they do not re traumatise people unknowingly.

StreetGames has developed its ACE and Trauma responsive approach further:

- Continues to train more community sport practitioners across the Greater Manchester network – successfully generated further funding to offer this to the network, for example Sale Sharks Community Trust workforce wide training programme.
- Embedded within the training agenda across the region - for example the Yoga & Mindfulness Pilot has been designed and delivered in a Trauma Informed Way, both embedding the Trauma Informed principles and, ensuring that ACEs & Trauma Informed training is a pre-requisite.
- Supporting localised workforce requests to wrap around the ACES's and Trauma Informed Practice training, for example delivering additional training in Mental Health to full staff teams at Wigan Athletic and Life Leisure. This further supports programmes where the impact of trauma in sport is being recognised and where sport is being used to provide positive activities and build resilience for young people who have experienced Trauma, subsequently experiencing poor mental health.
- Upscaling the tutor workforce to increase training capacity, due to the demand for roll out across GM and beyond. This is taking place in collaboration with the programme team for ACEs and Trauma Informed Practice at Manchester Population Health Team.
- Internal workforce development - rolling out the training across the national StreetGames workforce, exploring how we embed the principles across existing training platforms and programmes to facilitate the content being built into multiple areas of practice.

There is much ACE and Trauma responsive activity that is happening within each of the localities and will be discussed and shared through their own local plans.



CHAPTER 6

RISK AND PROTECTIVE FACTORS FOR VIOLENCE

CHILDREN AND YOUNG PEOPLE

Youth violence is understood as violence either against or committed by a child or adolescent or a young person up to the age of 25 years, which can impact on individuals, families, communities and society (Royal College of Paediatrics and Child Health, RCPCH, 2020). It can include a range of acts from bullying and physical fighting to more severe sexual and physical assault to homicide (WHO, 2020). When it is not fatal, youth violence, and violence against young people, has a serious, often lifelong, impact on a person's physical, psychological, and social functioning. Health and social outcomes are worsened through increased exposure to violence (RCPCH, 2020). The fear of violence often leads people to change their behaviour, which can perpetuate the cycle of violence. As such, it is important to understand people's perception regarding violence and their feelings of safety alongside the data (YEF, 2022).

The World Health Organization and the United Nations define adolescence as individuals in the 10-19 age group and 'youth' as the 15–25-year age group, while 'young people' cover the age range 10-24 years.

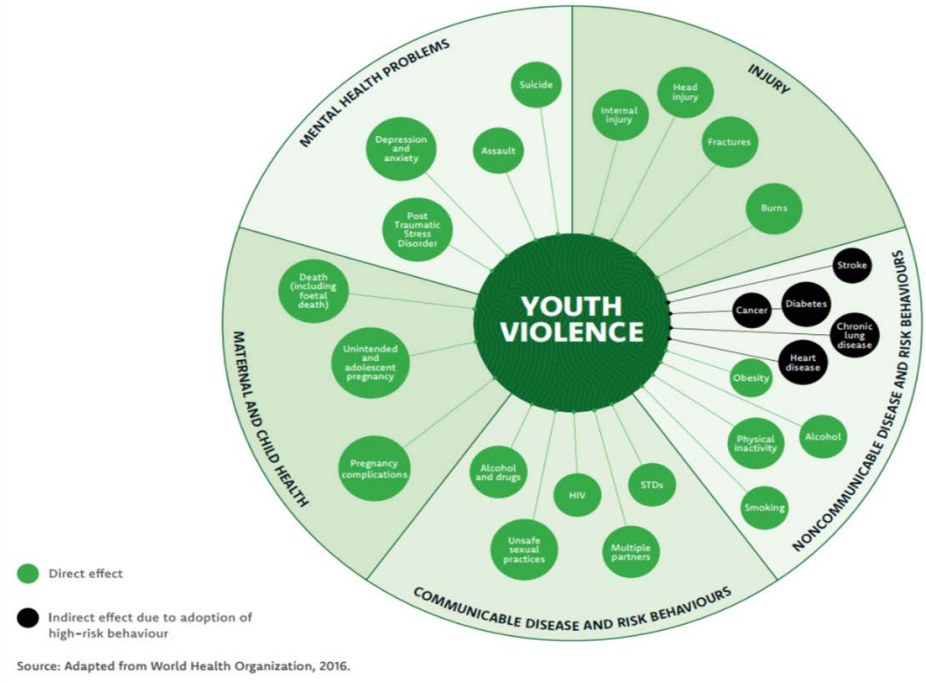
A study stated that an expanded and more inclusive definition of adolescence is essential for developmentally appropriate framing of laws, social policies and service systems. Rather than age 10-19 years, a definition of 10-24 years corresponds more closely to adolescent group and popular understandings of this life phase and would facilities extended investments across a broader range of settings.

WHO and United Nations Definition of Adolescent - Public Health

Youth violence against children is harmful and often has serious impacts on health and wellbeing across the life-course (Figure 6.1). Such violence is a public health, human rights, and social problem with devastating and costly consequences. Its destructive effects harms children, impacts families, communities and nations and reaches across generations. In response to the increasing recognition of the scale, consequences, biology, and costs of violence against children, there is a real commitment to its prevention (Hoeffler and Fearon, 2014).

Children and young people can be victims of violence, witnesses to violence or perpetrators of violence. The causes of which are complex and where the foundations are often set out through their early years. It is important that a whole system approach to reducing youth violence recognises the impact of events much earlier in life (as outlined in Chapter 5), as well as the impact of events from families, communities and society later on in life (Chapter 7). This must include upstream interventions, early years investment, family support and contextual safeguarding as well as improving cohesion.

Figure 6.1 Impact of youth violence, including violence against children, on health and wellbeing outcomes



Source: Wales Violence Prevention Unit

Education

There is a known causal relationship between education and crime, that positive education has a crime-reducing impact (WHO 2022-26). Low educational achievement, alongside low commitment to school and school failure are well evidenced risk factors for violence. Whereas good school readiness, engagement with education and academic achievement are identified protective factors against involvement in violence (EIF, 2022, WHO 2022-26).

Factors that correlate with both involvement in crime (as victim or perpetrator) and school attendance and exclusion are deprivation, special education needs (SEN) (particularly social, emotional and mental health) and disabilities (SEND), and social care involvement and/or looked after status. In the paragraphs below there are some stark data which reinforces the importance of the work undertaken by education.

Because violence is complex and multi-agency response is required, it is important to ensure that education settings and the wider workforce collaborate to improve outcomes for children and young people. As such, various activities and interventions are often implemented at universal through to targeted levels within schools, colleges, pupil referral units (PRUs) and alternative provisions to support children and young people and to engage them in education.

YEF's national survey found a large proportion of children and young people are absent from school because of their concerns about violence. 14% had been absent from school in the last 12 months because they felt they would be unsafe. 14% also said they struggled to concentrate in lessons due to worries about violence. A quarter (27%) of victims said they had skipped school due to safety concerns (YEF, 2022).

It is normal for a teenage child who was a victim or witness of violence to tell someone what they had gone through (YEF, 2022) and 81% of those with direct experience of violence told someone.

- 57% told a parent or carer
- 33% told a friend
- 29% told a schoolteacher
- 17% told a sibling

In the UK, children must legally attend school from the age of five. However, most children start school full-time in the September after their fourth birthday. This means that they will turn 5 during their first school year (School admissions: School starting age - GOV.UK (www.gov.uk)). When a young person leaves secondary school, at age 16 years, they choose to attend (usually until they are 18 years of age):

- Further education or training such as school or college
- Work-based learning, such as an apprenticeship
- Work or volunteer (for 20 hours or more a week) while in part-time education or training.

The risks associated with exclusions are clear. Primarily, there is a safeguarding risk. When a young person is not in school, reasonable checks are taken to ensure the safety of the young person. This is because exclusions can result in isolation from peers, a sense of rejection as well as long-term risk of exclusion from other opportunities to achieve or succeed. There is also increased risk of exploitation for the young person, which increases the risk for a lifetime of crime and violence.

There are two types of exclusion:

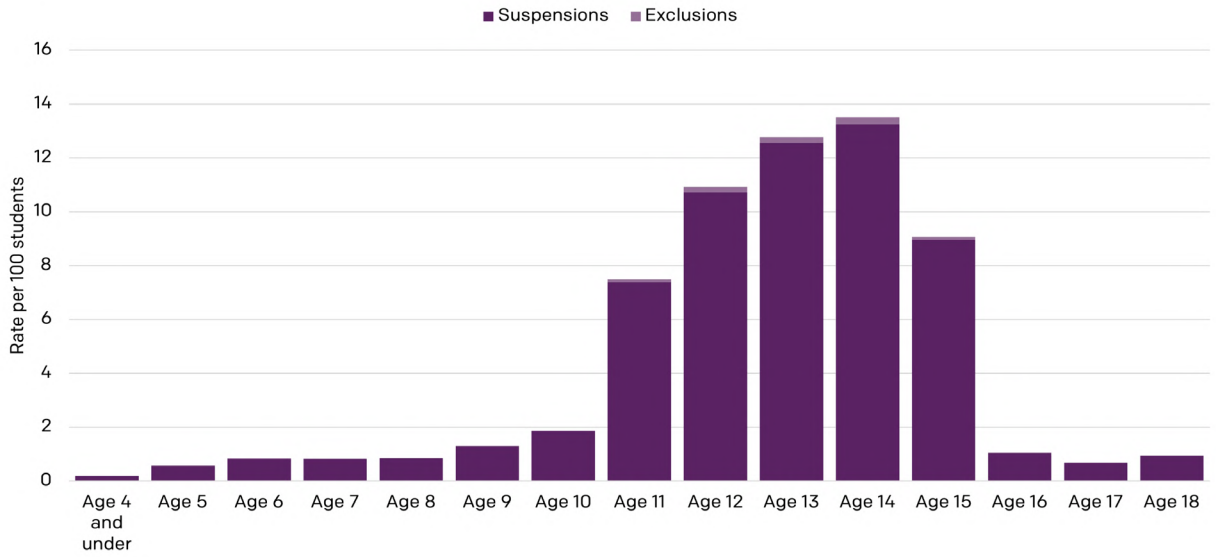
1. Fixed period, often referred to as 'suspensions'.
   A fixed period exclusion (suspension) is where a child is temporarily removed from school. They can only be removed for up to 45 school days in one year, even if they have changed school.
2. Permanent, often referred to as expelled.
   Permanent exclusion means the child is expelled. The local council must arrange full time education from the sixth school day.

When a pupil is removed from the school roll (i.e. register) without a formal, permanent exclusion or when a parent is encouraged to remove their child from the school roll (i.e. register) this is called 'Off-Rolling'. The removal of the pupil is mainly in the interests of the school rather than in the best interest of the pupil. A national survey from over 1,000 teachers shows a concerning situation of the extent of off-rolling in England's schools. The survey found that teachers believe that parents with less understanding of the education system and their rights are most likely to be pressured into taking their child out of school. This is most likely because parents do not realise that this procedure exists, even when it is their child involved. The YouGov survey for Ofsted looks at teachers' awareness of, and views about off-rolling: Off-rolling: exploring the issue - GOV.UK (www.gov.uk).

It also found that:
There is mixed understanding among teachers of what off-rolling is, but many teachers are aware that it is happening and believe that it is on the increase. Teachers agree that it usually happens before GCSEs, either during years 10 to 11 before results are collected, or in year 9 before exam teaching begins. Vulnerable students with special educational needs (SEN) or other needs are more likely to be affected. Many teachers think there is an overlap between off-rolling and other, sometimes legitimate, practices.

Across Greater Manchester there were 20,966 incidents of all exclusions (fixed and permanent) in the 2020/21 academic year, giving a rate of 4.6 per 1,000, which has increased by 11.4% compared with the previous year. The rate of all exclusions per 1,000 young people across Greater Manchester begins when a child starts school, at age 4 and increases rapidly from 12 years old, when children are at secondary school, until rates peak at age 14. Exclusion rates are lower in the 16–18-year age groups (Figure 6.2).

Figure 6.2 Rate of exclusions (fixed and permanent) per 100 students by year of age, 2021/22 academic year



Source: Department for Education (2022)

Concerns about exclusions extend to infant and junior schools as well as high schools. Whilst the higher rates observed are when the young person is in secondary school, there are still substantial numbers of exclusions in primary school. Up to the age of 11 years (when children leave primary school and transition into secondary school) there were 5,147 exclusions recorded across Greater Manchester. Of these recordings, there were 111 fixed exclusions and no permanent exclusions for children aged 4 years and below of age (note, this is not the number of children excluded). For children aged 5 years, there were 204 fixed exclusions and two permanent exclusions. We are certain in our drive to improve outcomes for children and young people that we ensure no excluded child experiences a void that could be filled with behaviours that are not positive.

The rate of exclusion across Greater Manchester is 5.6% higher than the national rate. If Greater Manchester's exclusion rate were in line with the England average, there would be 118 fewer exclusions for one academic year. Across the city-region, boys are much more likely to be excluded than girls. Children and young people who receive free school meals are more likely to be excluded compared with those who are not eligible. Exclusions occur more frequently for White population (5.5 per 100 White students), closely followed by Mixed (5.1 per 100) and then Black (3.3 per 100). Asian heritage has the lowest rate (1.5 per 100). These local trends mirror national figures. Nationally, of the White population, figures for the White Gypsy and Roma group had the highest exclusion rates out of all ethnic groups in the 2020-21 academic year.

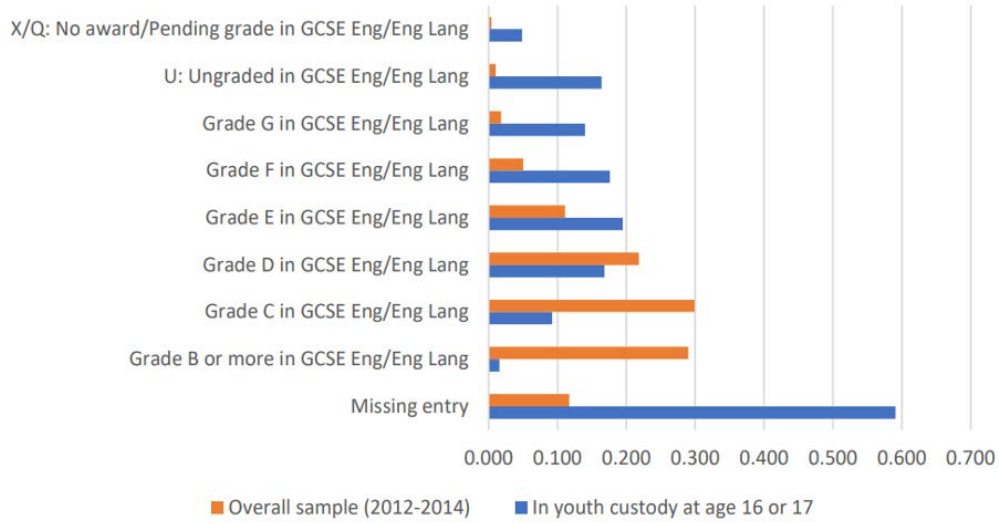
In addition to exclusions, both fixed term and permanent, national evidence shows very clearly that many young people who enter youth custody have not had an entry for GCSE English Language or English Literature (Figure 6.3) or Maths (Figure 6.4). As many as 45% of those who enter youth custody have a missing entry for English and 30% have a missing entry for Maths. Where there is an entry for Maths and English, those young males who enter youth custody at age 16/17 are very likely to have received very low grades relative to other males attending state schools. If we consider those who have a missing entry, no award, or a failed GCSE this equates to 66% for English and 78% for maths. It is rare for a person who ends up in youth custody to have done well in their GCSEs (Machin et al, 2023).

Those young people who enter youth custody are much more likely to have been eligible to receive free school meals when at school. They are much more likely to be Black African or Black Caribbean. They are less likely to speak English as their first language and would be classified as English as an Additional Language (EAL). They are much more likely to require an Education and Health Care (EHC) plan or a support because of a specific SEN and/or SEND. Taken as a whole, 75% of those males ending up in youth custody at age 16 or 17 years were designated as SEND under a 'special needs' category whilst at school. Only a very small proportion of young people enter youth custody, but the consequences are severe, spending on average seven months in secure centres (Machin et al, 2023).

According to latest official figures for Greater Manchester, in 2021/22 there were 21,280 school age children and young people who were the subject of an Education Health and Care Plan or had a statement of SEN, an increase of 9% from the figure 12 months prior (19,561) and this has been rising over the past 5 years. This accounts for 4.3% of the total on roll, compared to 4.0% on average across England as a whole. The most common SEN across all Greater Manchester local authorities is autism spectrum disorder, followed by social, emotional, and metal health, and speech, language, and communication.

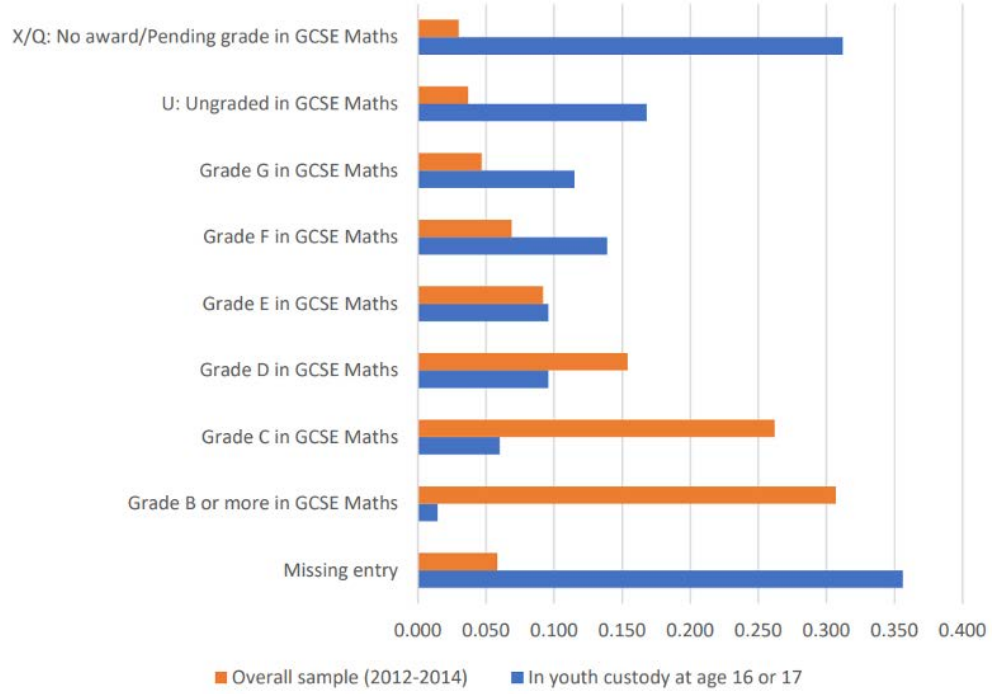
While 4.3% of school students have a statement of SEN, a much larger proportion receive SEN support. 63,205 pupils are recorded as in receipt of some form of SEN Support provision, 12.8% of the total on roll (which compares to 12.6% across England as a whole). While the number of students with a recorded statement of SEN has been growing, the number of those in receipt has stayed fairly static. It is likely that the rising rates of identified SEN are a result of better awareness and identification of need, and the levels of support provided indicate that there may be many more students with special educational needs that have been historically identified within official data.

Figure 6.3 GCSE grades in English or English Language (males only)



Source: Machin et al (2023)

Figure 6.4 GCSE grades in Maths (males only)



Source: Machin et al (2023)

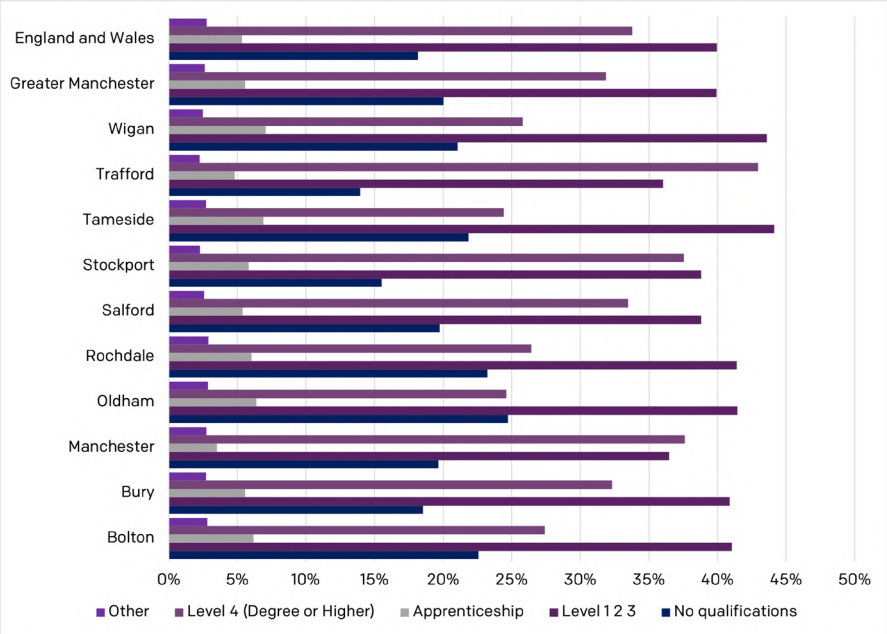
Young people who are at risk of underachieving at the age of 16 can end up 'not in education, employment or training' (NEET) by age 18. It is plausible that faced with such prospects, young people may turn to crime (Machin et al 2023). Of all young people who enter youth justice, the majority are categorised as NEET, both before their time in youth justice (35%) and after (36%).

There are notable gaps in data and intelligence for young people ceasing their studies in Further Education, and similarly poor data on young people Not in Education, Employment or Training from age 16 upwards. However, every local authority works hard to track the destinations of every young person having reached school leaving age.

A fifth (20%) of the adult population in Greater Manchester has no qualifications, which is higher than the national average of 18% (Table 6.5). When looking at Level 4 and above (degree level and above) there is a lower percentage across the city-region compared with national average (32% compared with 34%).

Differences can be seen across the boroughs. In Bolton, Oldham, Rochdale, Tameside and Wigan boroughs, less than 30% of the population have Level 4 or above, compared with 34% nationally. These five boroughs also have over 20% of their population having no qualifications

Table 6.5 Highest qualifications for population aged 16+ in Greater Manchester districts and England, 2021



Source: Census 2021

It is also important to consider the age of criminality as defined within England and Wales, which is 10 years of age. This means that children under 10 cannot be arrested or charged with a crime. There are other interventions that can be undertaken with children under 10 who break the law. For example, trained key staff will work with the child and family members to help the child stay out of trouble in the future. These interventions will be planned with clear aims and objectives. If needed, these young people may be subject to a local child curfew and a child safety order. More details can be found at: What happens if a child under 10 breaks the law? - GOV.UK (www.gov.uk)

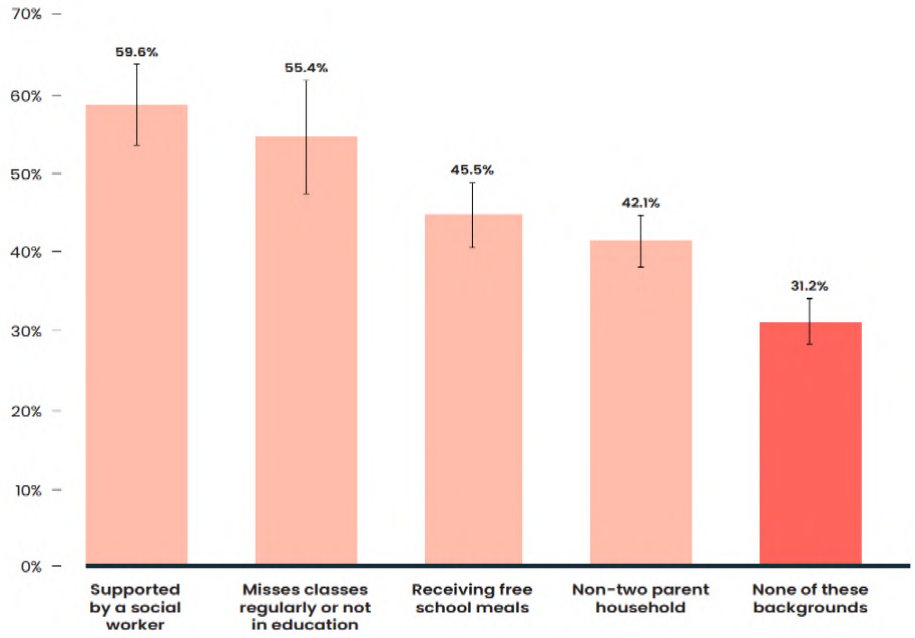
Children aged between 10 and 17 years of age can be arrested and taken to court if they commit a crime. They are treated differently from adults and are:

- Dealt with by youth courts.
- Given different sentences.
- Sent to special secure centres for young people, not adult prisons.

Young people aged 18 years and above are treated as an adult by the law. If they are sent to prison, they will be sent to a place that holds 18- to 25-year-old, not a full prison (Age of criminal responsibility - GOV.UK (www.gov.uk)). This supports the WHO and UN definition of young people being up to 25 years of age.

Violence against children does not come to the attention of official agencies. It is usually when the violence is so severe that the police, social services or ambulances are called. This is because young people may not always understand the various types of violence that is being inflicted upon them, as violence may be 'normalised' within their home, their friendship group, or indeed their communities. Professionals often do not ask the child directly about specific types of violence or they may not associate the behaviour being played out as a consequence of violence that is taking place in the home, between friends or families, or in their communities. Global evidence reveals that the self-reported prevalence of child sexual abuse victimisation is more than 30 times higher than official reports, and self-reported physical abuse victimisation is more than 75 times higher. Therefore, self-reports are considered essential measurement tools and are important for informing preventative opportunities to end violence against children and to end youth violence (Hoeffler and Fearon 2014). This is an important policy area for consideration the Greater Manchester VRU and its partners.

Figure 6.6. Proportion of teenage children who were a victim of violence in the past 12 months by family and educational experiences



*Responses that were not sure or preferred not to say are excluded.

**Bars represent the 95% confidence intervals – this reflects the range we expect the estimates to likely fall within.

Source: Youth Endowment Fund (2022)

Two-thirds (66%) of young people thought that gangs were a risk factor for violence in young people, rising to three-quarters (75%) for victims of violence. Drug use and social media were also factors identified by young people in relation to why people commit violence.

A higher proportion of teenage children reported to be a witness of violence than being a victim. Just over one in three (35%) of teenage children witnessed violence. When combined with the number of victims, the total number of children who reported direct experience of violence in the last 12 months rises to 39% (YEF, 2022). Therefore, two in five young people experience violence whether as a victim, perpetrator and/or victim.

In the past 12 months, children who identify as Black were more likely to be victims of violence, with 33% being a victim of violence compared to 13% for children identifying as White and 11% for Asian. People from Black and minoritised ethnic groups are more likely to be bullied in UK schools, experience race-related hate crime and harassment, modern slavery and exploitation, and are five times more likely to be victims of homicide in England and Wales (ONS, 2020). More than half (51%) of Black Caribbean, Black African and Black European children stated that they were victims or witnesses violence, compared to 30% for Asian children and 39% for White children (YEF, 2022).

Most children think that violence is increasing (YEF, 2022). This is similar to the CSEW, where it was reported that 82% of respondents aged 16 and over thought that crime had increased nationally in the past 12 months. A recent study undertaken across Greater Manchester found that 47% of young people thought that knife crime incidents was increasing. Only 7% said no and the remaining 46% were unsure. The key findings are as follows:

Source: SMSR Research, 2021

Types of violence

It is important to understand the levels and types of violence associated with young people, as this is often different for adults (Figure 6.7). 16–24-year-olds are the most common victims of homicide, sexual violence and domestic abuse across the UK (ONS, 2021). In Greater Manchester (2020-22) the most common age for homicide suspects, both victims and suspects of knife crime, non-domestic violence with injury, robbery, and sexual offences is between 14-17 years old. Figures 6.7 – 6.11 show the age distribution of homicide suspects, non-domestic abuse related violence with injury, knife crime suspects, robbery suspects and victims, and sexual offences for suspects and victims. It is evident that whilst suspects are much more likely to be younger people, as are victims, violence occurs across a wide age-range, often reflecting levels of domestic abuse in the 20-50 year old age groups.

Victims of knife crime starts to increase from age 10-15 years and peaks very quickly at age 16 years and then the age starts to slowly reduce until age 60 years, where the numbers are very low (Figure 6.10). It should be noted that the knife crime in the older age group is most likely to be domestic related.

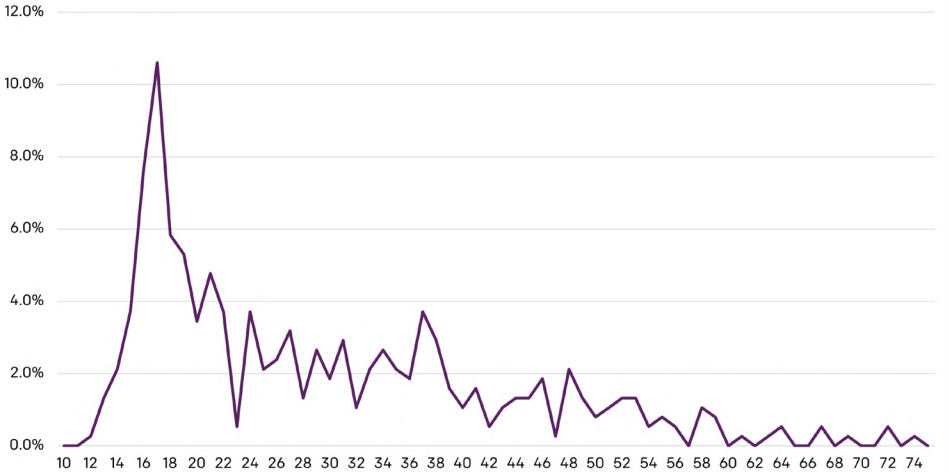
Victims of sexual offences has a similar pattern to knife crime, where the increase starts from age 10-14 years and peaks very quickly at age 15 years and then the age starts to reduce until age 55 years, where the numbers are very low (Figure 6.12). There are often reports of sexual offences (such as photos being sent over social media) in and around school-age children and young people, which is what is likely to drive this distribution.

Figure 6.7 Types of violence young people are exposed to in Greater Manchester, 2020-2022

2 in 10 domestic abuse victims are aged between 16-24 (18.9%)
Nearly 1 in 4 sexual assault victims are aged between 16-24 (23.4%)
2 in 10 stalking and harassment victims are aged between 16-24 (19.2%)
7% of secondary school age children in GM have experienced discrimination on the basis of their race, skin colour, or where they were born
8% have experienced discrimination on the basis of their gender
13% have experienced discrimination on the basis of their sexual orientation
15% have experienced discrimination on the basis of a disability
12% have experienced discrimination on the basis of their religion or faith

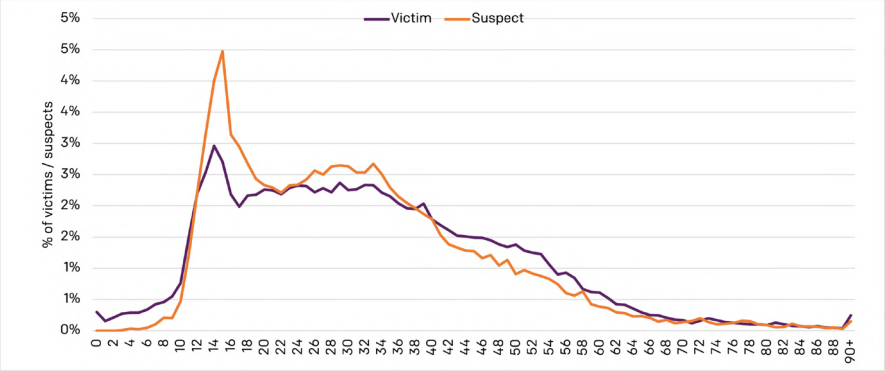
Source: Greater Manchester Police (2023), Bee Well survey (2022)

Figure 6.8 Age distribution of homicide suspects in Greater Manchester, 2020-22 total



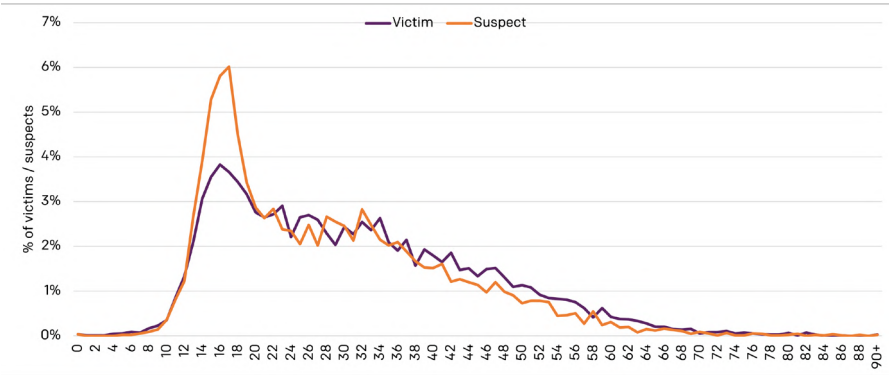
Source: Greater Manchester Police (2023) via GMVRU

Figure 6.9 Age distribution of non-domestic abuse related violence with injury suspects and victims in Greater Manchester, 2020-22 total



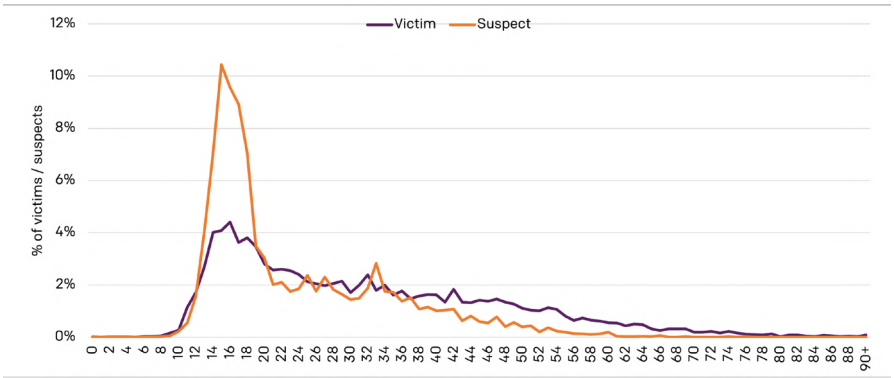
Source: Greater Manchester Police (2023) via GMVRU

Figure 6.10 Age distribution of knife crime suspects and victims in Greater Manchester, 2020-22 total



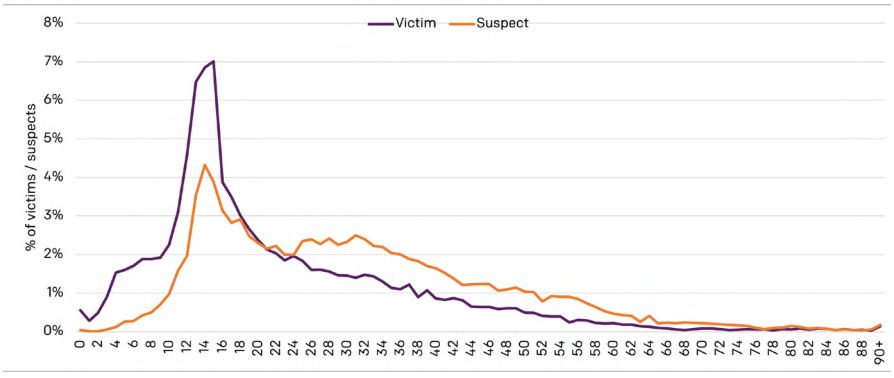
Source: Greater Manchester Police (2023) via GMVRU

Figure 6.11 Age distribution of robbery suspects and victims in Greater Manchester, 2020-22 total



Source: Greater Manchester Police (2023) via GMVRU

Figure 6.12 Age distribution of sexual offences suspects and victims in Greater Manchester, 2020-22 total



Source: Greater Manchester Police (2023) via GMVRU

In Manchester, youth workers stated that more young people were coming into the youth justice system for the first time recently with serious youth violence offences, as opposed to more minor offences that were previously more common amongst those coming in for the first time. Evidence indicates that males commit most of the serious violence and that the peak age for carrying a weapon is 15 years old (1 in PHE, 2019).

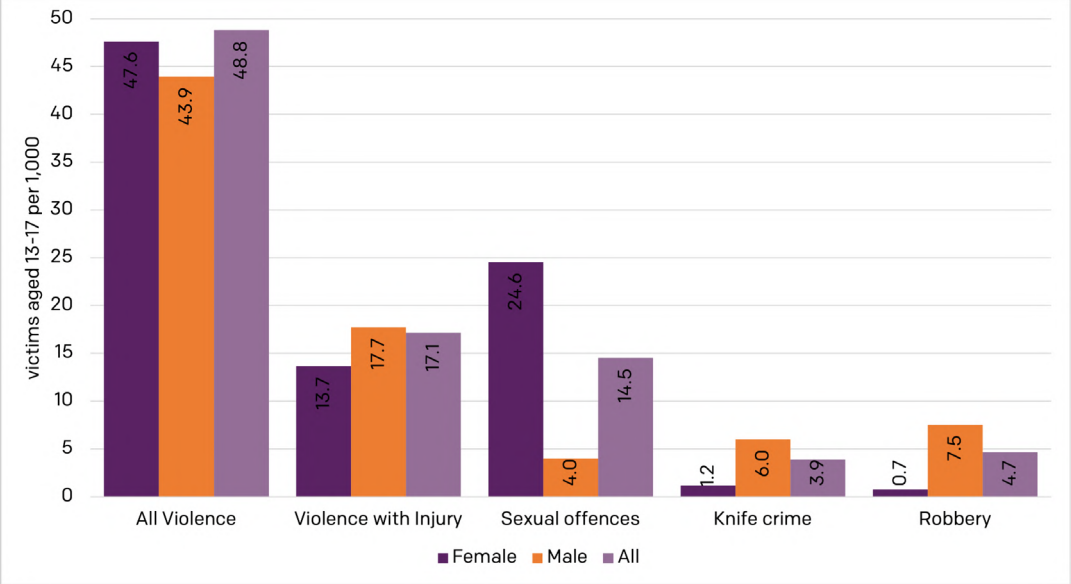
In January, 17% of Greater Manchester's probation caseload was aged 25 years and under and 42% of the caseload were due to violent offences, including 4% which were homicides or attempted homicides. Most young people were male (93%) and 60% were known to have needs in relation to drugs and/or alcohol (where recorded). Of the total number of violent offenders aged 25 and under:

- 68% were White
- 14% Asian
- 9% Black
- 7% Mixed
- 3% Other

Those aged 25 and under were much more likely to be from a Black or Asian Minority ethnic population group compared to those aged over 25 years, where 82% are White. This cohort within the probation service shows that there are a greater number of males compared with the general population and were more likely to have a substance misuse concern.

The youth endowment fund (YEF) undertook a survey of children and young people aged 13 to 17 years in England and found that girls were as likely as boys to have been a victim of violence (14% and 15% respectively). The types of violence that teenage children have been victims of include Assault (11%); Robbery (5%); Sexual assault (5%); Threatened with or someone used a weapon against them (5%) (YEF, 2022). Similar findings were found in Greater Manchester (Figure 6.12).

Figure 6.13 Violence per 1,000 population against victims aged 13-17 by gender and type of violence in Greater Manchester, 2022



Source: Greater Manchester Police (2023) via GMVRU

The most common reasons reported for being bullied were size and the way they looked, especially older girls. Having free school meals is also associated with being bullied. Lesbian, gay and bisexual young people are more likely than their peers to report being bullied. 2 in 5 of young people who experienced online bully in England and Wales had a long term illness or disability (ONS, 2021). The fear of bullying was found to reduce with age. The Young People survey (2022) undertaken on behalf of schools and students' health education unit (SHEU) found that around a third of primary school pupils said that they experienced bullying 'often' or 'everyday'. These behaviours included teasing and name-calling but also being pushed/hit. Of those bullied 'often', about a third were bullied during school break times. (SHEU, 2022)

The type of violence towards young people differs by gender. Plan International UK (2018) found that 1 in 4 females aged 14-21 have experienced verbal harassment, including sexual comments in public places, at least once a month (Plan International, 2020). Another study found that 1 out of 3 women aged 16 to 34 years had experienced one form of harassment in the previous 12 months. YEF (2022) found that girls were nearly five times (8.3%) more likely to be the victims of sexual assault compared to boys (1.4%) . Boys were much more likely to be victims of robbery. The Young People's survey (SHEU, 2022) stated that up to a quarter of older pupils reported unwelcoming behaviours from boyfriends/girlfriends, like jealously, hurtful language and 'checking my phone'. In total, 86% of groups surveyed said that they have been told to stay safe while online. However, 11% of older females (14–15-year-olds) say that they have sent sexual images of themselves.

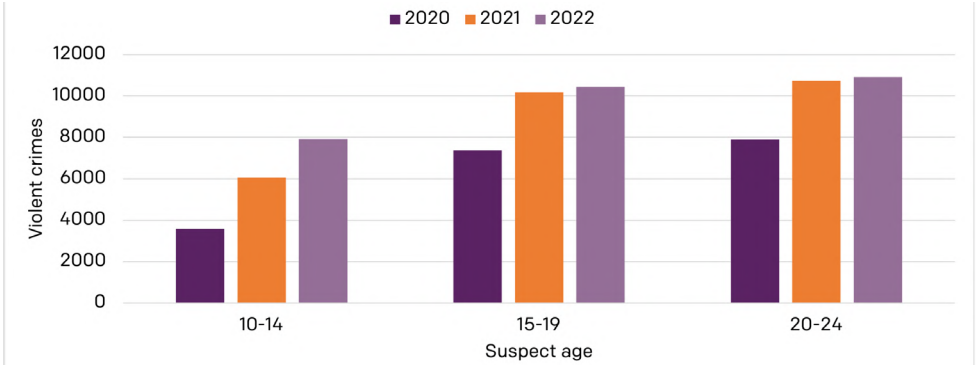
1 in 3 women worldwide have been subjected to either physical and/or sexual intimate partner violence or non-partner sexual violence in their lifetime (WHO, 2021). National data shows that 1 in 4 women aged 16 to 34 years had experienced catcalls, whistles, unwanted sexual comments or jokes in the previous 12 months, while 1 in 3 had felt like they were being followed, with 1 in 3 women feeling unsafe walking alone after dark, in comparison to 1 in 10 men (ONS, 2021). Another study (https://isthisokgm.co.uk/) found the following:

- Over 7 in 10 women of all ages in the UK have experienced some form of sexual harassment in a public space
- This rises to over 4 in 5 among 18–24-year-olds
- Over 9 in 10 of women (all ages) did not report their experiences of sexual harassment

Rates of physical violence among young people are broadly similar across the four nations, however England is the only country in which rates are increasing for every age group, most notably 10–24-year-old, which increased from 297.7 to 315.5 per 100,000 from 2012 to 2017 (RCPCH). England also has appreciably higher rates of physical violence among children aged 10-14 years than Scotland, Wales and Northern Ireland.

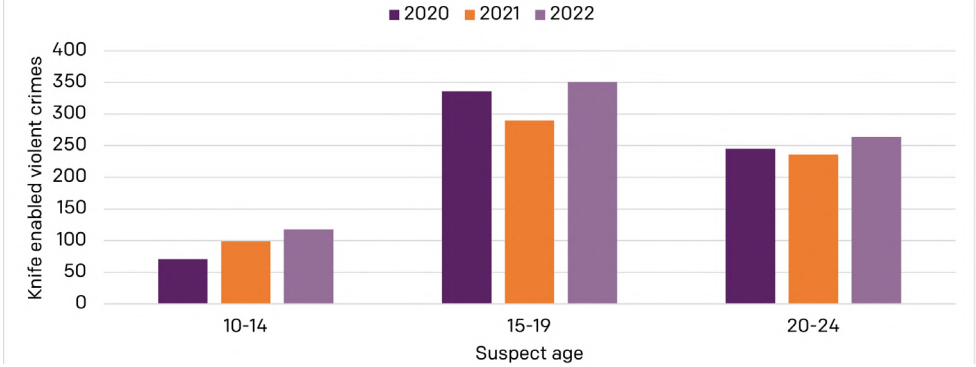
The number of recorded violent crimes for suspects increases by age and has increased over time (Figure 6.14). For knife enabled violence, although the number of suspects rises steeply with age from early to late teens, it then falls among 20-24 year olds (Figure 6.15). With the increase being most pronounced for those aged 15-19 years in Greater Manchester.

Figure 6.14 Violent crimes by suspect by age in Greater Manchester, 2020-22



Source: Greater Manchester Police (2023) via GMVRU

Figure 6.15 Knife enabled violent crimes by suspect age in Greater Manchester, 2020-22

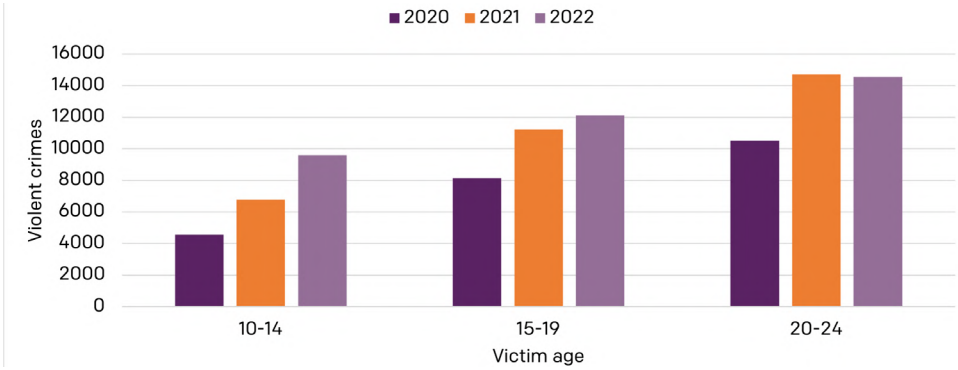


Source: Greater Manchester Police (2023) via GMVRU

[1]YEF's definition of sexual assault is: someone intentionally touched another person in a sexual eay, e.g. touching, grabbing or kissing without their consent.

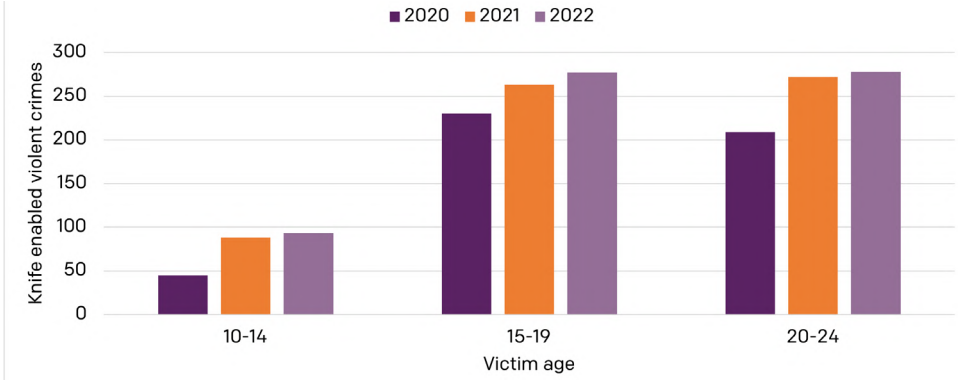
A similar pattern for victims is seen in both violent crime (6.17) and knife enabled violent crime (Figure 6.18).

Figure 6.16 Violent crimes by victim by age in Greater Manchester, 2020-22



Source: Greater Manchester Police (2023) via GMVRU

Figure 6.17 Knife enabled violent crimes by victim age in Greater Manchester, 2020-22

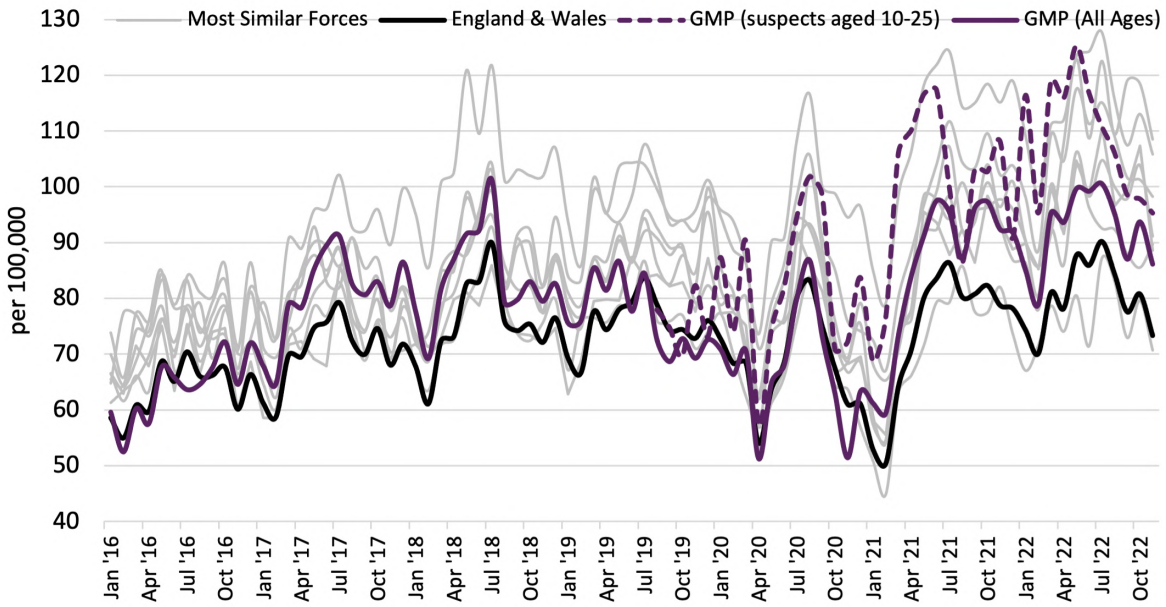


Source: Greater Manchester Police (2023) via GMVRU

For ambulance call outs due to 'assault' across Greater Manchester, just over a quarter (28%) were for people aged 25 and below: 8% were for children aged 0-17 years and 20% were for 18–25-year-olds (Trauma and Injury Intelligence Group, TIIG, 2022). Of those ambulance call outs for children and adolescents, local analysis found only 30% could be matched to a police recorded crime. This indicates that potentially as many as 70% of assaults seen by the ambulance service are either not reported to or not recorded by the police. Children and young people who suffer violence-related injuries may present to healthcare settings, often at a time when they are vulnerable or afraid. They may also discuss issues beyond their immediate, physical complaint with a trusted health professional.

Violence with injury has steadily increased over the years, showing year-on-year fluctuations. The most noticeable variation was during Covid-19 lockdown and restrictions, where violence with injury dropped substantially. However, once the first lockdown restrictions were lifted, rates increased dramatically, falling slightly again when further restrictions were in place. The rates have since increased although most recent figures are starting to show a small reduction. A similar trend is observed for all ages compared with young people aged 10-24 years (Figure 6.17).

Figure 6.18 Monthly violence with injury offences per 100,000 for Greater Manchester and most similar police forces, 2016 to 2022 (age breakdown for Greater Manchester 2019 to 2022)

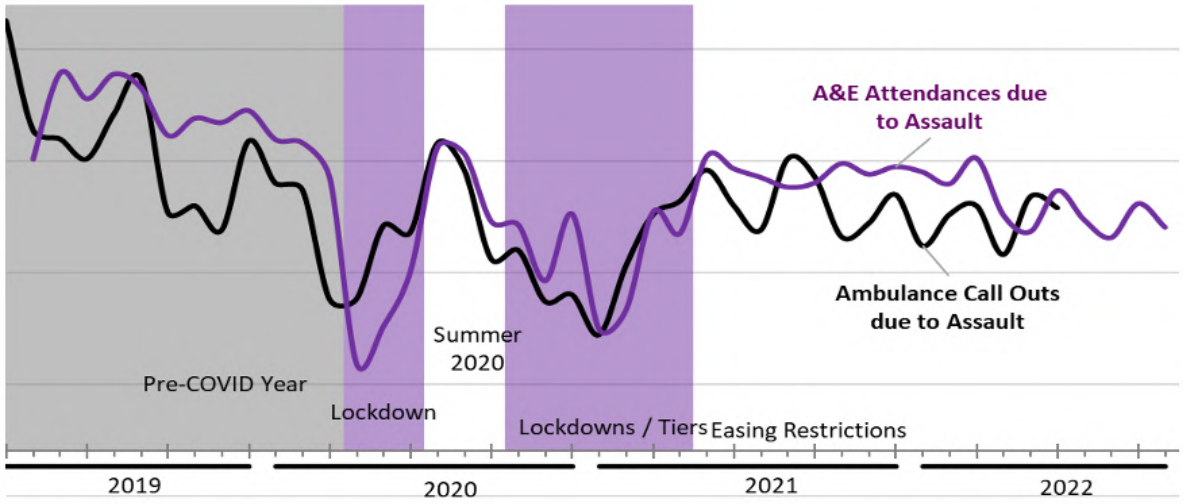


Source: Greater Manchester Police (2023), ONS Police Recorded Crime (2023)

Between 2016 and 2022, there were 87 homicides in people aged under 25 across Greater Manchester. This is an average of 12 homicides per year. Knife-enabled homicides were down 19% over the same time-period.

Latest data (Figure 6.19) indicates that while serious youth violence overall rose as COVID restrictions passed, they have not returned to pre-COVID levels across Greater Manchester. There were 24% fewer A&E attendances by young people due to assault in the 12 months ending November 2022 than the 12 months pre COVID (April 2019 to March 2020), and 14% fewer ambulance call outs due to assault in the 12 months ending June 2022 (latest data available). Hospital admissions data shows a similar trend, with hospital admissions due to assault by sharp object among victims aged under 25 down by 17% in 2022 compared to 2021, and down by 26% compared to the year pre-COVID. Among all ages of victims, hospital admissions are down by 12% in 2022 compared to 2021, and 13% compared to pre-COVID.

Figure 6.19 Trends in monthly ambulance call outs due to assault and emergency department attendances due to assault against victims aged 25 and under in Greater Manchester, 2019 to 2022



Source: Liverpool John Moore's University Trauma and Injury Intelligence Group (LJMU TIIG) (2022)

There are many young people who are worried about gangs and violence. Research by YEF (2022) found that only a small minority of teenage children were involved in gangs or weapons:

- 2% of teenage children said they had been in a gang in the past 12 months. Of these,
  - 77% reported committing an act of violence
  - 63% reported being a victim of violence
  - 42% said that they had carried a weapon
  - 53% said someone they knew well had carried a weapon
- 2% said they had carried a weapon in the past 12 months. Of these,
  - 85% said they had committed acts of violence
  - 40% said that they had been in a gang
- 13% of perpetrators of violence said they had been in a gang in the last 12 months. Of these,
  - 15% said they had carried a weapon

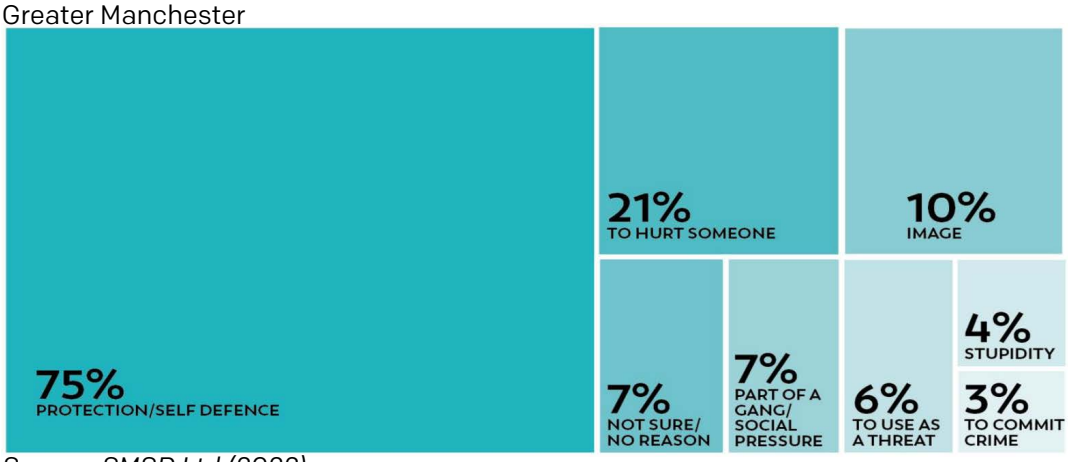
However, those teenage children who are in gangs and those who carry weapons are not identical groups. More than half of teenage children who said that they were in a gang do not carry weapons, and 66% of those who reported hurting or threatening someone with a weapon were not in a gang.

SMSR Ltd. was commissioned by Greater Manchester VRU to explore the relationship between young people and knife crime. The research was facilitated across Oldham, Salford and Rochdale between January 2020 and June 2021 and targeted those young people who were at higher risk of violence involvement (victim or perpetrator) compared with the general population. The study found that 7% of young people 'occasionally' or 'often' carried a knife, and 5% of young people stated that they had 'ever' carried a knife, which is higher than the general population level survey findings of 2% (YEF, 2022). This is because young people who had previously witnessed or been involved in violence where knives were implicated, were more likely to carry a knife themselves (SMSR Ltd, 2022).

'Feeling safe' was considered to be the fundamental factor in their decision-making process as to why they carried knives, with 75% of young people stating 'protection/self-defence' when asked why people carry knives (Figure 6.20). Anecdotally, young people do not consider knife possession as being intrinsically linked to knife violence in terms of intended consequences. The primary motivation is to feel safe. Knife violence is predominantly an unintended consequence, borne out of a critical mass in which young people increasingly possess, or perceive others to possess bladed articles and therefore the increased knife ownership significantly increases a likelihood of knife violence (SMSR Ltd, 2022).

> ***The idea that knives represent a very practical solution, although counter-intuitive to most is potentially a valuable insight.***
>
> ***- Young Male, Greater Manchester***

Figure 6.20 Young people's response when asked 'why do people carry knives?' in Greater Manchester



Source: SMSR Ltd (2022)

The researchers found that availability, cost, effectiveness, and consequential thinking all motivate the behaviour significantly: "...people can get what needs to be done with a knife as well, and they are easy to get rid of and it is not as bad if you are caught with one compared to a gun". Once more, the relationship between knife possession and safety is reinforced (SMSR Ltd, 2022):

> ***The thing is, people still see me as someone that carries [a knife], so there is still that fear people have. Even though I don't have one, people might think I do or are unsure, so that gives me a bit of protection, which is good still.***
>
> ***- Young Male, Greater Manchester***

As expected, social media channels were found to be prevalent in young people's communication. And so was music, specifically drill music/rap, which appears to have an evolving part to play in communication. Drill music was described by a young person as often "...a way gangs call out each other. They make threats through it and celebrate when they have attacked someone". This typically dovetails into social media as a mechanism to share and perpetuate information and appears to be a defined pathway for messaging, but one not routinely considered or widely understood (SMSR Ltd, 2022).

There was less gender-bias than expected in relation to the type of person who is more likely to carry a knife. Whilst anecdotally it was believed that "It is more likely to be the boys with knives" there was substantial feedback indicating females also have a significant stake in knife possession (SMSR Ltd, 2022):

> ...not me, but some of the girls are into the same stuff as the boys and I know some of them have carried a knife before. It is more likely that they won't have one all the time like some of the boys do, but I know some have had knives before.
>
> ***-Young Male, Greater Manchester***

> It's more like lads want to fit in I think with their mates, but the girls have beef too, don't think they don't, so some of them will have thought about a knife.
>
> ***-Young Male, Greater Manchester***

> Girls will punch and scratch and actually fight with their hands rather than fight with knives I think.
>
> ***-Young Male, Greater Manchester***

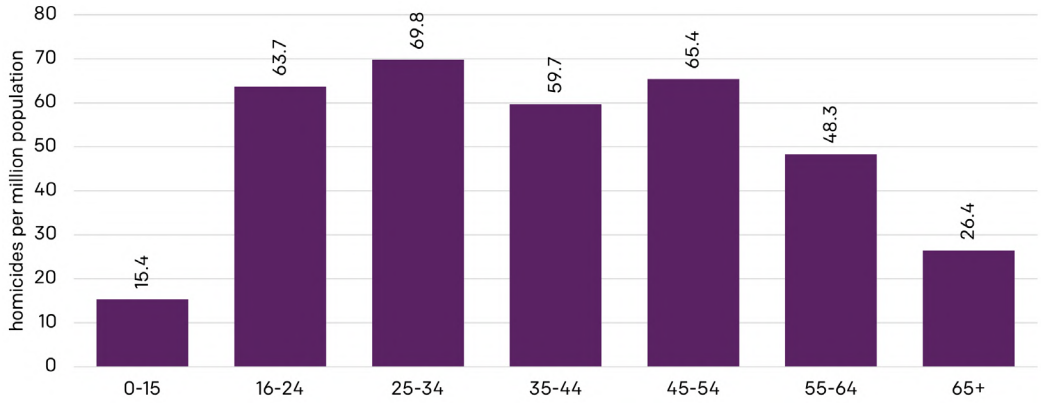
> No, not all knives are the same, you could go into any kitchen and pick one up, but then you get some nasty looking things too, like hunting knives that are all twisted and with hooks and things, stuff that looks bad and would do some serious damage.
>
> ***-Young Male, Greater Manchester***

> It depends on what people are doing, you aren't going out with a machete down your waist every night to feel safe, you would be taking a small knife. If you are concealing a machete, it is because you plan on taking it out for a specific thing [reason].
>
> ***-Young Male, Greater Manchester***

Deaths recorded as homicides by a sharp instrument remain uncommon among those aged 0-17 years. In England and Wales, there were 23 homicides by sharp instrument recorded in 2018/19 among 0–17-year-olds. For 18–24-year-olds, the national figure was 60; a reduction from the record high of 82 recorded the previous year.

Across the UK, 16–24-year-olds is the most common age group for victims of homicide, sexual violence and domestic abuse (ONS, 2021). In Greater Manchester, the highest age group for homicide is 25-34 years (2016 to 2022) (Figure 6.21).

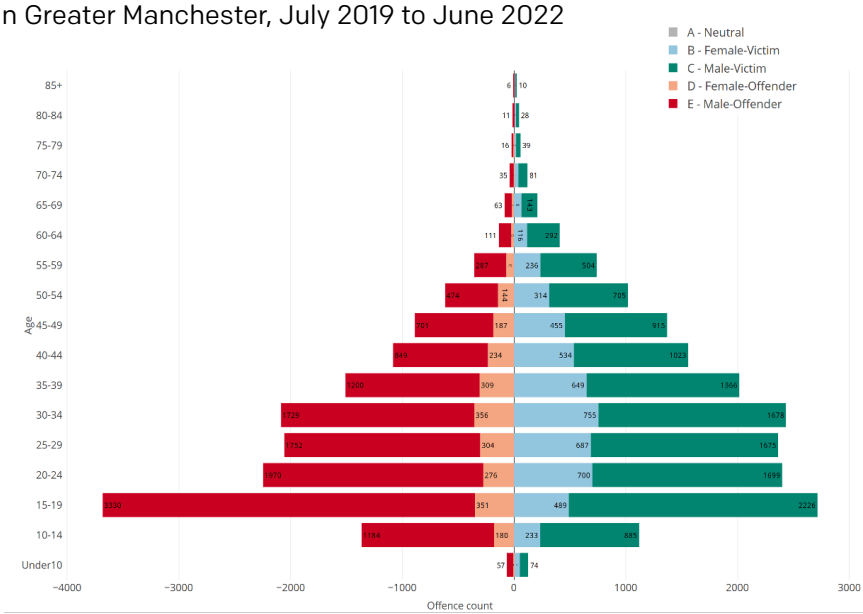
Figure 6.21 Homicide rate per million population by victim age in Greater Manchester, 2020-22 total



Source: Police Recorded Crime, GMP, 2020-2022

There are more victims recorded for knife related crime compared with offenders (Figure 6.22), although the age trend is similar, which is a peak age of 15-19 years and then ages 20-40 years remains high after which, the numbers start to slowly reduce until age 55-60 years. Females are both victims and offenders, but the numbers are much lower than they are for males.

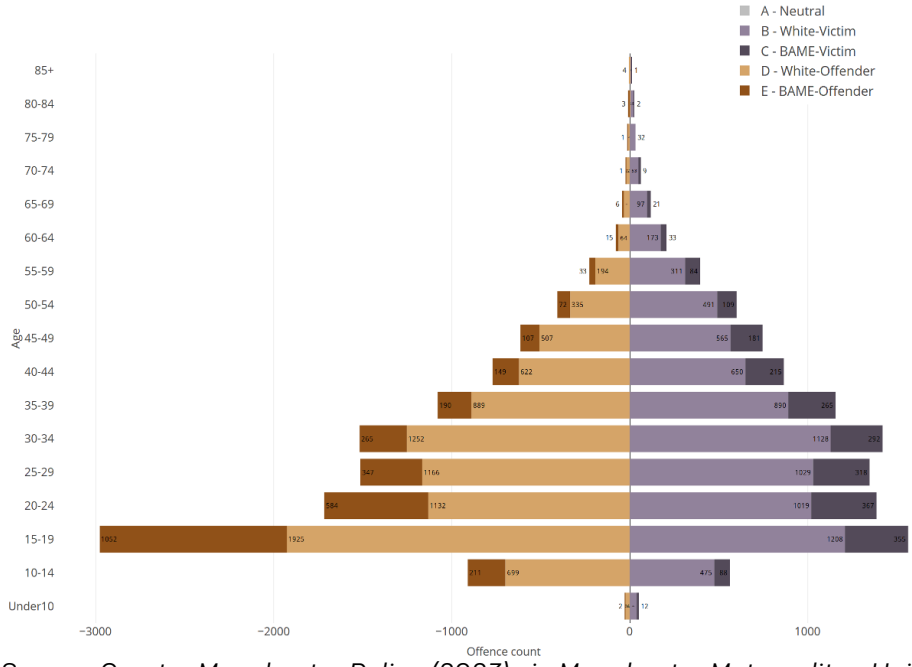
Figure 6.22 Victim and offender population pyramid by gender for weapon related crime in Greater Manchester, July 2019 to June 2022



Source: Greater Manchester Police (2023) via Manchester Metropolitan University

When we look at knife related crime by age and ethnicity, we can see a similar age distribution to all persons combined (Figure 6.23). Most knife related crimes, for both victims and offenders, are in White British population. However, we can see that for 15-19 year old there are a greater number of Black and Minority ethnic population group.

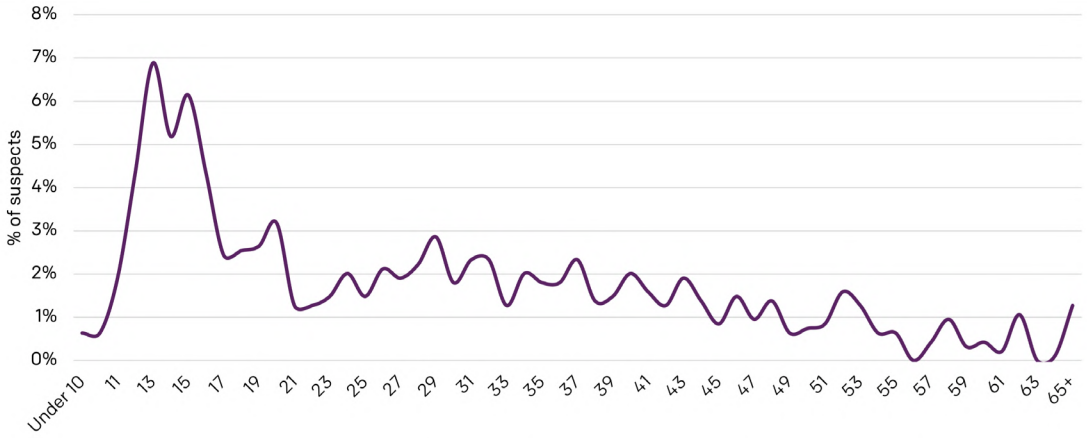
Figure 6.23 Victim and offender population pyramid by broad ethnic group for weapon related crime in Greater Manchester, July 2019 to June 2022



Source: Greater Manchester Police (2023) via Manchester Metropolitan University

Adolescence years is also the most common age for arson suspects, with offending peaking at 13-15 years then declining into older ages (Figure 6.24).

Figure 6.24 Age distribution of arson suspects in Greater Manchester, 2021-22 total



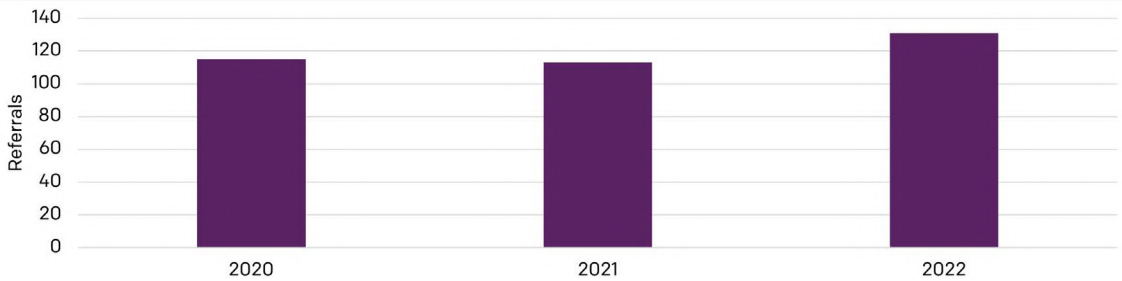
Source: Greater Manchester Police (2023) via GMVRU

Greater Manchester's Fire and Rescue Service (GMFRS) 'Fire Smart' programme provides bespoke, educational sessions to young people up to the age of 17 years old who are engaging in concerning behaviour associated with fire. Referrals come from a variety of sources and are routed via GMFRS's Contact Centre.

Referrals into the Fire Smart programme are offered a priority Home Fire Safety Assessment (HFSA) within 24 hours of receipt of referral. Operational crews deliver the HFSA in the same way they would address a threat of arson. In many cases, a Firefighter will proactively engage with the child or young person during the HFSA and discuss the dangers of fire play. The family or individual is then offered a follow up visit from a member of the Prevention Department, who will deliver a focused session on fire safety and impact of fire setting with the family and/or child/young person. This session can take place in the home or in alternative community venue, including Fire Stations or Bury Safety Centre.

Referrals into the Fire Smart programme have risen slightly in 2022, but do show an overall fairly stable trend over the past three years (Figure 6.25).

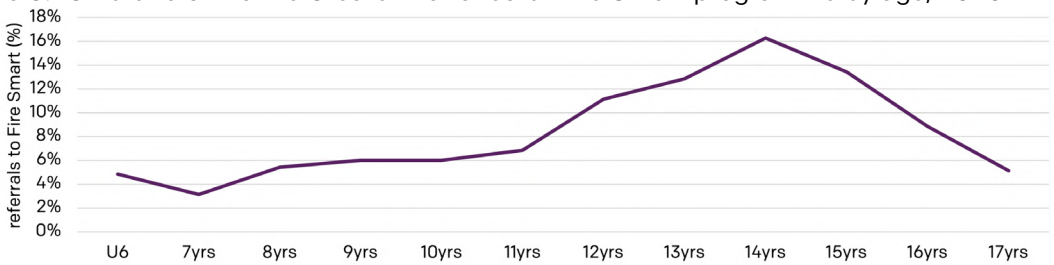
Figure 6.25 Referrals into the Greater Manchester Fire Smart programme, 2020 to 2022



Source: Greater Manchester Fire and Rescue Service (2023)

Reflecting the profile of suspects known to police, 77% of referrals to Fire Smart are male, and referrals peak at 14 years of age (Figure 6.26).

Figure 6.26 Referrals into the Greater Manchester Fire Smart programme by age, 2020-22 total

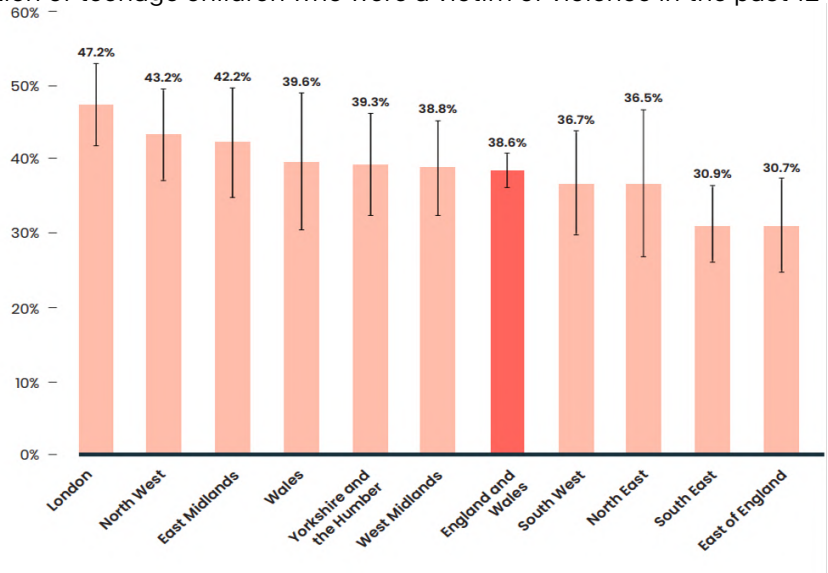


Source: Greater Manchester Fire and Rescue Service (2023)

Where violence for young people takes place

The risk of violence is not shared equally by all children and exposure to violence is affected by where a young person lives. Children living in London, the North West or East Midlands have the highest exposure (Figure 6.27). This is not surprising given that the North West has high levels of crime and serious violence reported. Studies have also found prevalence of serious youth violence to be most common within urban areas (RCPCH, 2020). Children living in the poorest areas of the UK were seven times more likely to be involved in violent crimes as a young adult (Mok et al., 2018). The issue of territoriality was highlighted by several workers as a key reason for serious youth violence in the Manchester city area, and particularly when young people had to travel between different areas.

Figure 6.27 Proportion of teenage children who were a victim of violence in the past 12 months by region

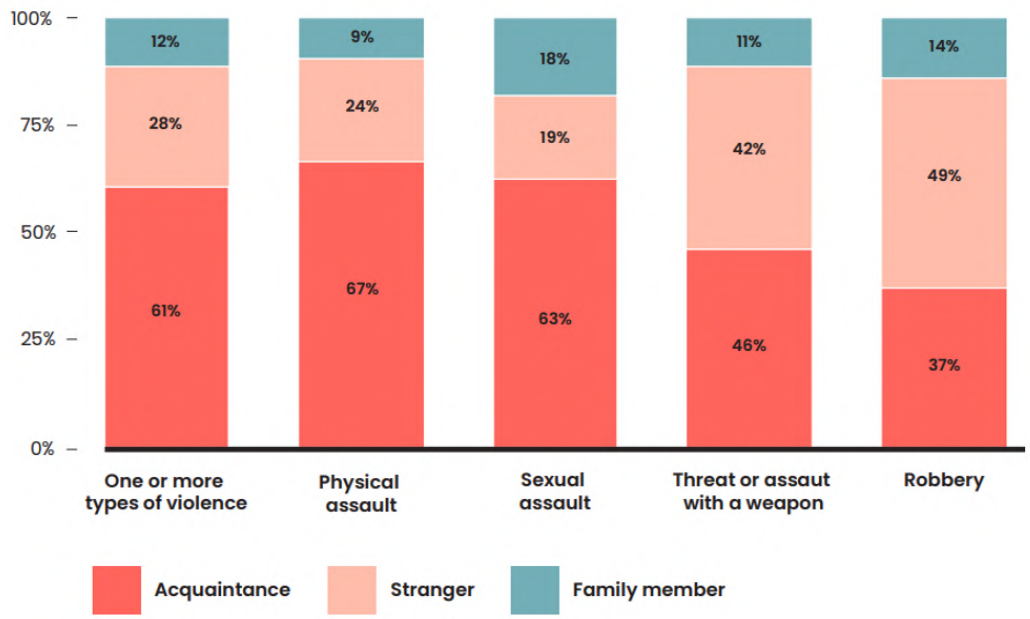


**Bars represent the 95% confidence intervals – this reflects the range we expect the estimates to likely fall within.*

Source: Youth Endowment Fund (2022)

Young people reported through the YEF (2022) survey that they were more likely to be victimised by someone outside their families. 83% of victims reported that the perpetrator was an acquaintance outside of their family. Please note, the adverse childhood experience questions were not asked so focus not within the home environment. Victims of robbery and weapon related offences were more likely to be victimised by a stranger when compared to other violent offences. Around one in five (18%) victims of sexual assault were victimised by a family member, the highest of any violence offence (Figure 6.28; YEF, 2022).

Figure 6.28 Victim-offender relationship by type of violence experienced in the past 12 months



Source: Youth Endowment Fund (2022)

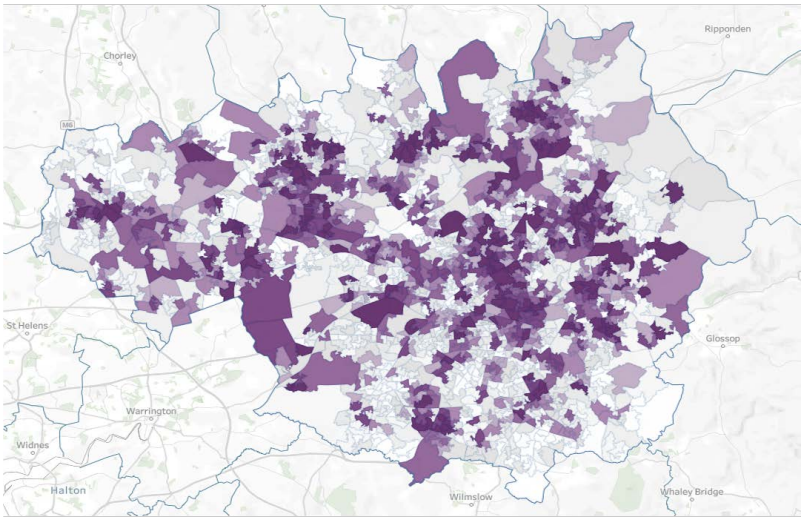
The majority (95%) of children surveyed felt safe at home, 93% at friends' houses and 83% at school. Feelings of safety fell in places where there's less adult supervision including parks (43%) and in the streets (45%). Children were significantly less likely to feel safe near pubs and nightclubs (18%). Children had mixed feelings about youth clubs, with only 44% saying they felt safe there.

A quarter (26%) of teenage children said they wanted to see more police or increased police activity and visibility. Whereas 15% of teenage children wanted more activities for young people or youth clubs to prevent violence. Over the years there have been cuts to universal youth services and youth clubs which provide safe places for vulnerable young people to spend time (RCPCH, 2020).

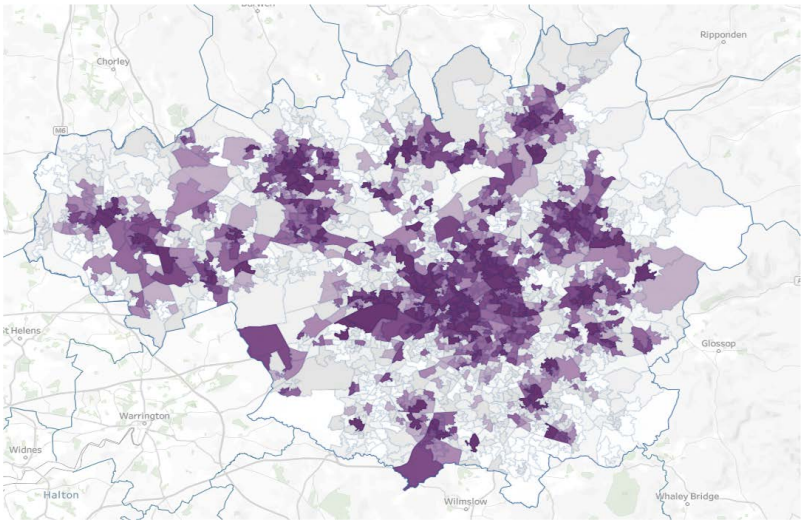
Violence is more likely to occur where potential victims and potential perpetrators meet, and as a result follows a different geographical pattern depending on the age of victims and offenders (Figure 6.29). Violent offences against those aged 18-25, for example, are very heavily concentrated in town and city centres and have a clear spike in offences over the weekend. This is likely to be linked to the night time economy where people of this age group are more likely to interact, and victims may be more vulnerable to consumption of alcohol and/or drugs. Violent offences against under 18s however follow a much less centralised pattern with very little concentration in town and city centres and tend to reduce over the weekend. This likely reflects the level of violent offending within and against this age group that are linked to schools and the home.

Figure 6.29 Heat maps of police recorded violence crime by victim age group by lower super output areas (LSOAs) of crime location, 2019-2022 total

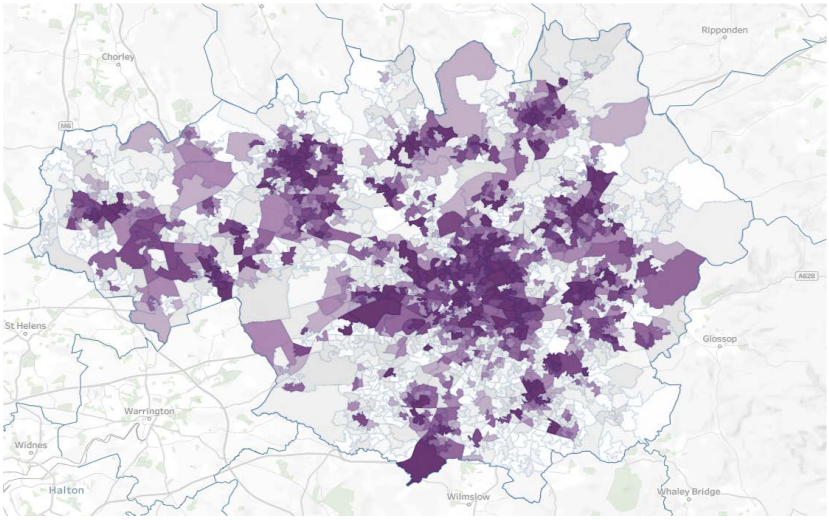
Victims aged Under 18



Victims aged 18-25



Victims aged 26+



Source: Greater Manchester Police (2023) via GMVRU

When crime takes place online it is easier for perpetrators to remain unknown, and they can carry out their abuse from anywhere in the world. The independent Inquiry into Child Sexual Abuse found that girls are more likely than boys to be victims of online-facilitated child sexual abuse.

Local research with the youth justice service in Manchester found that social media exacerbated disputes, which was mentioned by youth workers and young people, in particular filming to humiliate the victim. This in turn was seen to increase young people carrying weapons, particularly knives. Reputation and respect were seen as key concepts driving knife possession and serious youth violence.

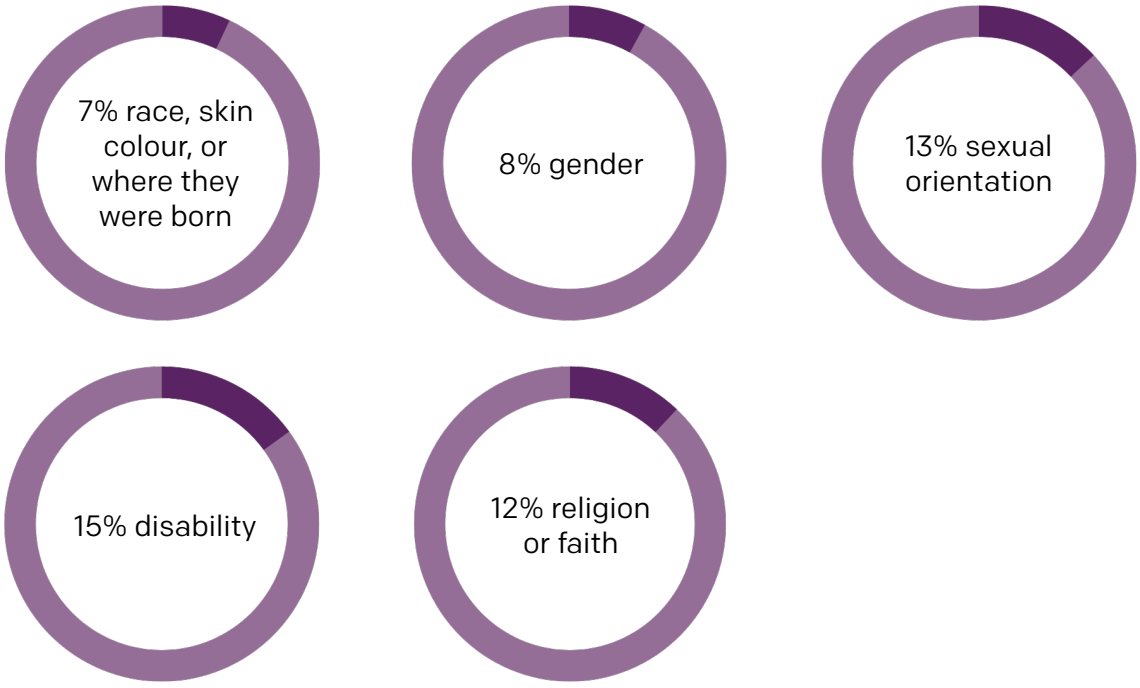
Over half (55%) of children had seen real-life acts of violence on social media in the last 12 months. It rose to three in four (75%) for witnesses of violence and 85% for victims of violence. Therefore, many children and young people are seeing real-life violence on social media (YEF, 2022). The most common violence seen online was fighting and threats of physical assault, with 44% and 33% of children saying they'd seen each respectively in the last 12 months. A small but worrying proportion had seen sexual assaults, with 13% of teenage children having seen this material. Girls were more likely to have seen sexual assault and boys were more likely to have seen gang activity (YEF, 2022).

Levels of exposure to online violence differed by where they lived. In the North West, North East and London, the proportion who had seen violence on social media was over 60%. This compares to just over 44% in the South West, although the rates across regions were not statistically different to each other.

Teenage children who had been involved in acts of violence were much more likely to consider social media to be a major driver. 62% of teenage children who reported committing an act of violence in the last 12 months thought social media played a major role in why children commit violence.

YEF (2022) found that 44% of perpetrators of violence were victims of violence in the last 12 months. This was slightly lower for the reverse; 40% of victims were also perpetrators. These national figures were higher than those found for Greater Manchester, where 30% of suspects of violent crime aged under 25 (2022) were also victims of violent crime. Conversely, 17.4% of victims of violent crime aged under 25 in Greater Manchester (2022) were also suspects in at least one violent crime. The difference is likely to be due to the difference in definitions.

The Greater Manchester 'Bee Well' study found that young people experienced discrimination of the basis of their:



When compared with the office for national statistics (ONS) survey for young people, the YEF survey found double the proportion of young people who were victims of violence (7% for ONS compared with 14% for YEF). There are a number of reasons for this difference, including YEF interviewing a slightly higher age range, who may experience higher rates of violence. Also, the YEF defined violence differently and included sexual violence in their definition, which the ONS doesn't. Also, the YEF is an online survey whereas ONS is face-to-face. Given the high percentage of sexual assault being recorded in the YEF survey, it is important that we start to truly understand the levels of sexual assault towards young people and consider ways to prevent it from occurring.

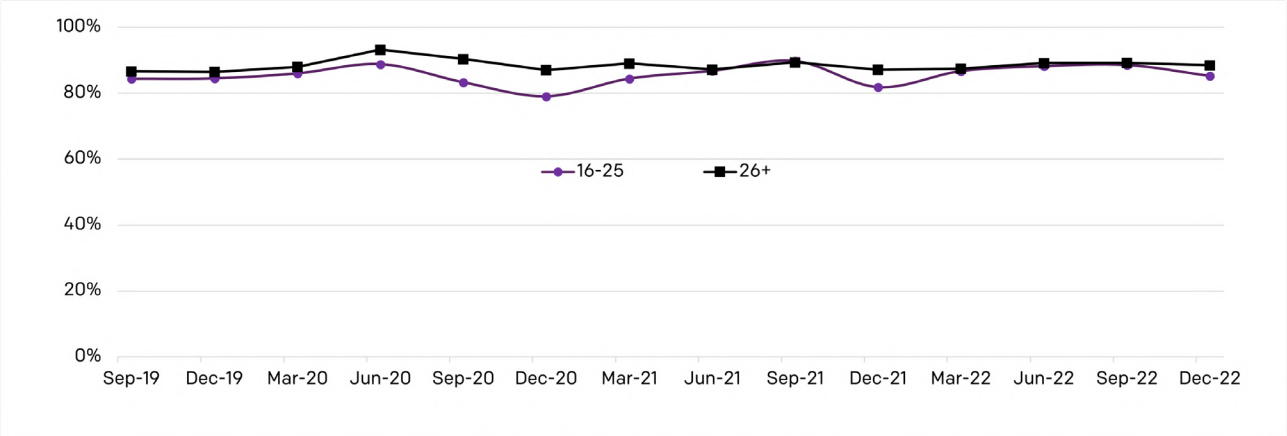
One in five (19%) of teenage children said they had committed an act of violence in the last 12 months, with equal responses for both boys and girls. The most common act was kicking, hitting, shoving or another act of physical violence. However, some had been involved with serious violence, such as threatening or hurting someone with a weapon.

Girls were slightly more likely to have committed robbery (8%) compared to boys (7%). Boys were more likely to report using or threatening someone with a weapon (7%) compared to girls (6%). These differences are not statistically significant. These results differ from those found in the Millennium Cohort Study, who found that boys were twice as likely as girls at 17 years of age to use substances or carry weapons. It is also well documented that boys are more likely than girls to be in the criminal justice system.

The Greater Manchester Policing and Community Safety survey speaks to 13,000 residents aged 16 and over each year. The latest figures show that the majority of the public state that they feel 'very' or 'fairly' safe in their area. However, younger people tend to feel a little less safe in their local area compared with older people although the difference is not significant (Figure 6.30), with 85.8% of people aged 16-25 saying that they felt 'very' or 'fairly' safe in their local area compared to 88.8% of those aged over 25 years of age.

Young women in particular feel less safe, with 83.4% of those aged 16-25 feeling safe in their local area compared to 89.0% of male respondents of the same age. Younger people's feelings of safety also appear more susceptible to seasonal variation, where a slight fall in feeling safe is found every October to December which also fell to a greater degree during the first waves of COVID. Almost all (94%) of young people aged 16-24 who study in Greater Manchester said they felt safe at their place of study.

Figure 6.30 Proportion of Greater Manchester residents who said that they felt 'very' or 'fairly' safe in their local area by survey quarter and age, September 2019 to December 2022



Source: Greater Manchester Policing and Community Safety survey (2023)

Youth justice workers in Manchester felt that fear and wanting to protect themselves drove knife carrying amongst the young people they worked with. This fear was exacerbated by the 'fight response' some young people were constantly in and linked to ACEs they had experienced. Young people interviewed felt that knife carrying was widespread. Risks of knife carrying did not appear to be appreciated by young people and lack of consequential thinking, including an 'in the moment' mentality, were expressed.

For young people thinking through the after effects of perpetrating a stabbing, they felt they would feel regret but also fear of reprisals, which in turn drove the perceived need to carry a knife. Some of the young people interviewed struggled to identify positive moments or influences on their lives. Youth justice workers felt that many of the young people did not have a sense of praise, acceptance and belonging at home and/or within their communities, potentially exacerbated by ACES, and sought this out elsewhere, making them vulnerable to criminal exploitation.

When the youth justice workers from Manchester described how ACEs have impacted upon the young people they work with, mental health and impact upon emotional regulation were highlighted, which can lead to anger and aggression. This was seen to be exacerbated by many of the young people having witnessed domestic violence and thus living in contexts that normalised violence and constantly feeling unsafe.

One in five (18%) changed their appearance, i.e. wore more make up, different shoes. This was more common among those with direct experiences of violence, with 43% of victims and 45% of perpetrators saying they had changed something about the way they look. Of children who received free school meals, more than one in four had changed their appearance. The most common reason children said this was to blend in and not be noticed (12%; YEF, 2022).

Violence not only affects how young people act, but also their emotional and physical wellbeing, their relationships, and how well they can do at school. 41% of teenage children said they had experienced some negative consequence due to worrying about violence. The most common impact on their day-to-day lives was keeping themselves to themselves more (26%) and having trouble sleeping (14%). Victims of violence were significantly more likely to report negative consequences, with more than three out of four reporting negative impacts on their wellbeing.

As already stated young people in Greater Manchester said that they carried knives out of fear and their feelings of a need to defend themselves. Figure 6.31 shows the reasons young people across the city-region said why people carried knives. Whilst 1 in 5 (20%) young people were not sure what would make things safer in Oldham, nearly 2 in 5 (38%) felt that a strong police/security presence would help them to feel safer.

Figure 6.31 Reasons young people felt why people carried knives in Greater Manchester

Source: SMSR Ltd (2022)

Other risky behaviours, such as drug use, were more common among children who had either experienced or committed violence (YEF, 2022). Rates of drug use were significantly higher among both victims and perpetrators of violence, particularly the use of cannabis. 6% of respondents said they had used cannabis within the last 12 months and less than 1% reported using another illegal drug. Gang membership was rare, but a majority of those who reported being part of a gang were also victims of violence.

Examples of what we are doing across Greater Manchester as a Violence Reduction Unit

EDUCATION

Education is a key priority for the Greater Manchester Violence Reduction Unit. Children and young people matter. This is because their futures are crafted in the nurseries, schools, and colleges across the ten boroughs that make up the Greater Manchester Combined Authority (GMCA). Across the country, the GMCA and within each school, we know that some children and young people are vulnerable more so than others. We know that we must keep a close watch on pupils with special educational needs and/or disabilities (SEND) and those who are disadvantaged. These groups of pupils are more likely to underachieve. In turn, we also know that these pupils and students are vulnerable to being drawn into crime, violence and are susceptible to grooming and being drawn into county lines and other anti-social activities. We monitor closely what happens to these two groups of young people because we know where increased vulnerability lies. Pupils excluded from school, either temporarily or permanently are at risk. Pupils that are taken off a school roll for no legitimate reason, are at risk. Pupils with SEND and those who are disadvantaged are more likely to be at risk following exclusion from school or being taken off roll. This is why these groups of young people are a priority for all of us. We do not want to see these pupils held back because of a lack of inclusion. Greater Manchester VRU has a clear strategy for education. Through the leadership of the VRU's Education Lead, a 'Headteacher and executive Leaders Education Strategy Group' has been established. Through this group the strategic brief of GM VRU will be addressed:

1. Should work with schools to increase awareness of the consequences of getting involved in violent crime; identify and work with young people at risk of violent crime; and develop a community-led approach to prevention and early intervention.
2. Knows that inequality is a driver for violent crime and that some local communities feel that they are treated unequally, including by the criminal justice system.

Our aim is to champion inclusion. We want all pupils, especially those with protected characteristics and those with special educational needs (SEN) and/or disabilities (SEND) to remain in full time education and where possible a mainstream setting.

Our aim is also to enrich the school personal development curriculum with appropriate experiences for young people. We want young people to know what risks exist in the outside world, in their communities and across society as a whole. We want them to recognise these risks and to be aware of them and most importantly, to know how to avoid them, and to know what support is available, so that they are equipped for life as they transition into adulthood. Our focus in 2023 is to work with schools, Greater Manchester police school engagement officers and stakeholders and of course, young people themselves, to prevent them from carrying a knife, to know that this is not the 'norm' in their community and to make misogyny and all other forms of hatred or extreme behaviour a 'no-go' area.

We do not want to scare young people or make them afraid of what is out there, but we do want to inform them so that they are better equipped and to make positive choices. We believe that our approach should be developed through the adults that know youngster's needs best alongside young people too. This includes their teachers, support and pastoral staff, their communities and the voluntary community and social enterprise sector. We also have a wealth of resources available to support young people, which are funded by the VRU and the Gender Based Violence Strategy. Above all, we know that young people have a strong voice and their views form an integral part of the work in setting a direction on this important journey as part of an inclusive society. We have developed a Manchester Inclusion Strategy and Toolkit: https://www.oneeducation.co.uk/inclusiontoolkit

One local initiative has been the 'Social Switch' programme, where schools across the city region look to run a game-changing social media education programme, which helps to build the digital resilience of young people, and their trusted adults. Social Switch is a holistic, multi-layered social media education programme that aims to tackle content far beyond social media, including identity and belonging, relationships, wider risks and opportunities. It links into schools, in particular the primary to secondary school transition period and the peer-to-peer mentoring and training is at its core.

THE SOCIAL SWITCH PROJECT

Redthread catch 22 | VIOLENCE REDUCTION UNIT

The key education programme elements are:

1. Training of frontline practitioners who work with young people, e.g., school staff, youth workers, school nurses
2. Training Year 10 students on how to become a social media champion to enable them to act as peer champions for younger students
3. Year 10 students training Year 7 students on key social media themes to improve their digital literacy and resilience
4. Joint training for parents and Year 7 students to help encourage better conversations to improve the dialogue around social media
5. Celebration events to help create shared social media guidelines

More detail about the Social Switch Programme can be found here: The Social Switch Project piloted in Salford - Greater Manchester Combined Authority (greatermanchester-ca.gov.uk)

Greater Manchester VRU has supported expansions of the School Readiness programme, which includes a priority focus on developing pathway standards across the city region to support early years social, emotional development and wellbeing. School Readiness focuses on prevention and early intervention, and includes a menu of evidence-based interventions supported by key messages and resources to support parents and professionals. The Greater Manchester School Readiness and NHS Mental Health in Education Programme agreed to accelerate the pathway development by commissioning the Think Equal Programme for all Reception classes across the city region.

Think Equal is a not-for-profit charity that has a mission to tackle violence, abuse, mental ill-health and anti-social behaviour at the root cause. The programme aims to eliminate discrimination, disrespect and violence from the next generation, and bring empathy, wellbeing, loving relationships, pro-social behaviours and attitudes in their place. This 30-week evidence based programme is delivered in early years settings. It is rooted in mental health and social justice, building strong foundations for individuals and societal programme, and having more equal societies.

GREATER MANCHESTER HOPE HACK

Greater Manchester Violence Reduction Unit and partners embraced the opportunity to host a Hack Event and contribute to the national Hope Collective 'Reimagined' report. Building on the theme of creating a fairer and just society, Greater Manchester focused on eight themes:

1. Education
2. Poverty, Inequality, Racism and Division
3. Media and Social Media
4. Mental and Physical Health
5. Youth Work, Sports & Recreation
6. Keeping Young People safe
7. Relationships with Police and Criminal Justice
8. Vulnerability and Exploitation

At the Hack Event, more than 90 young people attended alongside 40 professionals and local leaders where each theme was explored in workshops facilitated by local youth workds and subject matter experts. Comments by young people included (not exhaustive list):

- **WE WANT TO BE HEARD, EMPOWERED AND RESPECTED**
- **LISTEN TO THE NEXT GENERATION**
- **LET'S CREATE A SOCIETY WHERE EVERY VOICE IS HEARD**
- **WE KNOW THINGS WON'T CHANGE OVERNIGHT, BUT LET'S MAKE A START**
- **I CAME TO ENGLAND WITH NO CONFIDENCE. MY TEACHER GAVE ME CONFIDENCE**
- **THERE IS ONLY ONE RACE, AND IT'S THE HUMAN RACE.**

More information can be found here: Greater Manchester Hope Hack - Greater Manchester Violence Reduction Unit (gmvru.co.uk)

And listen more about it here: Young people have their voices heard at Greater Manchester Violence Reduction Unit 'Hope Hack' event - YouTube

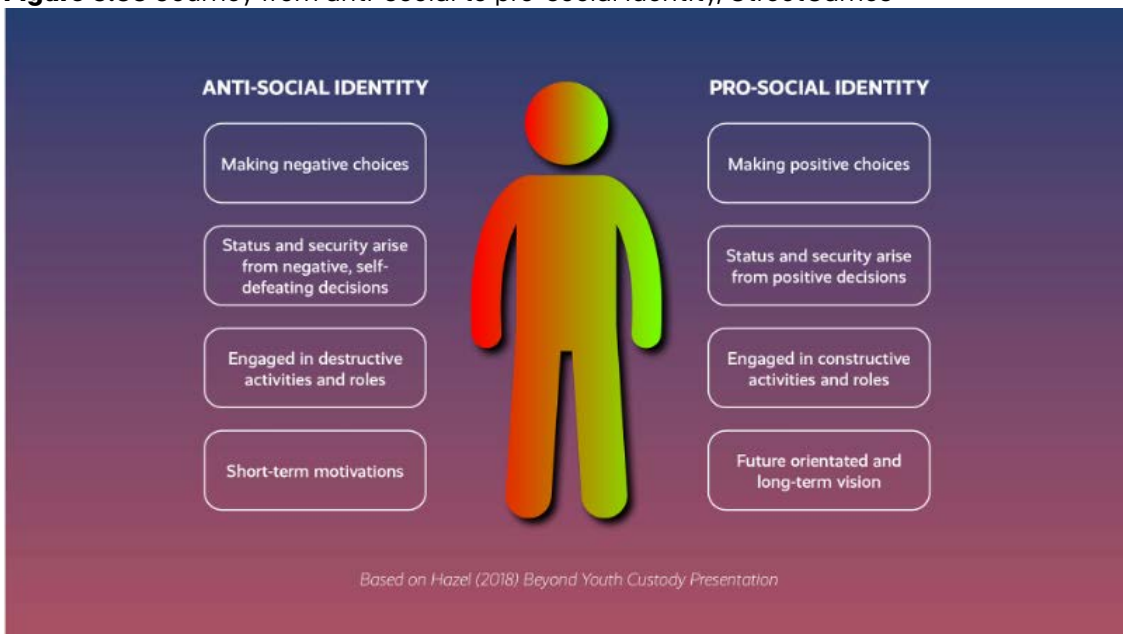
THE CONTRIBUTION OF COMMUNITY SPORT

Sport is often described as a 'gateway into a better life' for those experiencing poverty and living in areas of socio-economic disadvantage where sport can provide opportunities to do something positive and pro-social (Figure 6.32). This transformative role of sport is characterised by a belief that sport can build confidence at the individual level whilst also developing strong community links more widely. By providing opportunities for individuals to engage in social activities, gain a range of experiences and develop life skills, sport offers opportunities for young people to experience first-hand positive experiences including teamwork, achievement, meeting challenges and being a winner. These opportunities can also be used to contribute to the prevention and reduction of youth violence.

Sport in its role as a positive activity is well placed to take a universal, preventative role towards youth violence. It has the potential to act as a diversionary activity by removing individuals from potentially negative situations, peer contacts and routines which can help to prevent involvement in youth violence. It can also help to provide positive opportunities and experiences that can act as a protection against involvement in violence behaviours, for both potential victims of violence and potential perpetrators of violence.

Sport can also act as a form of early intervention or rehabilitation for young people with challenging circumstances who might be at risk of involvement in offending or who have already been involved in offending.

Figure 6.33 Journey from anti-social to pro-social identity, StreetGames



Source: StreetGames

StreetGames is commissioned by Greater Manchester VRU to deliver against several key outcomes. One of the vehicles through which this work is delivered is the Early Intervention Sport and Youth Justice group (EISYJ). The EISYJ act with, and on behalf of, Greater Manchester VRU as the strategic central point for all planning discussions relating to the use of sport and physical activity as a key vehicle to prevent serious youth violence.

During 2022/23, one of the key pieces of work undertaken by EISYJ group has been the development of the GM VRU Violence Prevention and Sport Strategic Plan. This strategic action plan was co-created across the community sport partnership and informed by the previous GM VRU strategic needs assessment. This strategic needs assessment alongside the Community Sport Audit will help shape the key basis for our work going forward. Our strategic action plan focuses on three key visions:

1. Grow the number of high-quality sport provision in Greater Manchester's most deprived and vulnerable communities which contribute to the prevention of violence.

This will ensure that the community sport sector is providing well designed, targeted and accessible sporting activity in the heart of our underserved communities. Annual data is gathered through the audit and informs priorities through a detailed understanding of where provision currently exists, and where opportunities would be of most benefit to vulnerable young people. This information, along with the additional data gathered from organisations, has been discussed with partners from each local authority to prioritise the development of new offers where there is currently no community sport, but relative risk is likely to be greater.

The 2022-2023 community sport audit continues to evidence the existing footprint community sport has in our underserved communities, with 70% of weekly sessions (circa 350 weekly community sport sessions) delivered in the quintile of highest deprivation (Index of Multiple Deprivation deciles 1 and 2). Over 50% of activity is taking place in communities ranked in the top 10% by local authority for multiple indicators of crime (using Greater Manchester Police Violent Crime; A&E attendances for the victim's address and the incident address; Ambulance Call Outs due to Assault). Overall, 60% of our sessions include opportunities beyond sport, including volunteering and mentoring, contributing towards the development of a pro-social identity in children and young people. Around one in ten sessions of community sport are being delivered to female participants only.

StreetGames will continue to commission activity on behalf of GMVRU and seek to attract and commission intervention funds on behalf of regional and national stakeholders. The process will be underpinned by a uniform set of academically supported core deliverables, principles, and outcomes, enabling communities and stakeholders to better understand the approach when commissioning into sport/physical activity interventions.

We are taking a place-based approach to identify and develop secondary level interventions across the system for young women and girls. StreetGames will deliver the ***'Fit for her, fit for all'*** project. This project seeks to better understand and develop the practice of the community sport sector so that it can support girls and young women impacted by violence. This project is especially important because the community sport sector has traditionally focused on boys and young men and as such, the research, systems, and practices have not sufficiently supported girls and young women.

A focused piece of work aimed to lay the foundations for long term change in this space in three key ways:

I. **UNDERSTAND Focus on data and insights** What data do we have already about the participation in sport of girls and young women impacted by violence?
II. **TEST AND LEARN Focus on developing practice** What do girls and young women want from provision? What do they expect? How can we build the capacity of providers to build these hopes into their delivery?
III. **PREPARE TO INFLUENCE** Focus on understanding the strategic opportunity What are the system levers for driving change on this agenda? What are the future opportunities for strategic development?

2. Enhance the confidence, competence, and capacity of the sport workforce to ensure high quality delivery which is pro-social in its approach and embeds the principles of trauma informed practice.

StreetGames is working alongside our academic partner Loughborough University to produce a framework outlining recommendations of workforce competencies for practitioners delivering secondary level interventions that would support connection of the sport sector to multi agency partners.

Using the competency framework, the intention is to influence local and regional workforce development plans across the community sport sector.

Linking into existing networks of practitioners who are currently working with Young Women and Girls to develop a prosocial identity through community sport. Carry out consultation to establish what the key priorities are for this group to achieve long term outcomes. What does the workforce need to enable this to happen?

3. Increase the number of vulnerable/at risk young people meaningfully, and successfully, referred into sport through evidence-based, multi-agency referral pathways.

Building upon existing insight, Loughborough University, working alongside StreetGames, will produce and disseminate a set of resources and guidance for setting up and using referral pathways to support secondary level young people referred into community sport interventions.

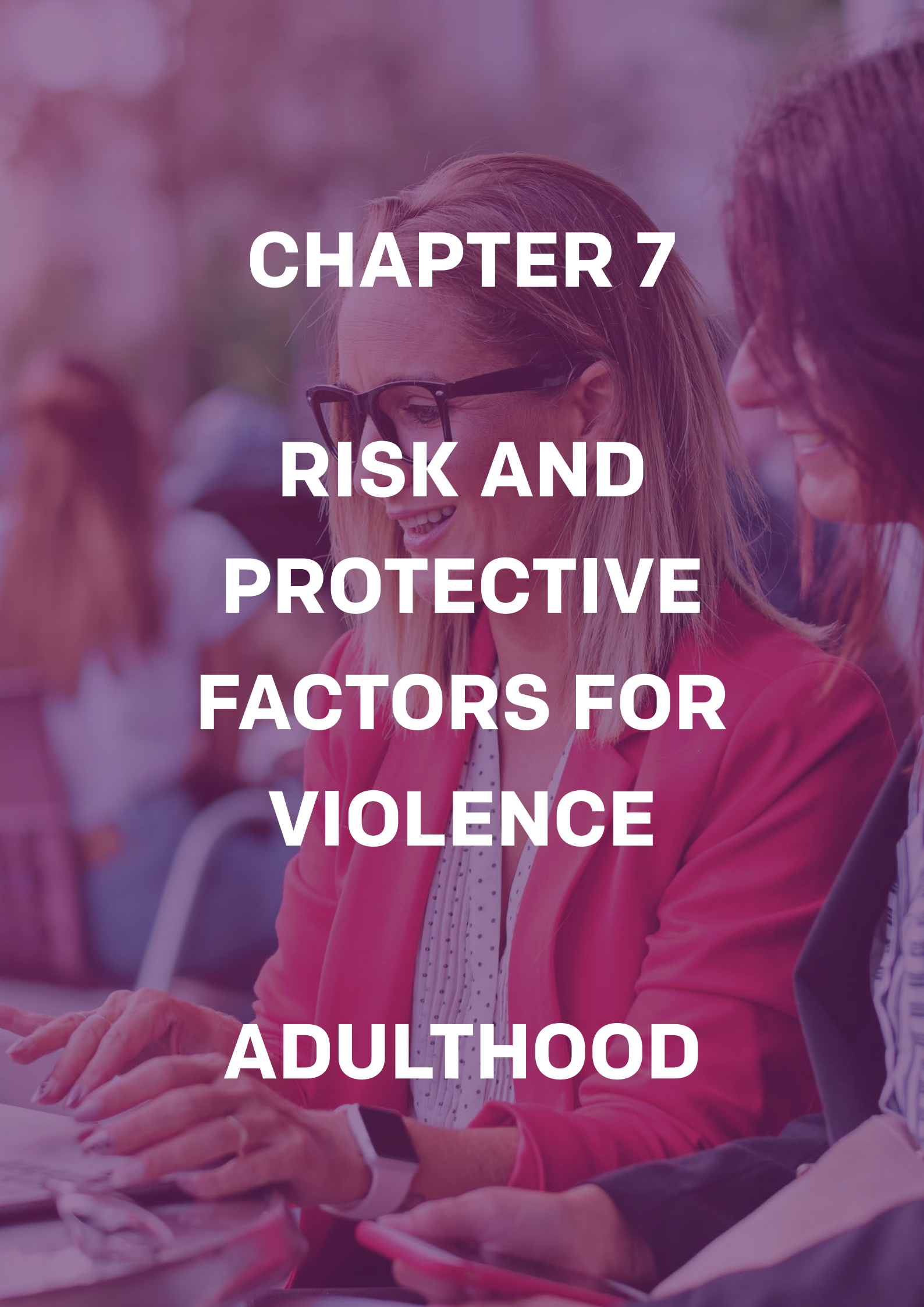
The programme will seek to further strengthen the relationship between the youth justice sector and community sport by focusing on national influence and regional best practice.

Street Games intends to collaboratively pilot a single point of referral pathway between sport and other services at Local Authority level.

Furthermore, in year, StreetGames received £7,500 from the Greater Manchester VRU to deliver 15 Adverse Childhood Experiences (ACEs) and Trauma Informed Practice Training Courses across the city region. There was also an additional £600 received to deliver a course as part of the Manchester Community-Led Pilot, and a further £600 for a Stockport-specific course.

StreetGames collaborated with Manchester City Council's Population Health Team to tailor the workshop for sport, looking at how widening our understanding of four key areas can support young people to achieve more positive outcomes using the power of sport.

More information about StreetGames can be found at: Homepage - StreetGames



CHAPTER 7

RISK AND PROTECTIVE FACTORS FOR VIOLENCE

ADULTHOOD

The impact of serious violent crime on society is significant. There are huge costs to individuals, families, and communities through loss of life as well as the trauma caused through both physical and psychological injuries suffered. Therefore a whole-system approach to preventing violence is required with all partners, including our communities who are fundamental to helping shift this trend because we are unable to 'enforce our way out of violence' (Gov.uk, 2018).

Violence affects all of us, regardless of age. Being a victim of violence, whether from childhood through to adulthood, the health and social outcomes are wide and far-reaching. In this chapter we consider violence through self-directed, interpersonal, or collective.

Self-directed violence is when a person inflicts violence upon themselves and is considered suicidal behaviour and self-abuse. Suicidal behaviours include suicidal thoughts, attempted suicides and suicide itself. Self-abuse includes acts such as self-mutilation.

A person may inflict violence on themselves due to a wide range of factors. However, we do know that persisting mental health problems, in particular depression, are a common consequence of child abuse and neglect in adults. Mental health problems associated with past histories of child abuse and neglect include personality disorders, post-traumatic stress disorder, dissociative disorders, depression, anxiety disorders and psychosis. Studies have found that adults who have experienced child abuse were two and a half times more likely to have major depression and six times more likely to have post-traumatic stress disorder compared to adults who had not experienced abuse. The likelihood of such consequences increased substantially if adults had experienced child abuse along with parental divorce (Afifi et al, 2009).

There is a strong association between child abuse and neglect and risks of attempted suicide in young people and adults; something that is not always captured in local suicide audits. Felitti et al (1998) found that adults who had four or more adverse childhood experiences (ACEs) were 12 times more likely to have attempted suicide compared with those who had no ACEs. Other studies have shown similar outcomes. The higher rates of suicidal behaviour in adult survivors of child abuse and neglect has been attributed to the greater likelihood of adult survivors from mental health problems (Hunter 2014).

Suicide rates in England and Wales have increased slightly over time. Greater Manchester's suicide rates have increased slightly, from 9.7 per 100,000 in 2018-20 to 10.4 per 100,000 in 2019-21 and are statistically similar to national figures. Across the city region the rates range from as high as 12.4 per 100,000 people in 2019-21 in Wigan down to 7.2 per 100,000 in Tameside. While five of the ten Greater Manchester districts are above the national average, none of these are statistically different. Stockport and Tameside however are statistically below the national average (Figure 7.1).

Figure 7.1 Suicide rate per 100,000 by local authority, 2019-21

Area	Recent Trend	Count	Value	95% Lower CI	95% Upper CI
England	–	15,447	10.4	10.3	10.6
CA-Greater Manchester	–	-	-	-	-
Wigan	–	106	12.4	10.0	14.8
Salford	–	84	12.3	9.8	15.3
Bury	–	59	12.0	9.1	15.4
Manchester	–	154	10.8	9.0	12.7
Rochdale	–	60	10.5	8.0	13.6
Bolton	–	72	9.8	7.7	12.3
Trafford	–	56	9.3	7.0	12.0
Oldham	–	55	9.0	6.8	11.8
Stockport	–	63	8.1	6.2	10.4
Tameside	–	42	7.2	5.1	9.7

Source: OHID Fingertips (2022)

Through self-directed violence, it is clear and evident that many people who are victims of adversity, abuse and violence at a young age are impacted throughout their entire lives. As we develop violence reduction and prevention initiatives, it is important to consider the life course and for local authority suicide audits and strategies to have a strong focus on violence and abuse within childhood and ensure that this is captured appropriately within people's records such as health, children's services, police, so that the coroner can reflect the impact of the person's whole life from childhood, and therefore interventions can be targeted accordingly.

Interpersonal violence is violence inflicted by another individual or by small groups of individuals and is divided into two-subcategories: (i) Family and intimate partner violence, that is violence largely between family members and intimate partners, usually, though not exclusively, taking place in the home and (ii) community violence, where violence between individuals who are unrelated and who may or may not know each other, generally taking place outside the home. Family and intimate partner violence includes violence such as child abuse, intimate partner violence and abuse of the elderly. Community violence includes youth violence, random acts of violence, rape or sexual assault by strangers and violence in institutional settings, such as schools, workplaces, prisons, nursing homes. When interpersonal violence occurs in families, its psychological consequences can affect parents, children, and their relationship in the short- and long-term.

From Greater Manchester's probation data (2023) for those people aged over 25 years:

- **92% Male**
- **80% White, 9% Asian, 6% Black, 4% Mixed, 2% Other**
- **42% Due to violent offences including 6% which were homicides or attempted homicides**
- **34% of women aged over 25 years on the probation caseload were known to have been victims of domestic abuse**
- **55% have no qualifications**
- **9% Homeless and 35% Living with friends and/or family**
- **70% (where specified) known to have drug and/or alcohol needs**

Local research from HMP/YOI Hindley reports several main drivers for violence in prisons among men aged 18-25:

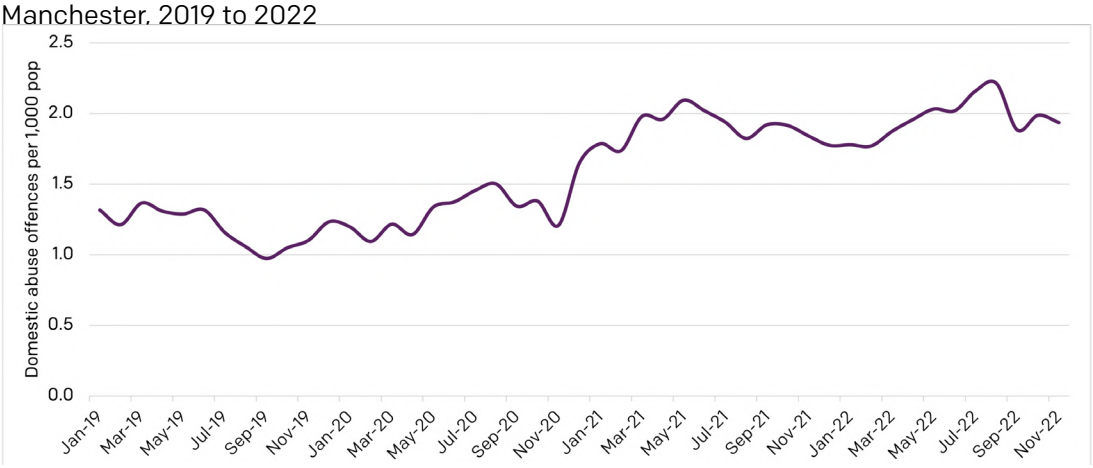
- The continuation of issues that have started in the community such as gang problems or disagreements, which may result in violence when individuals come face to face in custody
- Boredom – some young men in custody report that lack of purposeful activity drives them to fight
- Bullying/peer pressure – often violence starts with name calling and prisoners shouting at each other out of their windows at night. Young men report needing to 'save face' and feel they need to fight in order to show others they are not scared and that they will not be disrespected.
- Many of the young adult population have experience of the care system and many have past trauma issues.

DOMESTIC ABUSE (INTIMATE PERSONAL VIOLENCE AND FAMILY MEMBERS)

National figures show that 5.7% of adults aged 16 to 59 years experienced domestic abuse in 2022. There was no significant change compared with the year 2020 (6.1%), the last time the data were collected (ONS 2022). However, all police reported figures combined flagged 910,980 recorded offences as domestic abuse-related in March 2022. This is a 14% increase from 798,607 recorded offences in March 2020 (ONS 2022).

There has been a 64% increase in monthly rates of domestic abuse in Greater Manchester between 2019 and 2022. The average monthly rate of domestic abuse per 1,000 population increased from 1.2 per 1,000 population over 2019 to 2.0 per 1,000 population over 2022. This ranges from lows of 1.0 per 1,000 in September 2019 to highs of 2.2 per 1,000 in September 2022.

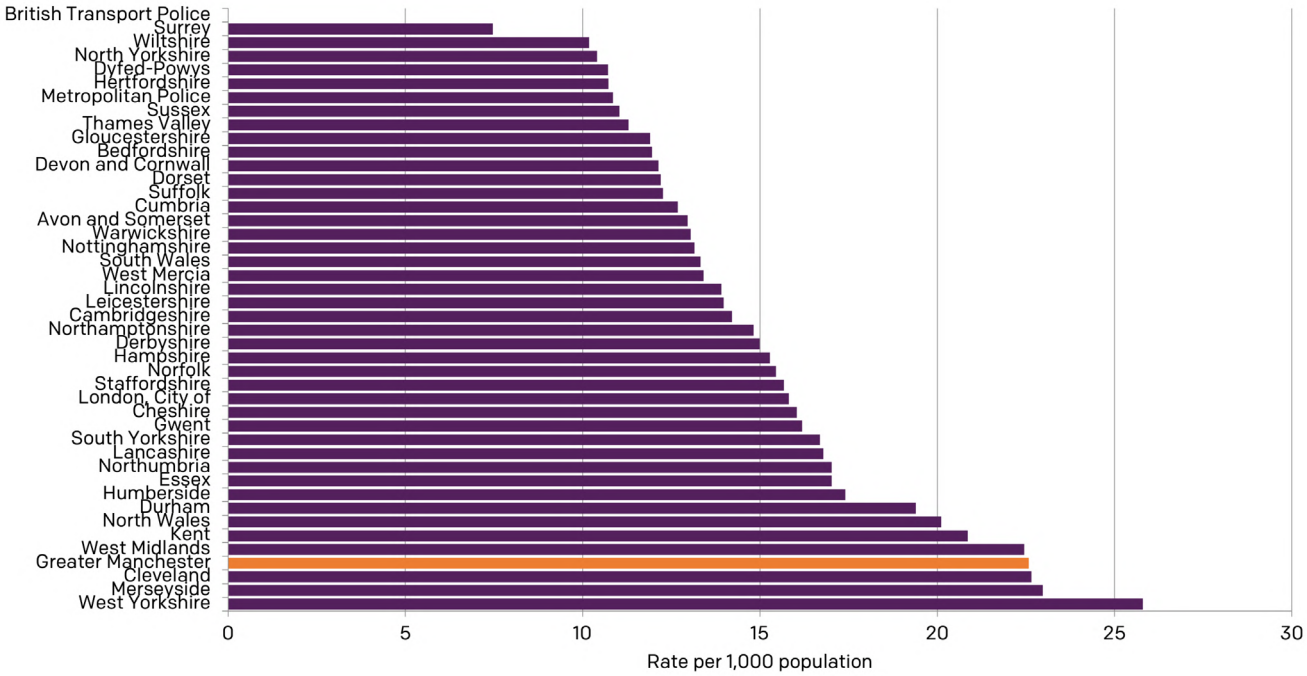
Figure 7.2 Monthly domestic abuse related crimes per 1,000 population in Greater Manchester, 2019 to 2022



Source: Greater Manchester Police (2023)

Greater Manchester has among the highest levels of domestic abuse related crimes in the country, with annual rates of 22.6 per 1,000 population, behind only West Yorkshire, Merseyside, and Cleveland (Figure 7.2). Of all recorded crimes in Greater Manchester 18.1% were domestic abuse related, above the national average of 17.1% (2021/22). Domestic abuse related offences account for 19% of prosecutions in Greater Manchester, the highest rate among all police force areas (77% of which result in a conviction).

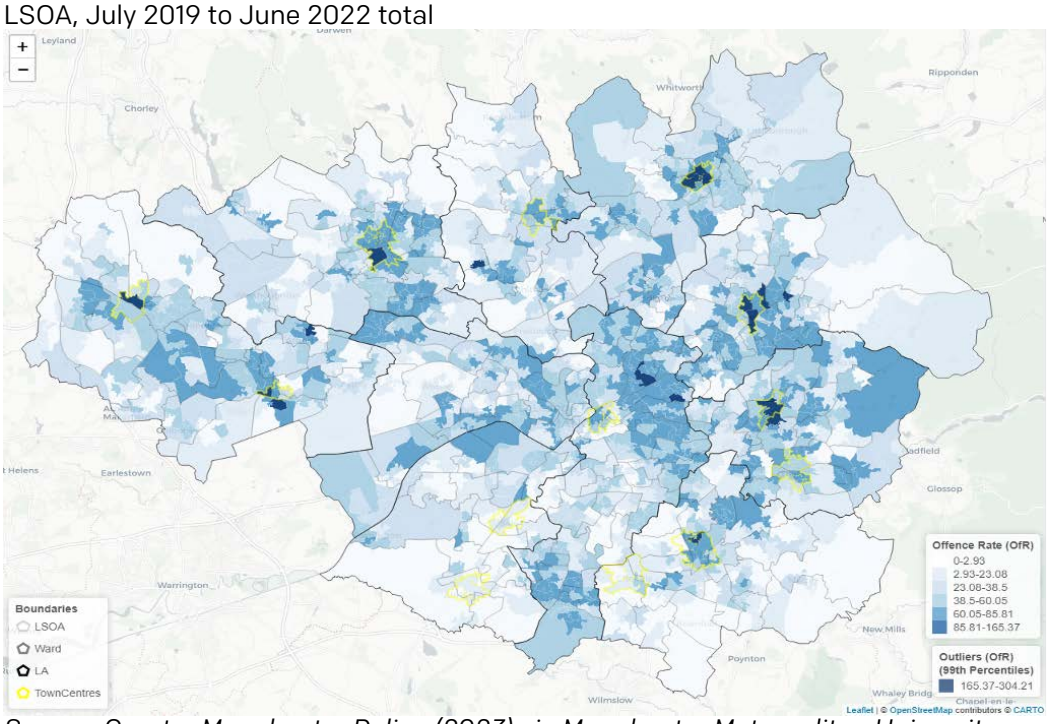
Figure 7.3 Domestic abuse related crimes by police force area per 1,000 population, 2021/22



Source: ONS Domestic Abuse Statistics (2022)

When looking at domestic abuse by deprivation, a different pattern occurs compared with other violence. Although there is an association between domestic abuse and deprivation, the gradient is not as strong as other forms of violence, and reported domestic abuse occurs across the city-region (Figure 7.3). This is really important to understand from a violence prevention perspective, especially because of the long-term impact on children and young people and their life chances and emphasising the need for universal provision as well as targeted.

Figure 7.4 Rates of domestic violence in Greater Manchester per 1000 population by LSOA, July 2019 to June 2022 total



Source: Greater Manchester Police (2023) via Manchester Metropolitan University

Adult family homicide (AFH), is defined as the killing of one or more family members by another family member where both victim and perpetrator are aged 16 or over. For example, where an adult kills their parent or grandparent. Intimate partner homicides are not included in this definition. This is so that the different dynamics of adult family violence can be better understood. The HALT study found that:

Findings

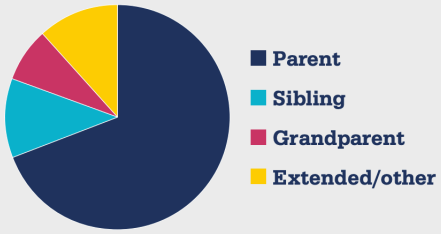
- **Sex:** More than half of victims were women (n=37; 56.1%).

Nearly all perpetrators were men (n=60; 90.9%).

- **Age:** Perpetrators tended to be younger than victims

- There was substantial missing data for ethnicity.

- **Relationship:** The most common type of victim-perpetrator relationship was parental (n=48; 72.7%) followed by sibling and extended family.
  - 29 mothers killed by their son (n=26) or daughter (n=3).
  - 17 fathers killed by their son (n=15) or daughter (n=2).



29 perpetrators had previously attacked the homicide victim; in 10 of these cases the victim had also attacked the perpetrator.

Source: Chantler [MMU2621-Briefing-paper-Adult-Family-Domestic-Homicide_V5.pdf (domestichomicide-halt.co.uk)]

The HALT research team found five interlinked precursors to AFH: mental health and substance/alcohol misuse, criminal history, childhood trauma, financial factors and care dynamics. The researchers produced over 600 recommendations across the 66 AFH Domestic Homicide Reviews, which mostly centred around increasing training and improving multiagency working, information sharing and risk assessment. Of importance, there was also a need for greater coordination between those supporting the perpetrator and those responsible for assessing support for the victim, i.e., the need for carers' assessments to be completed. Their key messages are:

Key Messages

1. **Understanding of domestic violence and abuse needs to be expanded to include adult family violence and reflected in service responses and risk assessment.**
2. **Risk and dynamics relating to adult family homicide are complex and must consider both social-structural and relational-contextual factors influencing violence.**
3. **Nurturing and developing professional curiosity to identify and respond to adult family violence appropriately is key to achieving better outcomes.**
4. **Mental health, substance misuse, previous domestic violence and abuse, childhood trauma, financial issues and caring relationships characterise cases of adult family homicide.**
5. **Creative strategies for engaging people with these complex needs should be developed.**
6. **Common recommendations and learning from across the DHRs should be shared beyond the level of the immediate local authority to ensure maximum impact.**

Source: Chantler [MMU2621-Briefing-paper-Adult-Family-Domestic-Homicide_V5.pdf (domestichomicide-halt.co.uk)]

Child-to-parent abuse (CPA) or adolescent-to-parent abuse (APA) is any behaviour used by a child or young person to control, dominate or coerce parents. It can include emotional, verbal, physical or financial abuse and includes 'coercive control'. It is complex and often mis-understood. This is partly because is it drastically under-reported and there are also many misconceptions about the abuse. Many abused parents have difficulty in admitting even to themselves that their child is abusive. They feel ashamed, disappointed and humiliated and blame themselves for the situation, which has led to an imbalance of power.

Other types of domestic abuse that includes family members is referred to as 'so-called honour-based abuse'. So-called honour-based abuse is a crime or incident committed to protect or defend the 'honour' of a family or community. Offences that may cover so-called honour-based abuse, include female genital mutilation (FGM) and forced marriage and victims are not confined to one gender or ethnic group (College of Policing).

A forced marriage is a marriage in which one or both spouses do not (or, in the case of some adults with learning or physical disabilities or mental incapacity, cannot) consent to the marriage and violence, threats or any other form of coercion is involved. Coercion may include emotional force, physical force or the threat of physical force and financial pressure (HM Government, 2020).

FGM is a procedure where the female genital organs are injured or changed and there is no medical reason for this. It is very traumatic and violent act for the victim and can cause harm in many ways. The practice can cause sever pain and there may be immediate and/or long-term health consequences including mental health problems, difficulties in childbirth, causing danger to the child and mother and/or death (HM Government, 2020). Like forced marriage, FGM is a criminal offence and is illegal in the UK. It is child abuse and a form or violence against women and girls. FGM is often an embedded social norm, as such engagement with families and communities plays an important role in contributing to ending it.

Crimes committed in the name of 'honour' might include (College of Policing):

- **Domestic violence, when someone hurts or bullies their boyfriend, girlfriend, partner, husband, wife or family member**
- **Threats of violence**
- **Forced marriage**
- **Being held against your will or taken somewhere you don't want to go**
- **Assault, when someone physically hurts you or threatens to physically hurt you**
- **Sexual abuse, making you do sexual things you don't want to including sex crimes such as sexual assault and rape**
- **Psychological abuse, such as being made to feel guilty, embarrassed or ashamed**

Honour based abuse is much less prevalent than domestic abuse, but there are still sizeable number of cases in the UK each year. In the year ending March 2021, there were 2,725 honour-based abuse-related offences recorded by the police in England and Wales. Of which, 78 were FGM offences, 125 forced marriages and 2,522 other honour-based abuse-related tagged offences (Official Statistics 2021). In Greater Manchester we have 330 honour-based abuse for the year ending March 2021.

Due to the personal and culturally sensitive nature of the practice, there is little data on prevalence of FGM in Greater Manchester or the UK and it is widely considered to be underreported. Nevertheless, using demographic data and global research, we can estimate there are around 160,000 women across England today that have been subject to the practice and another 6,000 girls under 15 at risk. In Greater Manchester we estimate that there are around 6,200 women over 15 who have experienced FGM, and around 380 girls under 15 at risk.

The Marriage and Civil Partnership (Minimum Age) Act 2022, which gained Royal Assent in April 2022 has come into force in February 2023. It means that 16- and 17-year-olds will no longer be allowed to marry or enter a civil partnership, even if they have parental consent. It is now illegal and a criminal offence to exploit vulnerable children by arranging for them to marry, under any circumstances whether or not force is used (CJ&L, gov.uk).

SEXUAL OFFENCES INCLUDING RAPE

The World Health Organization (WHO) defines sexual violence as:

Any sexual act, attempt to obtain a sexual act, unwanted sexual comments or advances, or acts to traffic, or otherwise directed, against a person's sexuality using coercion, by any person regardless of their relationship to the victim, in any setting, including but not limited to home and work.

Globally, sexual violence is a significant public health, human rights and gender equality issue, placing large burdens on individuals' health and wellbeing, as well as local communities, public services and wider society (WHO, 2010). Efforts to understand, prevent and respond to sexual violence have increased in recent decades, and various factors have been identified as increasing, or mitigating risks of harm (WHO, 2010).

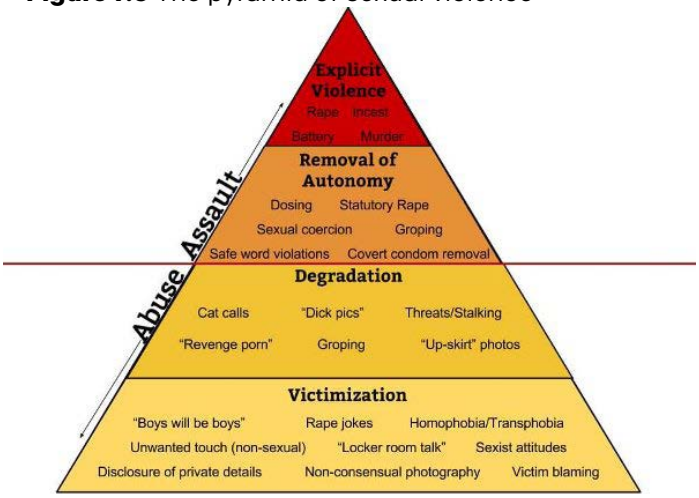
Sexual violence can have devastating impacts on victims. These can include:

- Injury
- Sexually transmitted infections
- Unwanted pregnancies
- In most severe circumstances disability and even death

As well as the physical injury, sexual violence has lasting impacts on victims' mental health, social relationships and life opportunities, through impacts on education, employment and health-related behaviours, i.e. use of alcohol or drugs as a coping mechanism (WHO, 2010). Such harms place significant pressures on public services and society.

It's also important to understand the pathway to violence. Figure 7.4 shows how sexual abuse can start, and even at a very young age such as 'boys will be boys' and move through to sexual assault.

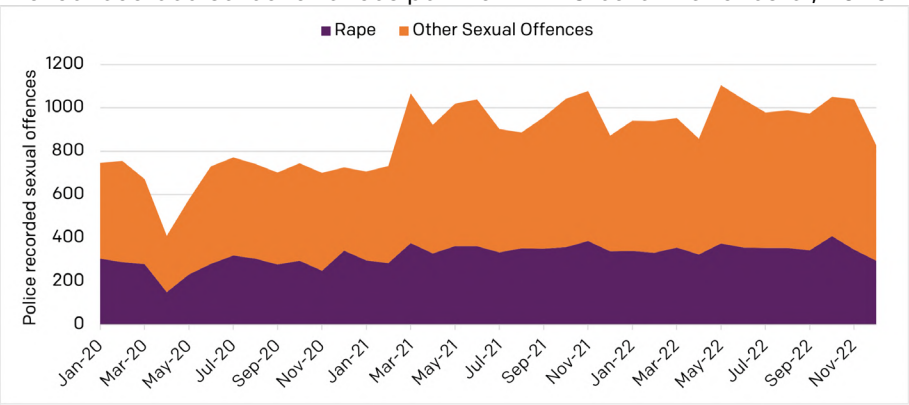
Figure 7.5 The pyramid of sexual violence



Source: Version 1 created by Cervix & Jaime Chandra (Mid-2016)

In 2022, for England and Wales, 3% of adults aged 16 to 59 years had experienced sexual assault, including attempted offences. Police recorded sexual offences rose by 22% over a two-year period (2020 to 2022). This increase to 199,021 was the highest annual figure recorded in England and Wales. 22% of all sexual offences and 31% of rape offences reported had taken place over a year prior to the incident being recorded (ONS, 2022). Within this two-year time period, the number of recorded sexual offences was lower during periods of lockdown and restrictions but there has been a substantial increase since April 2021 (ONS, 2022).

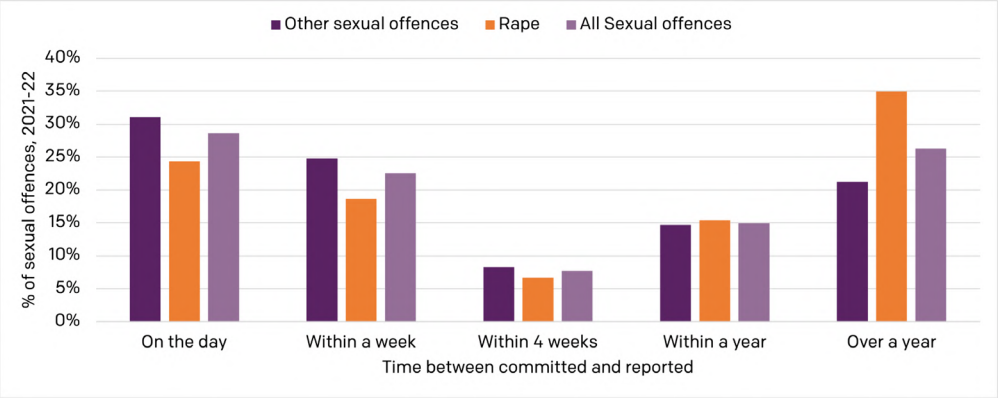
Figure 7.6 Police recorded sexual offences per month in Greater Manchester, 2020 to 2022



Source: Greater Manchester Police (2023)

The number of sexual offences recorded by Greater Manchester Police rose by 41% from 2020 to 2021, including a 26% rise in reported rapes, with 11,700 sexual offences reported in 2022. About half of all sexual offences are reported within a day or a week (Figure 7.6). However, it should be noted that a substantial proportion of reported sexual offences are historic (26% are reported more than a year after the offence, rising to 35% for rapes), and this does not necessarily reflect the volume of offences being committed. Despite this, the number of unreported sexual offences means these figures are a significant underestimate of the number of victims across the city region.

Figure 7.7 Police recorded sexual offences by time between crime committed and reported in Greater Manchester, 2021-22 total



Source: Greater Manchester Police (2023) via GMVRU

Figure 7.7 shows the violent crime rate for sexual offences per 1,000 population by region. Whilst national rates are 3 per 1,000 population, Greater Manchester rates are significantly higher, at 3.5 per 1,000 population, and has the second highest rates in the country. Figure 7.8 shows the variance of sexual offences across the city-region. Manchester, followed by Rochdale, have the highest rates (5.2 and 4.5 per 10,000 population respectively).

Figure 7.8 Police recorded sexual offences per 1,000 population by region, 2021/22

Area	Recent Trend	Count	Value	95% Lower CI	95% Upper CI
England	→	171,621	3.0*	3.0	3.0
North East region	→	9,537	3.6*	3.5	3.6
North West region	→	25,528	3.5*	3.4	3.5
Yorkshire and the Humber region	→	17,994	3.3*	3.2	3.3
West Midlands region	→	19,297	3.2*	3.2	3.3
East Midlands region	↑	15,490	3.2*	3.1	3.2
East of England region	↑	18,491	2.9*	2.9	3.0
South East region	→	26,954	2.9*	2.9	3.0
South West region	→	15,915	2.8*	2.8	2.9
London region	→	22,415	2.5*	2.5	2.5

Source: OHID Fingertips (2022)

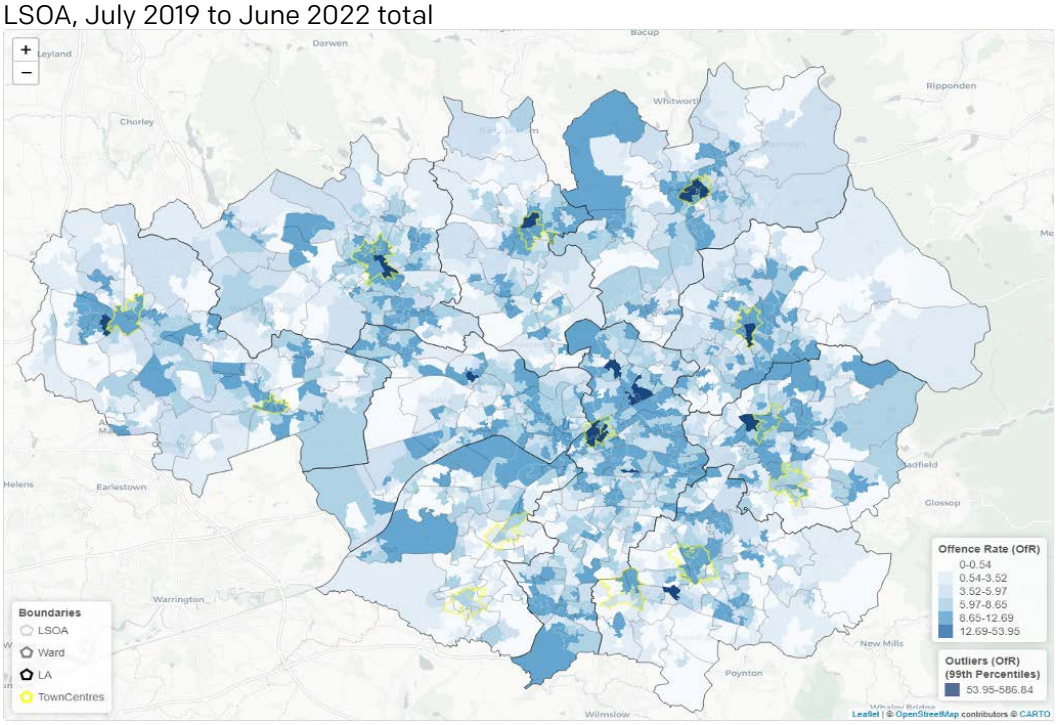
Figure 7.9 Police recorded sexual offences per 1,000 population by local authority, 2021/22

Area	Recent Trend	Count	Value	95% Lower CI	95% Upper CI
England	→	171,621	3.0*	3.0	3.0
CA-Greater Manchester	→	10,395	3.6*	3.6	3.7
Manchester	→	2,876	5.2	5.0	5.4
Rochdale	→	1,011	4.5	4.2	4.8
Bolton	→	1,052	3.7	3.4	3.9
Bury	→	683	3.6	3.3	3.9
Oldham	→	840	3.5	3.3	3.8
Salford	→	907	3.5	3.2	3.7
Tameside	→	755	3.3	3.1	3.6
Wigan	→	1,032	3.1	2.9	3.3
Stockport	→	767	2.6	2.4	2.8
Trafford	→	472	2.0	1.8	2.2

Source: OHID Fingertips (2022)

Figure 7.9 shows rates of sexual offences per 1,000 population across Greater Manchester between July 2019 and June 2022. Harpurhey ward in Manchester local authority has seen the highest rate of sexual offences per 1,000 population between July 2019 and June 2022. That rate was more than double of the next highest ward, being Milkstone and Deeplish in Rochdale.

Figure 7.10 Rates of sexual offences in Greater Manchester per 1000 population by LSOA, July 2019 to June 2022 total



Source: Greater Manchester Police (2023) via Manchester Metropolitan University

Of the sexual assaults reported in England and Wales, 35% (70,633) were rape offences. For rape offences, this is a 20% increase from 59,104 since March 2020 whereas other sexual offences increased to 128,388, a 23% increase compared with 2020 (ONS, 2023).

It is suggested that increases in sexual offences is due to several factors. This includes the impact of high-profile incidents, media coverage, campaigns for people to come forward to report recent and/or historical incidents, as well as a real increase in the number of victims. However, the numbers of sexual assaults are still expected to be lower than reported. This is because the CSEW estimates that fewer than 1 in 6 victims of rape or assault by penetration report the crime to the police. The CSEW also indicates that more than 1 in 3 stated that the perpetrator was a partner, ex-partner, or family member (ONS, 2022).

Recent findings from the YEF survey (2022) found that sexual assault was 4.9% for young people aged 13 to 17 years, with 8.3% of girls stating that they had been sexually assaulted compared with 1.4% of boys.

YEF's definition of sexual assault is:

Someone intentionally touched another person in a sexual way, e.g. touching, grabbing or kissing, without their consent (permission). Both girls/women and boys/men can be sexually assaulted by either boys/men or girls/women.

WEAPON RELATED CRIME (KNIVES; GUNS; OTHER)

Police recorded offences involving knives or sharp instruments is down 8% to 50,434 offences compared with the year ending March 2020, when there were 55,076 offences. During 2021 and into 2021 (year ending September 2021), levels of knife-enabled crime fell to 45,595. The most likely reduction observed during this time-period was because of government's restrictions on social contact. Knife-enabled crime increased by 11% in the past year yet remains lower than pre-pandemic levels (ONS, 2022). (Note, Greater Manchester Police reviewed their recording of offences involving knives or sharp instruments in December 2017 and revealed that they were under-counting these offences. Therefore, data from Greater Manchester Police are excluded to allow for national comparisons over time (ONS, 2022).

London Metropolitan, West Midlands and Greater Manchester Police Force Areas (PFAs) are the three areas with the highest volume of knife-related crime. Compared with the year ending 2021, knife or sharp instrument offences recorded by the:

- Metropolitan police increased by 11% to 11,517 offences
- West Midlands PFA increased by 38% to 5,006 offences
- Greater Manchester PFA remained similar with 3,447 offences

Compared with pre-pandemic year ending March 2020, knife-enabled crime recorded in:

- The Metropolitan police decreased by 22%
- The West Midlands PFA returned to pre-pandemic levels
- The Greater Manchester PFA increased by 8%

Police recorded 'possession of article with a blade or point' offences were 15% higher in the year ending September 2022 (26,643 offences) than in the year ending March 2020 (23,246 offences). This was a 17% increase compared with the year ending September 2021 (22,853 offences) (ONS, 2022).

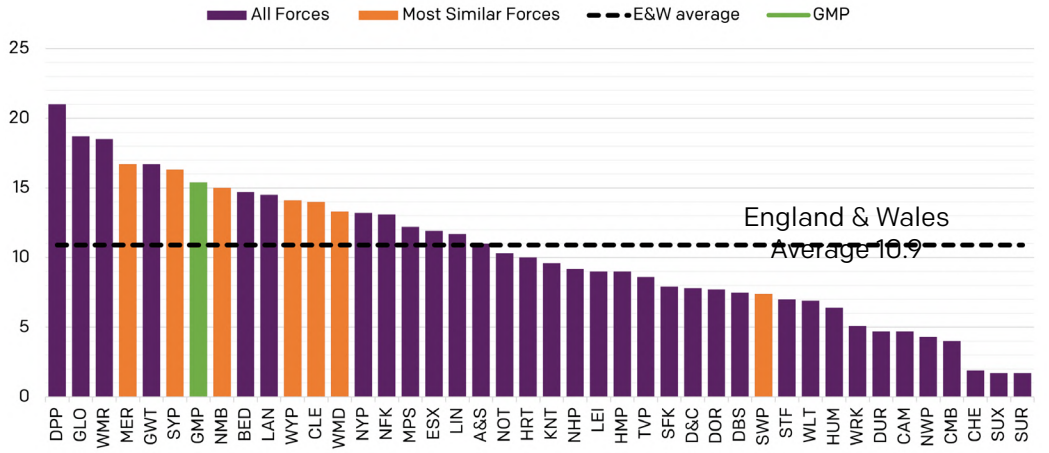
Across England and Wales, police recorded 6,369 offences involving firearms in the year ending September 2022. This was a 4% decrease compared with the pre-pandemic levels of March 2020 (6,618 offences) and a 12% increase compared with the year ending September 2021 (5,672) (ONS, 2022).

In Greater Manchester, police recorded 557 offences involving firearms in the year ending September 2022. This was a 21% increase compared with the pre-pandemic levels of the year ending March 2020 (457 offences) and a 3% increase compared with the year ending September 2021 (539). Despite the number of incidents involving threat of firearms, the number of firearms discharges themselves are rare, with about 30 discharges recorded by Greater Manchester Police in 2022.

HOMICIDES

Homicide is a relatively low-volume offence, yet the impact is devastating and far-reaching. There are often fluctuations in numbers from year to year, although homicide has returned to pre-coronavirus pandemic levels in latest data. In England and Wales, there were 696 victims in the year ending March 2022. This is an increase of 130 (23%) compared to the year ending March 2021. For the same time period in Greater Manchester there were 54 homicides, which is a 30% increase. It should however be noted that homicides have since fallen and were 30% lower in the year ending December 2022 compared to the year ending December 2021. Differences in homicide by police force areas show that Greater Manchester has a higher than national average (Figure 7.10).

Figure 7.11 Homicide rate per million population for England and Wales and by Police Force Areas, year ending September 2022



Source: ONS Police Recorded Crime (2023)

The rate of homicides is more than double for males compared with females. Up to March 2022, national homicide rate for males were 16.9 million compared with female homicide rate of 6.6 per million population for females (ONS, 2023). Greater Manchester has a similar trend and since 2019, approximately 73% of victims of homicide have been male, around 2.7 times the rate of female victims. In 2021/22 this resulted in homicide rates of 11.0 per million and 28.3 per million respectively.

Nationally, the homicide rate differs significantly by ethnicity. For the period ending March 2022 the rate was 39.7 per million for Black population, which is about four times higher than for the White population (8.9 million population; ONS, 2023).

Approximately 4 in 10 (282) homicides were committed using a knife or sharp instrument in 2021/22 across England and Wales. This is a 19% increase compared with the previous year, and the highest since the Homicide Index began in 1946 (ONS, 2023). Greater Manchester has a similar trend, where approximately 43% of homicides since 2019 have been due to stabbings (GMP Homicide Problem Profile, 2023).

While domestic homicides are a significant issue, according to GMP's 2023 Homicide Profile, over 40% of homicides in Greater Manchester are committed by strangers, with altercations, including single fights and long-term disputes being the biggest drivers of homicide by far. This is higher than England and Wales where 22% of homicides in 2021/22 were by strangers not know to the victim, however this excludes cases where either no suspect was charged or identified which account for 44% of homicides. A higher proportion of homicides and near-miss offences in Greater Manchester occur between 18:00 – 06:00, particularly over the weekend, suggesting links to the night-time economy. 10% of offenders were also victims of homicide or near-miss offences.

Nationally, there were 69 homicide victims aged 13 to 19 years in the year ending March 2022. Of these, 51 (73.9%) were killed by a knife or sharp instrument (ONS, 2023).

Nationally there were 134 domestic homicides in the year ending March 2022, which is 18 more than the previous year and a similar number to the average over the last decade (n=129). Just under half of all homicides in Greater Manchester occurred indoors in a private, usually residential location. Women and girls accounted for 73% of domestic homicide victims in the latest year. Of the 37% of male domestic homicides, almost all were male to male homicide. For all domestic homicides overall, males accounted for 93% of convicted suspects (ONS, 2023).

Collective violence is violence inflicted by larger groups and has subcategories suggestive of possible motives for violence committed by larger groups of individuals or by countries. Collective violence that is committed to advance a particular social agenda includes crimes of hate committed by organised groups, terrorists acts and mob violence. Political violence includes war and related violent conflicts, state violence and similar acts carried out by armed groups. Economic violence includes attacks motivated by economic gain.

Exploitation is the deliberate maltreatment, manipulation or abuse of power and control over another person. It is taking advantage of another person or situation usually, but not always, for personal gain. Exploitation comes in many forms, including:

- Slavery
- Being controlled by a person or a group
- Forced labour
- Domestic violence and abuse
- Sexual violence and abuse including sexual exploitation
- Human trafficking
- Criminal exploitation

Victims of exploitation are targeted, often because of their vulnerabilities. The vulnerability factors for exploitation, which are the same as those for county lines victims include:

- Previous experience of neglect, physical and/or sexual abuse, either as child or adult, including adverse childhood experiences
- Unsafe/unstable home or homelessness, either now or in the past (this may be due to domestic abuse, parental substance misuse, mental health issues or criminality)
- Social isolation or difficulties in forming friendships or relationships
- Disengagement with the education system
- No/lack of stable or regular income
- Connections with gang/group members
- Physical or learning disabilities
- Mental health or substance misuse issues – Class A drug users are often targeted as their lifestyles leave them vulnerable to exploitation, particularly in relation to gangs taking over their accommodation
- History of being in care, particularly those in residential care or with an unsettled care history

When we think about exploitation, it's important to consider why people may become vulnerable. Research suggests that adults, particularly women, who were victimised as children are at risk of re-victimisation in later life. The International Violence Against Women Survey (IVAWS) found that 75% of women who experienced either physical or sexual abuse as a child also experienced violence in adulthood, compared with 43% of women who did not experience childhood abuse (Mouzos and Makkai, 2004). Other studies have found similar link between child sexual assault and sexual re-victimisation in adulthood (Classen et al, 2005). Therefore, re-victimisation, abuse in adulthood and/or exploitation is found to be high for those adults who have been abused as a child.

While most survivors of child maltreatment do not go on to maltreat their own children, there is evidence to suggest that adults who were abused or neglected as children are at increased risk of intergenerational abuse or neglect compared to those who were not abused as a child. Pears and Capaldi (2001) found that parents who experienced physical abuse in childhood were significantly more likely to engage in abusive behaviours toward their own children or children in their care. Whereas Oliver (1993) concluded that an estimated third of adults who were subjected to child abuse and neglect go on to repeat patterns of abusive parenting towards their own children. However, the majority of adults, two-thirds, who were abused as children do not go on to maltreat their own children. It is proposed that growing up in abusive family environments can teach children that the use of violence and aggression is a viable means for dealing with interpersonal conflict, which can increase the likelihood that the cycle of violence will continue into adulthood.

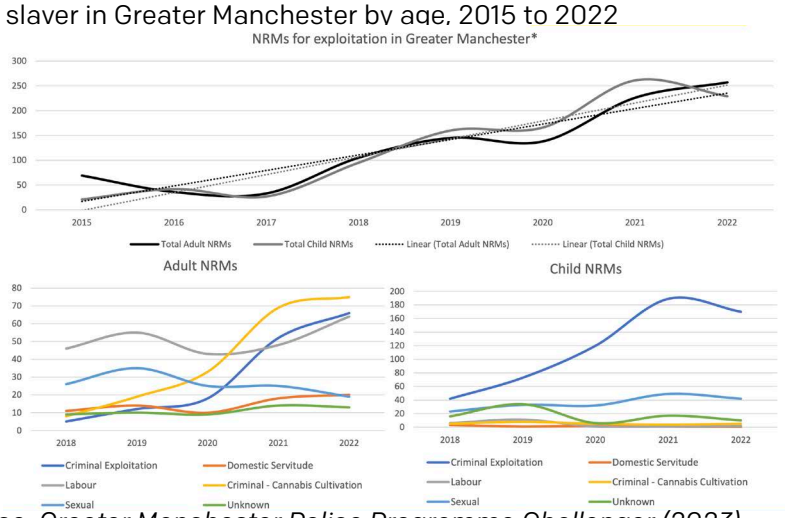
The National Referral Mechanism (NRM) is a framework that assesses potential victims of modern slavery. Potential victims can be submitted to the NRM by designated First Responder organisations, via an online referral system. First Responder organisations include the police, the local authority, certain departments of the Home Office and a handful of third sector organisations such as the Salvation Army and Migrant Help. Referral to the NRM can enable access to tailored victim care for adults, if upon assessment it is decided that there is sufficient evidence that an individual has been a victim of modern slavery and/or human trafficking. Children referred into and assessed by the NRM to be victims are able to access statutory support or, where they are unaccompanied children, tailored support from Barnardo's Independent Child Trafficking Guardianship Service.

In Greater Manchester exploitation has increased over time for both child and adult victims (Figure 7.12). Between 2021 and 2022, around 500 victims were referred to the NRM for exploitation in Greater Manchester. Two thirds of people referred for exploitation were male (67%). For modern slavery, the number of identified child victims was higher than it was for adults in 2019 but by 2022, adult victims surpassed child victims. The increase during this time can be partly explained by the rise in our understanding of modern slavery and by raising awareness of criminal exploitation (including county lines).

For adult victims, cannabis cultivation has increased rapidly as has criminal exploitation. Labour exploitation has remained high over the years, dipping during Covid-19 restrictions. Sexual exploitation has reduced slightly since 2019 and domestic servitude remains the lowest type of exploitation but not insignificant.

For child victims, child criminal exploitation has increased rapidly in particular forced drug dealing. Child sexual exploitation has been steadily rising over time, which is partly due to a better understanding of child sexual exploitation and professionals knowing where and how to report it. Labour exploitation is very low for children, as is domestic servitude and cannabis cultivation.

Figure 7.12 Referrals to National Referral Mechanism (NRM) potential victims of modern slaver in Greater Manchester by age, 2015 to 2022



Source: Greater Manchester Police Programme Challenger (2023)

The type of exploitation is often gender specific. For example, criminal and labour exploitation it is predominately male victims whereas sexual and servitude exploitation it predominately female victims.

People who are exploited are often exploited for County Lines. County Lines is where illegal drugs are transported from one area to another, often across police and local authority boundaries. Although not exclusively, such activity is often by children or vulnerable adults who are coerced into it by organised crime groups. County Lines are not defined by the distance between the point of control and the point of distribution, but rather the mechanism by which that method of supply is supported (Holligan et al, 2020). The 'County' part is the crossing of borders, often to other parts of the country and into rural areas whereas the 'Line' part is the mobile phone line that is used to take the orders of drugs. Importing areas, which are areas where the drugs are taken to, are reporting increased levels of violence and weapons-related crimes as a result of this trend (NCA, 2022). County lines operations seek to increase the amount of profits organised crime groups can make by expanding the reach of the organisation to rural areas with high demand for drugs.

National Police Chiefs' Council (NPCC) definition of a County Line:

The 2018 Home Office Serious Crime Strategy states the NPCC definition of a County Line is a term used to describe gangs and organised criminal networks involved in exporting illegal drugs into one or more importing areas [within the UK], using dedicated mobile phone lines or other form of "deal line". They are likely to exploit children and vulnerable adults to move [and store] the drugs and money and they will often use coercion, intimidation, violence (including sexual violence) and weapons.

In March 2023 the Home Office guidance was published County Lines Programme overview - GOV.UK (www.gov.uk) which included the definition 'County lines' is a term used to describe gangs and organised criminal networks involved in exporting illegal drugs into one or more importing areas within the UK, using dedicated mobile phone lines or other form of "deal line."

They are likely to exploit children and vulnerable adults to move and store the drugs and money and they will often use coercion, intimidation, violence (including sexual violence) and weapons. Whilst the exact figure regarding young people affected by county lines operations is currently unknown (Maxwell et al., 2019), we know that when children and young people are targeted, males between 15 and 17 years old are the most identified victims of county lines exploitation (NCA, 2019). However, children who do not fall into this age category and females do still fall victim to County Lines exploitation. It is important to work together to improve our understanding of the role of girls in gang/county lines, as this is a largely under-researched area. Evidence is starting to emerge that implies young females are beginning to replace males as the foot soldiers of County Lines. Greater Manchester has set out its strategy: Serious Organised Crime strategy (programmechallenger.co.uk). Victims who are exploited for County Lines are exposed to physical, mental and sexual abuse. Young people are recruited into County Lines operations through grooming, with many young people being drafted into drug dealing practices to pay off drug-related debts. These young people are often transported to rural areas to facilitate drug dealing and are utilised by these organisations to transport drugs as they are perceived as more likely to evade police detection. In some instances, victims will be trafficked to areas a long way from home as part of the network's drug dealing business.

Organised crime groups create a base in their chosen target area for the preparation of drugs and a base to deal the drugs from. They usually do this by taking over the homes of local adult victims who the gang/group members have identified as vulnerable, often where the victim suffers from learning disabilities or have an addiction, such as drugs, alcohol or gambling. They do this either by force or coercion, and is a process known as 'cuckooing'.

In January 2019, the National Crime Agency published a report that suggested the estimated number of County Lines had more than doubled in a year from 720 in 2018 to over 2,000 in 2019. This is likely to be a conservative estimate and to have increased since 2019.

Greater Manchester Police is one of four police areas across the UK that has a dedicated County Lines task force (Home Office, 2022). Sitting within 'Programme Challenger', Greater Manchester's County Lines task force closed 85 County Lines from April 2022 to date.

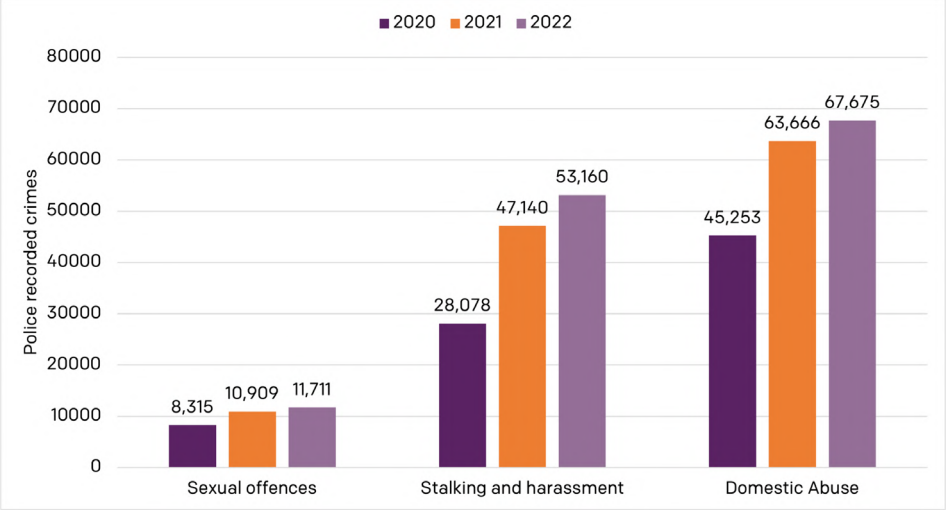
When discussing persons involved in County Lines it is noteworthy to understand that this refers to suspects, perpetrators and victims. Many people involved are often victims, having been exploited because of their childhood abuse, their vulnerabilities and their lack of wider social support, as outlined above.

GENDER BASED VIOLENCE

While most homicide, robbery, knife crime, and violence with injury happens between against men and boys, there are particular forms of violence which are particularly gendered in the profile of both offenders and victims. In 2022, 92% of suspects of sexual offences were male and 82% of victims were female; 68% of stalking and harassment suspects were male and 68% of victims were female; and 76% of domestic abuse suspects are male and 73% of victims are female.

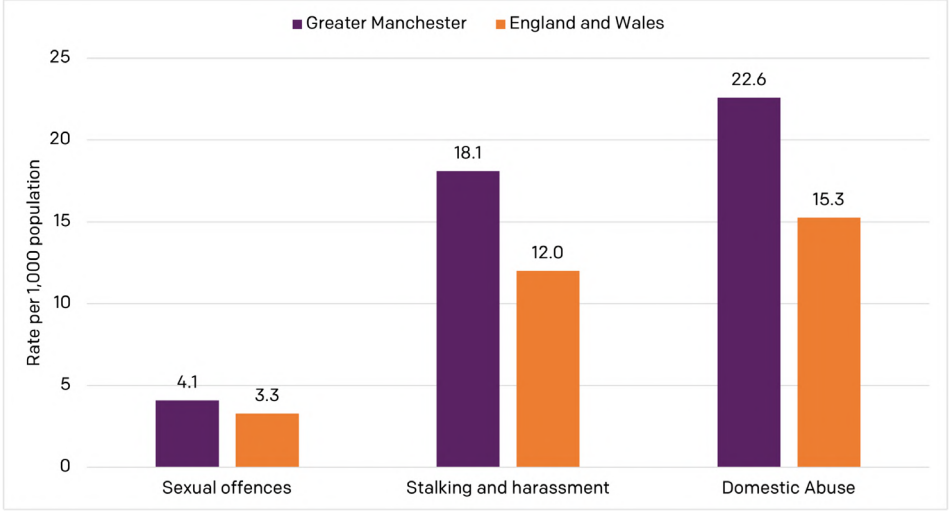
While these offence types do not capture the full range of unreported gender based violence or the lower level and every day types of gender based violence endemic throughout society both in Greater Manchester and nationwide, they nevertheless provide a valuable insight into the levels of gender based violence across the city region.

Figure 7.13 Gender based violence offences recorded by Greater Manchester Police over time, 2020 to 2021



Source: Greater Manchester Police (2023) via GMVRU

Figure 7.14 Rates of gender based violence offences in Greater Manchester and England and Wales, year ending September 2022 (Domestic abuse year ending March 2022)



Greater Manchester Police (2023) via GMVRU

Rates of gender-based violence stand above the national average in Greater Manchester, and have risen significantly since 2020. This is however in part due to improvements to recording practices by Greater Manchester police and rising rates of recorded gender based violence may reflect a positive trend of greater numbers of victims of this type of violence being visible to local services, meaning greater opportunities for intervention and support.

Whilst the factors that contribute to gender-based violence are complex, the risk of it occurring in the first place has been linked to attitudes towards gender roles, both at an individual and societal level. At an individual level, it's been found that unfair and unjust gender beliefs and permissive attitudes about violence against women are important risk factors for male perpetration of violence. At a societal level, and in terms of over-arching social norms, societies that tolerate violence and inequality are associated with an increased risk of violence against women and girls.

Effective prevention must include early intervention to attempt to influence these values in childhood and adolescence, as well as shifting social norms to become less accepting of violence and inequality. Interventions that challenge social norms aim to prevent violence by making it less socially acceptable.

Education must start early, and it has to address boys and young men as well. All to often, responsibility falls upon the girls and women to behave in a manner to protect themselves or discourage violence against them (HM Government, 2021). Having safe and secure communities also encourages more people to exercise, socialise or adopt more sustainable lifestyles (e.g. using public transport) and reduces social isolation.

When going out into Manchester city centre late at night, local students from the University of Manchester said that they would like:

- To raise awareness of tips to stay safer when on a night out in Manchester (e.g., drink spiking awareness, trusting who you go out with)
- Greater awareness of a person's rights (i.e., when being harassed how to report incidents)
- Self-defence classes that could be aimed at all genders
- Educating men and boys to change and challenge behaviours that can make women and girls feel uncomfortable
- Contingency planning for women and girls, i.e., knowing what to do, who to contact, where to go in an emergency (e.g., where to charge phone, who to call)
- Make areas that University campuses have more control over safer (i.e., student unions, halls of residence)
- Educate establishments more – (i.e., bar staff, security)

Behaviour Change

Two-thirds (65%) of children and young people had changed their behaviour, appearance or where they went due to fears of violence. This increases to 76% for Black children and 93% for children who were victims of violence (YEF, 2022).

The most frequent changes were avoiding travelling alone (37%) and avoiding going out at certain times of the day (28%). Teenage children also changed their relationships, including leaving a group of friends (21%). Absence from school was stated by 14% of teenage children because they felt that it would have been unsafe at school or on their way to or from school. And 14% of teenage children changed their route to or from school. 1.7% of teenage young people carried a knife, screwdriver or other weapon.

Students studying at the University of Manchester were asked to discuss their experiences of Manchester late at night. The aim was to establish whether the students would welcome a campaign about keeping safe and if so, what ideas they would want included.

When asked about going out at night, most students said that they planned their night ahead of time and all of them said that they put a lot of thought into planning ahead of their night out, such as travel to and from the venues, who they were going and leaving with. Most of them did such planning because of previously feeling uncomfortable or having had an unpleasant experience. Most of the students asked did feel uncomfortable late at night, especially when alone whether that's travelling to and from the city centre, or walking to and from transport.

One student stated:

> ***Some things that I do is to choose a route that contains main roads and lighted roads, mainly excluding dark areas and not very visible alleys. As well as mentioned, I usually don't tend to stay with my friends till late and tend to go back earlier with the first person that would like to go home too. Booking an uber is expensive and public transport is preferred. However, it is a problem when even when I am with a friend for example, I still don't feel very safe. My friends got their phone stolen by a guy that just asked for a directions, another friend got their bag stolen when they came out of a bus.***

In 2021, Greater Manchester Combined Authority published its Gender-Based Violence Strategy (Gender Based Violence Strategy (greatermanchester-ca.gov.uk)) and established a Gender-Based Violence Board. This strategy is ambitious and whole-system, ensuring a transformative approach.

The WHO in collaboration with UNICEF, UNODC, PEPFAR, USAID, World Bank, US Department of State, CDCP and Together for Girls, is leading the development of a unified package of these seven evidence-based strategies to prevent violence against children:

1. Teaching positive parenting skills
2. Helping children develop social emotional skills and stay in school
3. Raising access to health, protection and support services
4. Implementing and enforcing laws that protect all children
5. Valuing social norms that protect children
6. Empowering families economically
7. Sustaining safe environments for children

(Hoeffler and Fearon 2014)

Older People

The World Health Organization states that:

The abuse of older people, also known as elder abuse, is a single or repeated act, or lack of appropriate action, occurring within any relationship where there is an expectation of trust, which causes harm or distress to an older person. This type of violence constitutes a violation of human rights and includes physical, sexual, psychological and emotional abuse; financial and material abuse; abandonment; neglect; and serious loss of dignity and respect.

Abuse of older people is an important public health problem and can happen in both community and institutional settings. An international literature review (2017) estimated that over a 12-month period, 1 in 6 people (15.7%) aged 60 years and older were subjected to some form of abuse. Data on elder abuse in institutions, i.e., hospitals, nursing homes and other long-term care facilities are scarce. However, a literature review indicates that 64.2% of staff reported perpetrating some form of abuse in the past year. Emerging evidence indicates that the prevalence of abuse of older people in both the community and in institutions have increased during the COVID-19 pandemic. Abuse of older people is predicted to increase as many countries are experiencing rapidly ageing populations.

Abuse of older people can have serious physical and mental health, financial, and social consequences, including, for instance, physical injuries, premature mortality, depression, cognitive decline, financial devastation, and placement in nursing homes. For older people the consequences of abuse can be especially serious and recovery may take longer.

Older people at increased risk of being a victim of violence are more likely to have:

- functional dependence/disability
- poor physical health
- cognitive impairment, especially if there's a memory problems or difficulty communicating
- poor mental health
- low income
- feelings of isolation and little contact with friends, family or neighbours

The relationship the older person has with their spouses/partners, their child or their carer can also impact on their risk of abuse. An older person's risk increases where they are dependent on their carer, they do not get on with their carer, their carer has an addiction and/or their carer relies on the older person for a home or financial or emotional support.

On 15 June 2022, World Elder Abuse Awareness Day, WHO and partners published "Tackling abuse of older people: five priorities for the UN Decade of Healthy Ageing (2021–2030)". These five priorities, arrived at through wide consultation, are:

- Combat ageism as it is a major reason why the abuse of older people receives so little attention.
- Generate more and better data to raise awareness of the problem.
- Develop and scale up cost–effective solutions to stop abuse of older people.
- Make an investment case focusing on how addressing the problem is money well spent.
- Raise funds as more resources are needed to tackle the problem.

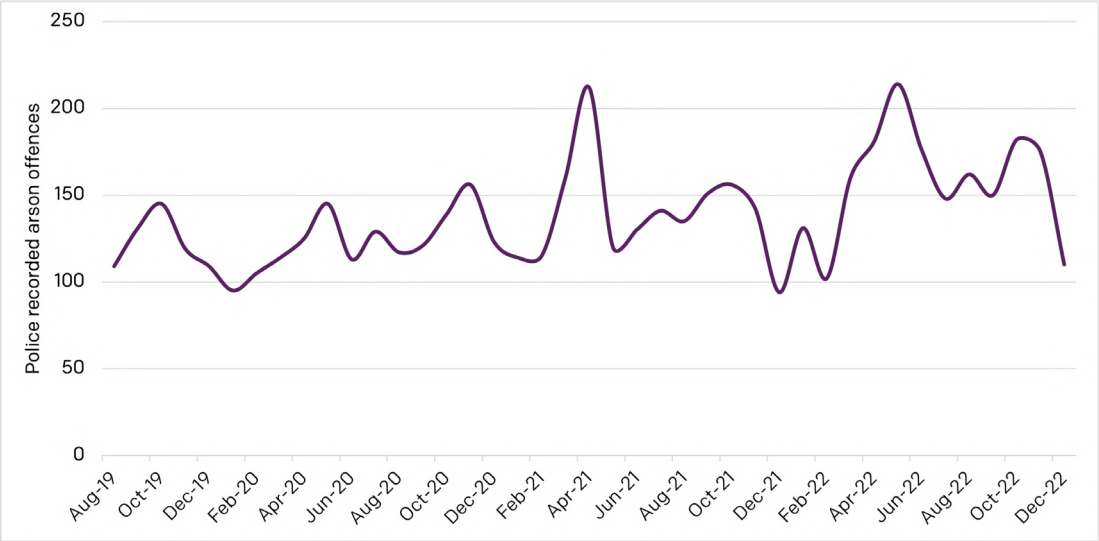
FIRE AND ARSON

Arson offences recorded by police have been slowly growing over recent years, although remain overall low volume compared to other crime types. While there is some evidence of a seasonal pattern with rates of arson falling during Winter, there is limited evidence that COVID lockdowns affected arson to a significant degree.

Despite the recent rise in arson offences recorded by GMP however, deliberate dwelling fires attended by Greater Manchester Fire and Rescue Service have fallen by over 50% over the last decade, from 475 in 2010/11 to 226 in 2021/22. Deliberate non-domestic fires have similar fallen by 51% from 591 in 2010/11 to 289 in 2021/22, and deliberate vehicle fires have fallen by 42% from 1220 in 2010/11 to 712 in 2021/22.

While much less widespread than other forms of violence, there have nevertheless been around 41 deaths in Greater Manchester due to deliberate arson since 2010, and nearly 1100 injuries.

Figure 7.15 Arson offences recorded by Greater Manchester Police, 2019 to 2021



Source: Greater Manchester Police (2023) via GMVRU

Fire setting behaviour in adults can be more complex than as seen in children and young people. Such behaviour in adults is often linked to relationship breakdown, emotional and mental health stressors, alcohol, substance use, and sometimes criminality. It is important to ensure that a person-centred response is taken to address this dangerous and life limiting behaviour and includes a component on fire safety education and the consequences of fire setting, whilst also addressing any associated interpersonal issues.

Greater Manchester Fire and Rescue Service (GM FRS) has worked in partnership with Greater Manchester Probation Service and other services to ensure fire safety and to ensure that the consequences of fire setting are included in care plans of adults who have set fires. As such, a joint initiative with partners from Greater Manchester's Fire and Rescue Service, Probation Service and Combined Authority is currently being piloted. This is a new offer for adult fire setters and is called The Atlas Programme. The Atlas Project is an intervention for adults who have been involved in, and/or engaged in, harmful or potentially harmful use of fire. The programme aims to assess, engage, educate, and develop support structures for adults.

In line with evidence-based good practice, the programme content combines education and safety sessions along with person-centred input from a clinical psychologist on a 1:1 basis. The aim of this approach is to deliver practical and theory-based sessions to engage this client group, educate on the hazards and impact of fire, alongside therapeutic input to help identify and address, the root cause of the desire to use fire in a harmful way.

HEALTH HARM BEHAVIOURS

SEXUAL HEALTH

Adults who have experienced childhood abuse and neglect, particularly child sexual abuse, are more likely to engage in high-risk sexual behaviour in teenage years through to adulthood. Again, demonstrating the lasting impact sexual abuse has on individuals. This high-risk sexual behaviour can lead to a wide range of sexually transmitted infections or early pregnancy. Research has found that a history of child sexual abuse was associated with a greater frequency of unintended pregnancy, younger age at first diagnosis of a sexually transmitted infections, and greater likelihood of engaging in sex-work (Steel and Herlitz, 2005). It is suggested that the increased likelihood of engaging in risky sexual behaviours include the inability to be assertive and prevent unwanted sexual advances, feeling unworthy and having competing needs for affection and acceptance. All of which may occur as a consequence of child abuse and neglect (Effects of child abuse and neglect for adult survivors | Australian Institute of Family Studies (aifs.gov.au)).

Over the past three years, approximately 1,300 children and young people aged 0-17 years have been referred to Greater Manchester's Sexual Assault Referral Centre (SARC) each year, which includes around 340 forensic medical exams (including children and young people who live outside of the city region). Around one in five of those that are subject to a forensic medical exam require emergency contraception.

Across Greater Manchester, 4,277 cases of Chlamydia were detected among 15–24-year-olds (2021), which gives a rate of 1,194 per 100,000. While this is below the England rate of 1,334 per 100,000 this may in part be influenced by lower screening rates, with 12.9% of young people aged 15 to 24 being screened in 2021, compared to 14.8% nationally (OHID STIs)

About 2,400 emergency contraceptives were provided across Greater Manchester in 2021/22 to women of all ages, nearly half of which were in the City of Manchester alone. This district has rates per 1,000 more than double the national rate, likely driven by the significant student population and resultant high proportion of residents aged 18-30. There has however been a steady decline in demand for emergency contraception over the past decade, with a 60% fall from 2011/12 to 2021/22 (NHS Digital, 2022)

MENTAL HEALTH AND VIOLENCE

In any one year, one in four adults will experience a mental health problem. Most mental illness starts in childhood, with 50% of all mental illness starting before the age of 14 year and 75% by the age of 25 years. Mental health illness covers a wide range of conditions such as depression and anxiety as well as schizophrenia. Most people who experience a mental health illness, including those with schizophrenia, will not be violent or dangerous (violence-and-mental-health-mind-factsheet-2018.pdf).

It is estimated that 5·3% of all violent incidents in England and Wales (2015–16) were committed by people with severe mental illness, which represents only a small proportion of the total number of violent acts committed in the whole population. For homicides, those committed by people with psychosis are extremely rare. About 30 homicides a year across England and Wales are perpetrated by people with severe mental illness.

Perpetrating violence is relatively uncommon among those with serious mental illness. When it does occur, it is often linked with other issues such as co-occurring substance use, adverse childhood experiences and environmental factors. Therefore, it may not be the mental illness that is driving the violence but those factors that are known to increase risk. When our neighbourhoods are unsafe, poor and high in crime, violence is an equally likely outcome whether a person has a mental illness or not (Mental illness and violence: Debunking myths, addressing realities (apa.org)).

Many people who experience mental health problems do not ask for help. This is because they fear being stigmatised, or locked up if they talk about violent thoughts or urges. Encouraging openness allows people to seek access help more easily (violence-and-mental-health-mind-factsheet-2018.pdf).

People who have a mental illness are more likely to be a victim of violence rather than be the perpetrator of violence. They are also more likely to be exploited than someone without a mental health illness, and their risk of exploitation if they also have a substance addiction and/or a learning disability increases.

Mental health illness in adulthood has roots in exposure to stressful events in childhood or adolescence. In adults, post-traumatic stress disorder related to experiences of robbery has been reported amongst convenience store and bank employees. Depression, anxiety and social phobia have been found to correlate with community violence. It is well documented that the impact of violence has a negative emotional and mental impact on individuals, their families and communities. Therefore a person who is a victim of violence, or witnesses violence, their risk of mental illness increases, especially for depression and anxiety.

ADDICTION: ALCOHOL, SUBSTANCE MISUSE, GAMBLING

Associations have often been made between childhood abuse and neglect and later substance misuse in adulthood. A strong relationship was found between child physical and sexual abuse and substance misuse in women (Simpson and Miller, 2002). Less of an association was found among men, although men with child sexual abuse histories were found to be at greater risk of substance abuse problems. It is suggested that men are less likely to disclose childhood abuse due to social values and expectations (Simpson and Miller, 2002). However, the overarching topic of drugs has been consistently linked to violence, both in the fact that the drugs market is a driver of violence (Kincaid et al., 2020; Wieshmann et al., 2020) and, that drugs including alcohol can bring out violent tendencies in individuals (Johnson and Belfer, 1995). Health harm behaviours such as drug use were more common among children who had either experienced or committed violence (YEF, 2022). Rates of drug use were significantly higher among both victims and perpetrators of violence, particularly the use of cannabis. 6% of respondents said they had used cannabis within the last 12 months and less than 1% reported using another illegal drug. Gang membership was rare, but a majority of those who reported being part of a gang were also victims of violence.

When considering drugs as a driver of violence, Kincaid et al (2020) found a strong correlation between the growing availability of harmful drugs and the rise in serious violence. This includes an increase in the number of drug-related homicide. However, it is important to consider a longer time-period to truly understand the trend especially because numbers are so low.

Of the drug-related homicides across the city-region in 2021/22, 26% of victims were under the influence of drugs at the point of death, with 25% being known drug users. When considering victims of drug-related homicide who were known dealers of drugs, rates have remained consistent over time, being 5%.

In 2021/22, there were 20,430 individuals in substance misuse treatment across Greater Manchester (NDTMS, 2023), of which 31.9% were female and 68.1% male. This gender split is consistent both across the ten localities in Greater Manchester and nationally.

The substance misuse treatment population, through the use of a treatment pathway, is split into four treatment groups: opiates, alcohol only, non-opiates and alcohol and non-opiate only. Of those in substance misuse treatment in Greater Manchester in 2021/22, 45.6% belonged to the opiate cohort, 28.8% belonged to the alcohol cohort, 14.7% belonged to the non-opiate and alcohol cohort and 10.9% belonged to the non-opiate only cohort. The under-representation of females within the treatment system is unclear, although some researchers have suggested access to treatment is a barrier for many females (Tuchman, 2010). The biggest barrier that women face is the fear of stigma amongst family and friends and the fear of having their children removed or childcare commitments and lack of wider support.

Attendance at Greater Manchester's substance treatment service (2021/22) found that:

- 13.1% were aged between 18 and 24 years, similar to national figures (13.5%).
- 58.0% were aged between 30 and 49 years, similar to national figures (60.8%
- 28.9% were aged 50 years and above, similar to national figures (25.7%)

The majority of individuals in substance misuse treatment services in Greater Manchester and England were White (90.4% and 87.9% respectively), with a small ethnic minority presence (7.6% and 9.7% respectively). It is evident that for Greater Manchester, the White population is over-represented in the service, compared with our general population of 85.7% White. The reasons for this are unclear and there are often barriers to accessing drug and alcohol treatment services, especially if taking such substances is against your cultural and religious beliefs.

There were 9,005 children living in Greater Manchester whose parent/caregiver were accessing treatment for substances, including alcohol (NDTMS, 2023a). It is not possible to estimate the total number of children across Greater Manchester living in households where substance misuse is present. However local data from NDTMS (2023a) estimates that 78% of adults with alcohol dependency living with children and 65% of adults with opiate dependency living with children have an unmet substance misuse treatment need. Therefore, these adults are not accessing treatment for their substance addiction and need. However, caution is needed with this data as there are many factors to consider but does give us an indication of potential unmet need.

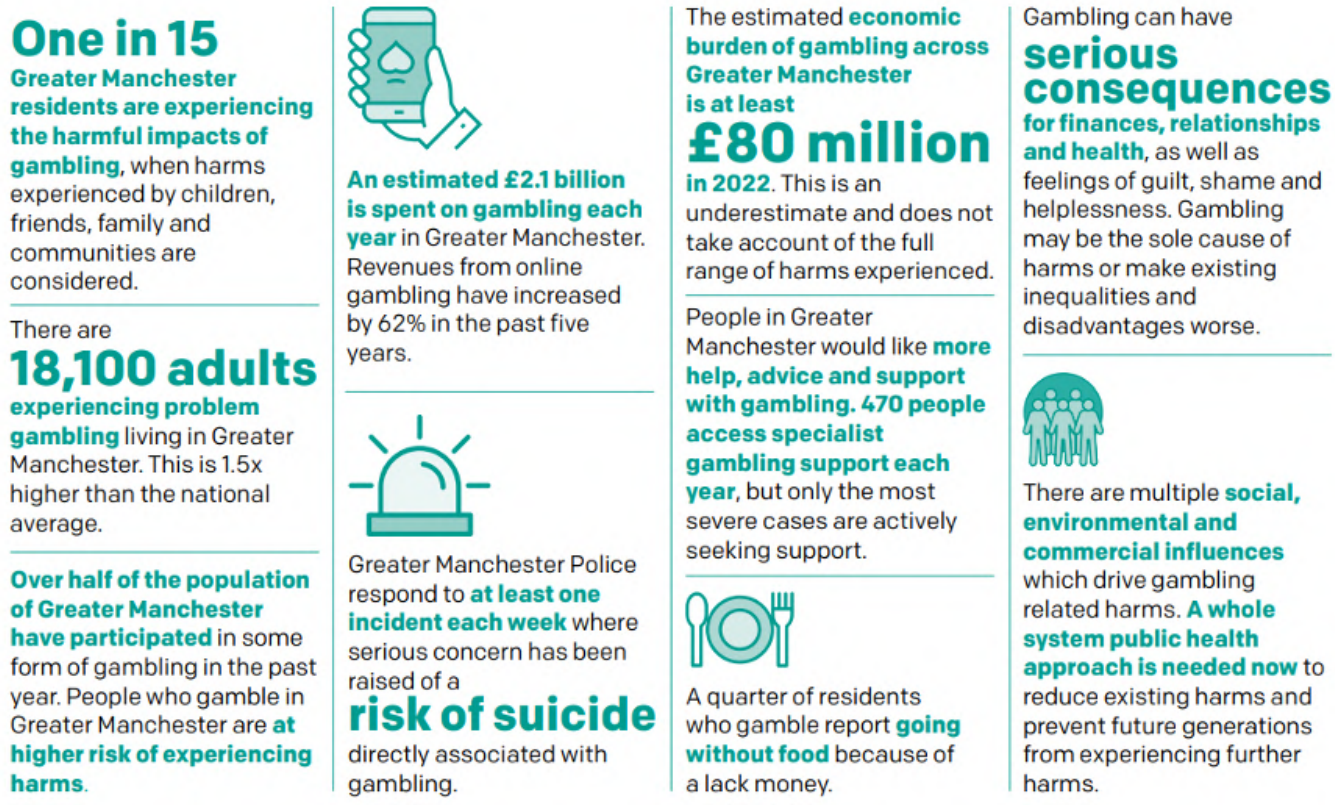
Just over half (58%) of people who are in the Greater Manchester treatment service are neither parents and/or do not live with their children which mirrors national trends. This may be expected given the high proportion of males in contact with the service and the reasons outlined previously as being barriers for females. 19% of the Greater Manchester treatment population were parents who live with children and 3.8% of adults were not parents but did live with children. However, 17.4% of adults were parents but did not live with their child/children.

There were 945 young people in the substance misuse treatment service across Greater Manchester and 11,326 nationally (NDTMS, 2023b). Within Greater Manchester, 63.9% of young people in substance misuse treatment were males, whilst 36.1% were females. This follows the national pattern (63% and 37% female).

The relationship between violence and problem gambling in the general population is under-researched and requires further attention to inform treatment and prevention efforts. Roberts et al (2016) found that among men in the UK, self-reports of problem/pathological gambling remain predictive of a range of measures of violent behaviour adjusting for alcohol and drug dependence, comorbid mental disorder and impulsivity; of the covariates, alcohol and drug dependence have the greatest effect in reducing the gambling-violence association (Roberts et al, 2016). The reported harms associated with gambling include mental ill health, relationship breakdown, financial difficulties and poor performance at work or school. These harms may be experienced by the person who gambles or by family, friends and colleagues of someone who gambles. Hing et al. (2020) found that while gambling does not directly cause intimate partner violence, it reinforces the gendered drivers of violence to intensify the frequency and severity of intimate partner violence against women.

The harms associated with gambling are also key factors for being vulnerable and therefore increased risk of exploitation. Harms can build up very quickly, yet recovery often take a very long time. Greater Manchester Combined Authority has undertaken a strategic needs assessment and has found a range of key messages (Figure 6.32).

Figure 6.32 Headline findings from the Gambling Harms in Greater Manchester Strategic Needs Assessment, 2022



Source: Greater Manchester Combined Authority (2022)

Examples of what we are doing across Greater Manchester as a VRU to reduce risk and promote protective factors during adulthood

Greater Manchester VRU has had a strong and clear vision from its outset to ensure that the work is community led. This approach has been held up as good practice and there have been various interventions that have been established over the past three years, to put communities at the heart, ensuring that not only are their voices heard, but also, that they are developing and driving forward the solutions.

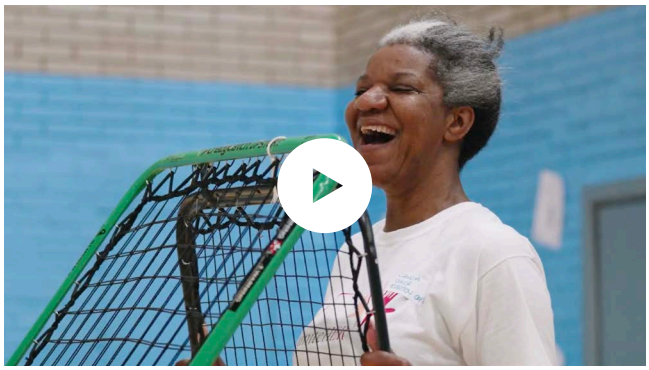
The work that has been undertaken has been captured through videos and podcasts and all of the excellent work can be found here:

Community-led Approach Overview Video

'I am greater' Campaign Murals


Hope Hack Event


Virtual reality technology programme used to tackle youth violence in Greater Manchester

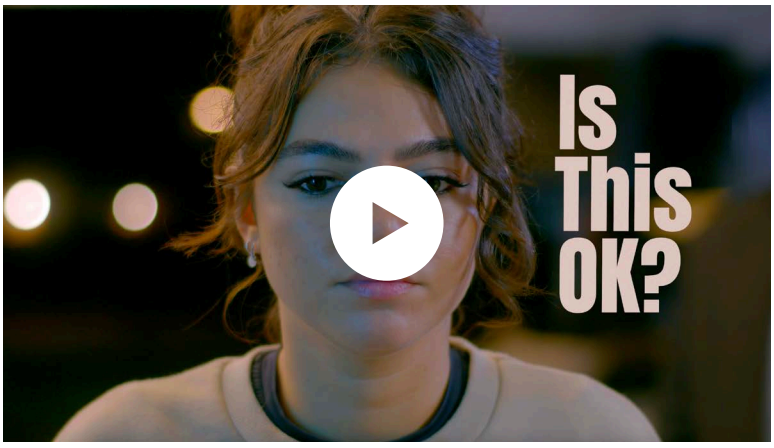

UniteHER Event


Social Switch Project

Greater Manchester has invested in GM Moving because of the high rate of social return on investment, £4 for every £1 spent but also because of the improvements to physical health and wellbeing, mental health and wellbeing, individual development, social community development, economic development and environmental sustainability.

In November 2015/16, inactivity levels across Greater Manchester decreased by 2.5 times the national rate. However, by November 2018/19, our inactivity levels started to increase, and at a faster rate than the national average, from 26.2% to 31.1% and 24.6% to 27.0% respectively. However, with the investment and strong partnership approach, the city-region is showing signs of faster recovery than national. Further, our inactivity levels for children and young people are now lower than national levels (28.7% for GM compared with 30.1% nationally) since the survey began.

This all helps with the violence prevention agenda, as people become more active, they have a greater purpose and sense of belonging, especially for our younger population.



As part of the Greater Manchester 10-year Gender-Based Strategy, a new campaign was launched, December 2022. The campaign is aimed at men and boys to challenge their behaviours to tackle sexual harassment of women and girls in public spaces. The video aims to get men and boys to recognise these types of behaviours are 'not OK'. They are unsolicited intrusions which make women feel uneasy, threatened or even vulnerable. The voices of women, men and boys shaped the production of this video.

Greater Manchester's VRU is committed to evidence-based decisions and policy making. Together with our partners, we want to ensure that interventions are properly evaluated to understand what works in reducing serious violence, both locally and nationally. To support this ambition, Greater Manchester VRU has invested substantially in analytical and research capacity. This has been achieved internally within the Unit itself, through the investment of analysts and through external partnerships. Such external partnerships include the wider partners across the public sector and also a defined and commissioned academic partnership.

Since the formation of the GM VRU in 2019, we have partnered with Manchester Metropolitan University (MMU) to deliver high quality evaluation of selected projects as well as the ongoing overarching monitoring and evaluation of the VRU itself, developing and enhancing products to support to overall strategic aim to reduce serious violence in all its forms.

MMU researchers are integrated members of the GM VRU team, supporting with the identification and prioritisation of research themes and outputs including this needs assessment. MMU colleagues work closely with policy leads and partners to implement and deliver robust evaluation, provide an advisory role around research, monitoring and small level evaluations more generally, and remain abreast of current research and evidence related to serious violence to maintain a relevant approach.
The commissioned evaluations are a combination of:

- Process and implementation evaluations
- Impact evaluations
- Economic evaluations

Of which they incorporate quantitative and/or qualitative methodologies, working with a range of primary and secondary data sources from various organisations to inform our understanding of serious violence and where interventions work, and where they need adaptions or even de-commissioning.

MMU are also supporting GM VRU to develop a number of analytical products and tools to enable the operational use of data around demand and to further understand the nature of serious violence across the city region. This is to ensure that we are targeting interventions appropriately and at the right population groups. It is also to ensure that we are up-to-date with the changing profile of serious violence as well as developing an evaluation training and support package to enable statutory and voluntary and community sector partners to develop and conduct their own effective monitoring and evaluation thereby having a wider contribution to the violence prevention agenda.

The VRU draws in expertise from other academic partners, as and when appropriate. It is in the process, through the Greater Manchester Combined Authority, of being a host to Public Health Registrars.

CHAPTER 8

RECOMMENDATIONS

This strategic needs assessment on violence has been bold in its vision, taking a system-wide approach to understand the full causal pathway of violence across Greater Manchester, with a focus on people and place. The following summarises and categorises the recommendations according to the information and data contained within this Strategic Needs Assessment.

RECOMMENDATIONS FROM THIS GREATER MANCHESTER VIOLENCE STRATEGIC NEEDS ASSESSMENT	
Partnerships	• There should be continued investment into the GM VRU partnership, recognising its values around being community-led and place-based. • Under the Serious Violence Duty, the Deputy Mayor for Police, Crime, Fire and Criminal Justice should develop and publish a Greater Manchester Partnership Agreement that clearly sets out the way in which partners will come together to deliver a refreshed Serious Violence Action Plan including a review of its governance. • Through the Serious Violence Duty and wider partnership arrangements, ensure all steps are taken to align the VRU programme and its response strategy to other key GM strategies such as the Greater Manchester Strategy, criminal justice, health, education and work and skills. • Ensure there is a focus on the sustainability of the VRU, its partnerships and its programmes of work to give communities assurance that there is a long-term commitment from all partners to prevent and tackle violence. • Commit to a trauma-responsive and ACE-informed system-wide response to violence. • Through the partnership, there should continue to be a strong voice of victims and of those people who have been affected by violence. There should be greater recognition of the value of local perspectives in understanding the drivers and solutions to violence and partners should continue to engage in community-led initiatives, valuing the voice of these communities in how services work with them.
Children and young people	• There should be a continued focus on children and young people because they are at greatest risk of being a victim of violence, which has devastating consequences into adulthood. This should include prioritising those who may be at most risk of being targeted from adults, older peers and within their own communities. • There should be a strong focus on early years including consideration of the 'pyramid of violence' so that a greater universal approach to violence reduction and prevention is taken, which should be aligned to Greater Manchester programmes of work around early years and school readiness. • Ensure appropriate partnership strategies and interventions are in place across Greater Manchester to respond to the issue of children and young people not in education, employment and training (including electively home educated young people). • Understand the impact of the implementation of the Greater Manchester Adolescent Safeguarding Framework in the three pilot local authorities of Trafford, Tameside and Stockport and spread and scale to the remainder of Greater Manchester if successful. • There should be a focus on social media and online abuse to protect children, young people and their families. This includes the Violence Reduction Unit and its partners working closely together to develop and share more guidance and training for parents, carers and professionals working with children and young people. • In respect of child criminal exploitation and modern slavery, there should be a joined-up approach across the system, providing a platform for Greater Manchester to make the best use of expertise and shared learning to keep young people safe, target the organised crime groups profiting from such exploitation and ensure appropriate data sharing between partnership teams. This includes continuing to build upon the strength of the collaboration between the Violence Reduction Unit, Programme Challenger and Complex Safeguarding teams, as well as their extended partners and our victims themselves.

Education	• Positive educational engagement is a protective factor regarding violence. The Violence Reduction Unit and its partners should work with schools, colleges and other educational settings to commission initiatives aimed at reducing and preventing violence within the educational settings and communities. • Undertake additional analysis of the issues around exclusions and off-rolling to ensure partners are able to take an evidence-led approach to dealing with practice in the education system that can exacerbate risk factors for children and young people. • There should be a greater understanding across all partners regarding the relationship between violence and neurodiversity, special education needs and/or disability so that collaborative solutions can be determined.
Communities	• A greater focus on disproportionality should underpin the Violence Reduction Unit's response plan, including age, gender, ethnicity, neurodiversity, sexuality, disability, culture and deprivation and the intersectionality of these groups and identities. This includes a range of components, from data collection and interpretation, to undertaking deep dives so that we can collectively understand why there is disproportionality across the city region and strategies put in place to address it. • Continue to grow and develop the community-led programme to tackle violence, ensuring the voice and expertise are central to the future arrangements and governance of this programme. • Work with Manchester Metropolitan University to evaluate the community-led programme to tackle violence and assess how well such an approach can be applied to other strands of community safety partnership activity. • Do more to understand hate-fuelled violence in communities and seek out opportunities to promote inclusion, diversity and enable cohesion. • Do more to understand the positive impact of sport, music, creative arts and the wider community opportunities to prevent violence, ensuring quality provision is delivered in the places where it is most needed. • There should be a greater understanding of people's perceptions and their fear of violence, including across all staff of the public sector and our communities. This can include building key questions into the following surveys: Bee Well, Victims', Residents' and Policing and Community Safety. It can also include undertaking further research for different population groups. • The Violence Reduction Unit and its partners should do more to understand the full causal pathway of where, when and how people who are impacted from violence are affected, ensuring a strong early years focus and support. This should include ensuring commissioning of known evidence-based interventions, from pregnancy and across the life course. • There should be a renewed focus on working across the night time environment, to reduce and prevent violence. This includes the Violence Reduction Unit working closely with the ten GM local authorities, Greater Manchester Police, the integrated healthcare system, the voluntary, community and social enterprises, businesses and other key stakeholders.
Data and information sharing	• There should be improved collaboration for evidence and intelligence, i.e., what data we need to collect, a pathway and life-course approach, so that emerging risks can be identified quickly and appropriately. This links directly with the work of the Greater Manchester Violence Reduction Unit's Delivery groups. • There should be a continued focus on evaluation across the partnership to determine what interventions have improved outcomes and enabled behaviour change. This should include sharing of good practice and learning events across the city region. • When commissioning evaluations of interventions we should work with the Home Office to explore whether other Violence Reduction Units are also evaluating the same interventions in order to amplify and improve the impact of the studies and allow exploration of how programmes work in different contexts. Our approach to investment in interventions should include a mixture of commissioning YEF-recommended (and other evidence based) interventions whilst also recognising that some interventions are harder to study, and there may be merit in piloting and evaluating new approaches to reducing serious violence.

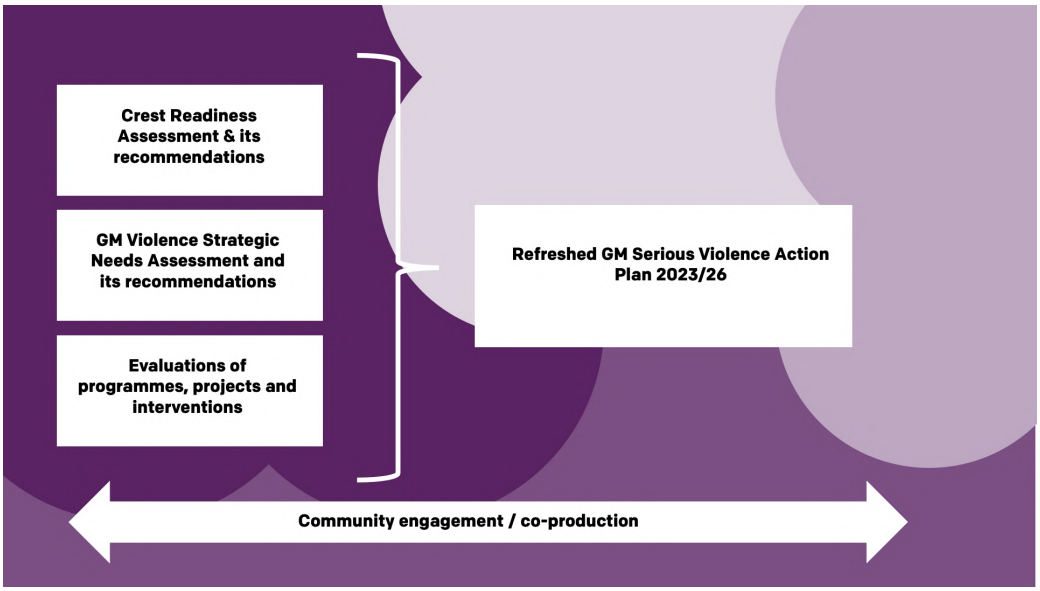
CHAPTER 9

NEXT STEPS

The GM Violence Reduction Governance Board commissioned this assessment with a commitment to the public and our partners that we would use its findings and insights to inform a refresh of the Greater Manchester Serious Violence Action Plan.

This refresh will also be informed by the recommendations from the recent Greater Manchester Serious Violence Duty Readiness Assessment. Crest Advisory has undertaken a substantial engagement exercise with the Violence Reduction Unit and its partners, including those working at a district level and in Community Safety Partnerships to determine its state of readiness and what is recommended to be put in place as the work continues, and within the refreshed plan.

In addition, the learning and insights from the Violence Reduction Unit's commitment to evaluation of its programmes, projects and initiatives will also be folded into the work to refresh the Serious Violence Action Plan. Community consultation and co-production will underpin the whole process, with the final version published by the end of the year in a form that is recognisable to our partners and the public.



The summary of the Crest Advisory Readiness Assessment for Greater Manchester Violence Reduction Unit and our specified authorities.

GREATER MANCHESTER SERIOUS VIOLENCE DUTY READINESS ASSESSMENT (CREST ADVISORY)	
A) General recommendations for the GM VRU and its partners	
Definition and evidence base	VRU should set clear expectations for each CSP and/or local authority around what support they can expect. This could include, for example, guidance around how to produce an SNA or dedicated analytical resource. Following this, the VRU should set clear expectations for each local area in delivering an SNA. For example, the VRU may set the expectation for each CSP that their SNA can be incorporated into their CSP review documentation.
Response strategy	VRU should provide guidance and support for all local authorities and CSP areas to develop a localised strategy, and local areas should be encouraged to show alignment with the pan-Greater Manchester strategy.
Review	• Greater Manchester VRU should agree a set of baseline metrics that all local areas can and will report on to ensure strategies are aligned and resource required is realistic. • VRU need to understand how to pull all of this local-level data together at a pan-Greater Manchester level, which is linked to the overarching strategy and monitoring framework. • The VRU should seek advice around how best to demonstrate preventative impact. This may include external commissioning. This should be fed back to all CSPs and local authorities.

Collaboration	• Below the GM VRU, a CSP group which sits between the VRU and local areas should be created which can formally represent CSP concerns and take responsibility for filtering information from the VRU into each local CSP area. • GM VRU should pull together a 'community' of serious violence leads across all CSPs to create a peer network, which will facilitate strong collaboration. • The VRU should better understand the resourcing and capability issues for each CSP and develop a systematic way to distribute funding and have transparent conversations with each local area regarding this support.
Co-production	VRU could consider running workshops for specific roles across specified authorities (for example, analysts) to foster relationships and encourage co-production.
Cooperation on data	VRU should refine and disseminate guidance for local areas around the legal framework for data and information sharing. For example, developing a data collection template.
Counter-narrative	VRU could use this to develop guidance for specified authorities across Greater Manchester regarding how to embed and operationalise the public health approach.
B) Recommendations for Community Safety Partnerships and Specified Authorities	
Response strategy	• Local areas should consider how stakeholders, service users, children and young people and members of the community could be involved in this process. • The VRU should produce an updated strategy in line with the Duty and ensure all specified authorities, especially those at the local authority and CSP level, have an opportunity to contribute. • CSPs should subsequently produce their own response strategies.
Review	• Specified authorities should develop a greater understanding of the limitations of their data collection capability. • Authorities who can contribute data beyond the VRU-set baseline should be encouraged to do so.
Collaboration	• Continue to review and refresh collaborative partnerships where relevant, especially where changes in the structure of a partner may change the way collaboration functions effectively. Review best practice in other areas to do so. • Work towards filling gaps in collaboration from identified partners, agencies and service users. • Increasingly incorporate local-level insight alongside wider pan-Greater Manchester findings
Co-production	VRU and specified authorities should work in partnership to understand gaps in tools and infrastructure (for example case management systems) which are vital to co-production. They should seek examples of best practice in other areas to help resolve key issues.
Cooperation on data	VRU should support the development of information sharing infrastructure which will allow for intelligence and individual-level data to be shared more readily where necessary.
Counter-narrative	Work with key partners and authorities to define and agree what the public health approach to serious violence means for Greater Manchester.

Community Consensus	• Specified authorities should ensure that they engage a wide range of community stakeholders, particularly where gaps in engagement are identified.
	• Specified authorities and partners working in serious violence space should conduct a collective mapping exercise to understand community engagement across Greater Manchester:
	  ◦ Where appropriate, authorities should utilise existing community engagement platforms for serious violence.
	  ◦ Partners should also collaborate with other specified authorities' engagement to avoid unnecessary duplication

Together with the above and in respect of translating all of this work into the next iteration of the 'Greater Manchester Serious Violence Action Plan', the following table contains additional information to provide further direction across several key themes relevant to delivery.

It is critical to the success and progress of this work that the knowledge and understanding obtained through the programme evaluation, informs all ongoing and future investment decisions. Where evidence suggests low yield, it is important to reevaluate and consider other options. Therefore, reliable evaluations and the insights they provide will enable confidence in all investment decisions.

EVALUATIONS OF PROJECTS, PROGRAMMES AND INTERVENTIONS	
Community-led programme to tackle violence	• MMU commissioned to evaluate this programme, comparing the various sites across GM with synthetic control groups, to understand the impact on communities and crime of adopting a community-led approach. • Consider the wider system implications of adopting a similar community-led approach to other issues pertaining to crime and community safety.
PIED	**Purpose of this evaluation** This evaluation of the PIED pilot programme is comprised of two components: A. A process evaluation of the delivery of the PIED pilot programme; and, B. A feasibility assessment for an impact evaluation of the PIED pilot programme. The **process evaluation** set out to explore lessons from the delivery of pilot programme. Specifically, it addressed the following questions: • Was the pilot programme delivered as intended? • What were the stakeholders' perceptions of PIED? • What worked well and what might be improved? The second aspect of the evaluation sought to design, and to assess the **feasibility of undertaking, a robust impact evaluation of PIED in the future.** An impact evaluation would seek to assess whether PIED serves to reduce the re-offending of those children with which it intervenes.
Hospital and community navigators	• Extend the navigator model to link closer with other potential points of contact with victims and offenders, including in custody. • Work with partner agencies to ensure capacity is built throughout the system to receive and engage onward referrals from navigators.
YEF funded programmes	• Work with our independent evaluation team to understand the impact of the Manchester-based focused deterrence programme through a Randomised Control Trial methodology. • Draw upon the learning from other YEF funded programmes in GM, including Salford Foundation's STEER programme. • Take the learning from the national YEF 'what works' centre and seek to implement in Greater Manchester.
Primary School Transition	• Continue evaluation of the project to support children transitioning from primary to high school, including working with independent evaluators to develop a Theory of Change and map of children's journey. • Support collection and sharing of a consistent dataset across and between schools around individuals at risk to enable us to track pupil outcomes.
Devolved Local Authority SV Funding	• How the CSPs are using the serious violence money • To identify opportunities for evaluation • To understand sustainability of resource post Mar 25 • To gain an understanding of wider commissioned services and how this meets the needs of the VRU target cohort

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