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The Good Night Out Campaign (GNOC) – evaluation of a nightlife worker training programme to prevent sexual violence in Birmingham

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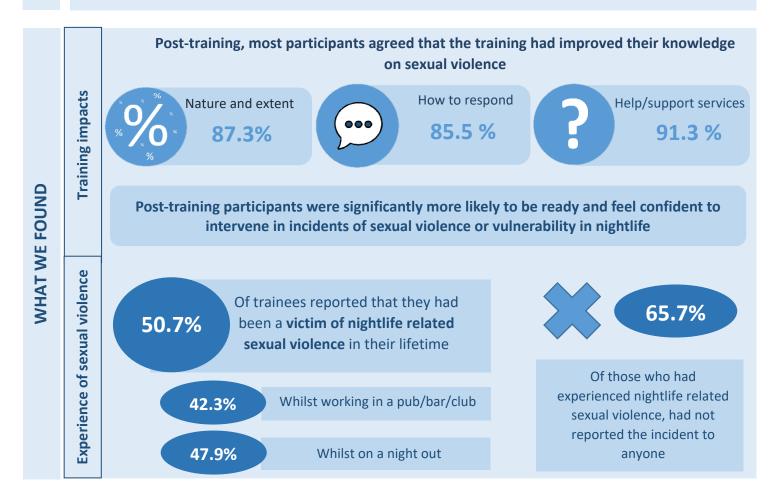
The Good Night Out Campaign (GNOC) – evaluation of a nightlife worker training programme to prevent sexual violence in Birmingham

The GNOC was developed for licenced premises and aims to support those who work in nightlife settings to better understand, respond to and prevent sexual violence (www.goodnightoutcampaign.org). In 2019, GNOC facilitators (Birmingham and Solihull Women's Aid) worked with eight nightlife venues to engage them in the GNOC, providing guidance on preventing and responding to sexual violence, training over 70 nightlife workers, and distributing materials to display in venues to raise awareness of the GNOC and encourage nightlife patrons to report sexual violence.





- 71 trainees completed a pre and post-training survey.
- Surveys measured trainee's knowledge on sexual violence, sexual violence myth acceptance, and readiness and confidence to intervene in incidents of sexual violence or vulnerability in nightlife.
- The post-training survey asked additional questions about trainee's views on the GNOC training, and their personal experience of nightlife related sexual violence.



This pilot study adds to the developing evidence on the impact of sexual violence awareness raising and bystander programmes implemented in nightlife settings. The GNOC training programme is associated with: improvements in knowledge; and, greater readiness and confidence to intervene in sexual violence, amongst nightlife workers in Birmingham. Further evaluation is needed to identify impacts on the prevalence of sexual violence in nightlife settings.

1. Introduction

Nightlife environments play a key part in modern leisure practices and offer nightlife users, particularly young people, space to socialise and have fun with peers. However, such settings are often associated with a wide range of harms, such as excessive alcohol use (Hughes et al, 2011), injury and violence (Graham et al, 2006; Quigg et al, 2014), including sexual violence (Becker et al, 2015). Nightlife-related sexual violence can range from harassment, unwanted sexual touching to rape, and can extend beyond the nightlife setting, to transport routes out of nightlife centres and the home environment (Quigg et al, 2020). The impacts of nightlife-related sexual violence can be immense, affecting individual's health and well-being, and placing increased burdens on local services and communities.

- ♣ The Crime Survey for England and Wales (Office for National Statistics [ONS], 2017) estimated that, in England and Wales, 20% of females and 4% of men have experienced some type of sexual assault with females between the ages of 16 to 24 years being the demographic most likely to be the victim of a sexual offence. Indecent exposure or unwanted sexual touching were the most commonly reported types of sexual assault.
- Recent studies with nightlife users, along with media reports, demonstrate how pervasive sexual violence can be in nightlife settings. For example, in a UK sample of nightlife patrons (aged 18+) across multiple nightlife areas, 11% reported experiencing sexual violence whilst on a night out in the past three months (Quigg et al, 2018a).
- **★** Experience of nightlife-related sexual violence is not confined to nightlife users, but can extend to those working in nightlife. In a study of nightlife workers across three European countries for example, 56% of respondents had experienced sexual violence either on a night out or whilst working in the nightlife environment; 26.4% specifically whilst working (Quigg et al, 2018b).

Normalisation of sexual violence within the nightlife environment has been associated with low levels of incident reporting. Data from the Crime Survey for England and Wales suggests that around five out of six sexual violence victims do not report their experiences to the police (ONS, 2017). Understanding and recognition of nightlife-related sexual violence may be complicated by various factors characteristic to this particular setting. Nightlife environments are places of leisure and relaxation, away from everyday stressors, and for some, a key setting for meeting potential romantic or sexual partners (Fileborn, 2017). Alcohol and drug use can intensify the issue, reducing inhibitions and increasing risk of vulnerability (Abbey et al, 2001; Orchowski et al, 2013). Further, research demonstrates how gender myths and stereotypes can lead to tolerance and acceptance of sexual violence (Weiss, 2009), and prevent victims from reporting it (Tinkler et al, 2018) or others from intervening (Graham at el, 2010).

Despite sexual violence being a key public health priority, there is a dearth of evidence concerning successful interventions. A recent review found some evidence for prevention strategies such as monitoring or altering behaviours to promote safety (Graham et al, 2014, 2017) and awareness campaigns (Fileborn, 2017; Gunby et al, 2017). Furthermore, there is evidence to suggest that bystander intervention programmes can have success preventing and responding to sexual violence in the nightlife environment. For example, a recent study in the USA examined the impact of a bar staff bystander training programme, with findings suggesting positive impacts on altering rape myths and barriers to intervention, including bartenders' willingness to intervene (Powers et al, 2018).

Further, a recent evaluation of a European bystander training programme (Quigg et al, 2018b) found that, following bystander training, nightlife workers were more likely to reject common myths about sexual violence and were significantly more ready to intervene if they witnessed sexual violence in the nightlife environment. Further research is needed in order to better understand the impact that bystander programmes can have on UK nightlife.

The Good Night Out Campaign

The Good Night Out Campaign¹(GNOC) was established in 2014 as a grassroots response to the prevalence of sexual violence in nightlife environments. The campaign aims to end sexual violence in bars, clubs, pubs and festivals through an accredited education and awareness programme. This includes a review of current practice and production of a venue agreement, signed



by the venue manager, which provides examples of best practice and in-depth legal information. Additionally, a training programme (see Box 1) is provided for nightlife staff as well as posters to display in venues that aim to increase awareness of the campaign, encourage nightlife users to report incidents of sexual violence and inform nightlife users that venue staff have received training.

Addressing sexual violence in nightlife settings is a key priority across many UK cities. In 2019, the GNOC in collaboration with Birmingham and Solihull Women's Aid implemented the programme across eight nightlife venues in Birmingham City Centre. Stakeholders within Birmingham and Solihull Women's Aid were trained by the GNOC to deliver the training locally to nightlife workers. To inform the development, and future continuation of the training, Liverpool John Moores University in partnership with the GNOC have implemented an evaluation of the training programme in Birmingham. The key aim to the study is to: gain an understanding of the impact of the training on nightlife worker knowledge, attitudes and perceptions of sexual violence; and, confidence in intervening in sexual violence in nightlife settings.

Box 1 "Understanding and Responding to Sexual Harassment and Assault in Licenced Premises"

The training programme was developed for licenced premises and aims to support those who work in nightlife settings to better understand, respond to and prevent sexual violence. The training lasts 1.5 hours and covers the following topics:

- What do we mean by sexual harassment and assault?
- What's the best 'whole team' approach to handling sexual violence in a licensed space?
- Racism, homophobia and sexual harassment.
- What are the barriers to reporting an incident to a member of staff and how do we remove or reduce those barriers?
- How can we help create an environment that doesn't tolerate harassment?
- De-escalation techniques and responding carefully to shock and trauma.

The interactive training is delivered by GNOC facilitators. Accreditation lasts for one year and venues are encouraged to undertake refresher training on an annual basis.

¹www.goodnightoutcampaign.org

2. Methodology

A series of surveys based on a previous evaluation (Quigg et al, 2018b) were administered to nightlife venue staff who took part in the GNOC training sessions:

Survey One was completed prior to the commencement of the GNOC training. Training facilitators ensured that all participants had a copy of the Participant Information Sheet and provided a verbal summary, highlighting the anonymity of the survey. If they agreed to take part, participants were provided with a paper copy of the pre-training survey. This short survey took approximately five minutes to compete. The survey collected baseline data with regards to the participant's awareness and knowledge of sexual violence in nightlife settings, as well as measuring the participant's attitudes relating to sexual violence (myth acceptance and readiness to intervene)and their confidence in intervening of they witnessed sexual violence. The questions were adapted from validated surveys (Banyard et al, 2005; Greger et al, 2013). This allows for the collection of baseline data that can be compared to data using the same method in future studies. Participants were encouraged to complete the survey by themselves and not discuss their responses with others. The participants were provided with an envelope, so that they could enclose their completed surveys and return them to the training facilitator once sealed. This helped to ensure participant confidentiality. 71 trainees completed a pretraining survey.

Survey Two was completed at the end of the training session. The training facilitators answered any further queries and distributed the post-training survey. This survey reflected on the participant's experience of the GNOC training. Questions concerning the participant's awareness of sexual violence in nightlife settings as well as their attitudes to sexual violence and confidence intervening if they witnessed sexual violence were also repeated. Additionally, the survey enquired about the participant's own experiences of witnessing, intervening or experiencing sexual violence in nightlife settings. The completed surveys were again placed in a sealed envelope and collected by the training facilitator. The participants were signposted to the Participant Information Sheet in case they had any follow up questions for the principle investigator or wished to contact a support service. 71 trainees completed a post-training survey.

The two surveys were anonymously linked in order to provide comparative data. Once the training was completed, the training facilitators returned the completed surveys to the GNOC project lead for data inputting. All of the training facilitators received a briefing from a member of the evaluation team about ethical procedures relating to the provision of the Participant Information Sheet, the participant's right to withdraw and ensuring confidentiality when the surveys were collected. All aspects of the study had approval from the Liverpool John Moores University Research Ethics Committee.

All data analysis was carried out using SPSS, and a range of statistics were used to explore differences between the pre and post-training surveys.

3. Results

Sample characteristics

71 trainees completed the pre and post training survey. The majority of respondents were male (65.7%), and aged 22-29 years (40.0%). Just over a third (35.7%) of participants stated they held a bar tender role, and 69.6% had worked in the night time economy (NTE) for two plus years (Table 1).

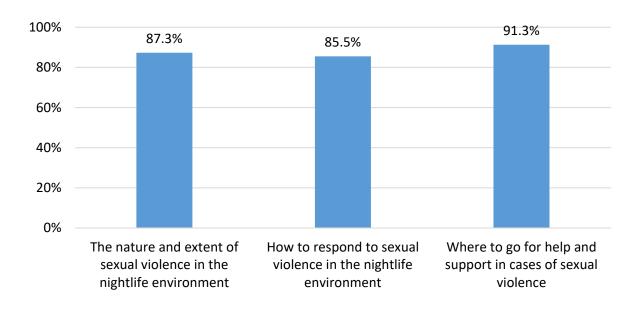
Table 1: Participant demographics

	n	%
Male	47	65.7
Female	24	34.3
Aged 18-21 years	20	28.6
Aged 22-29 years	28	40.0
Aged 30+ years	22	31.4
Bar tender	25	35.7
Bar supervisor/manager	20	28.6
Other job role	25	35.7
Less than 2 years worked in NTE	21	30.4
2+ years worked in NTE	48	69.6

Knowledge on sexual violence

In the post-training survey, the majority of trainees agreed (strongly agree/agree) that the training had improved their knowledge in relation to: the nature and extent of sexual violence in the nightlife environment (87.3%); how to respond to sexual violence in the nightlife environment (85.5%); and, where to go for help and support in cases of sexual violence (91.3%) (Figure 1).

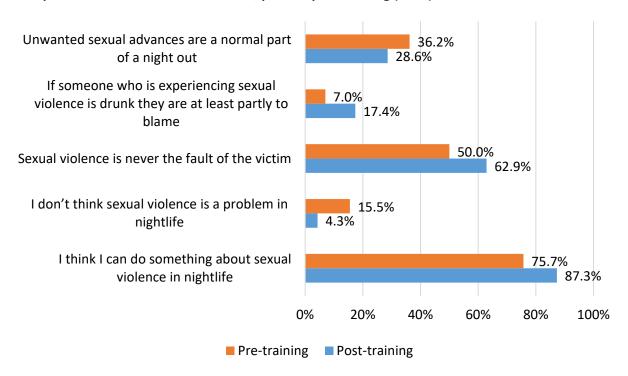
Figure 1: Proportion of participants who agreed that the training had improved their knowledge on selected indicators (n=71)



Sexual violence myth acceptance

Three items assessed participant's sexual violence myth acceptance: unwanted sexual advances are a normal part of a night out, if someone who is experiencing sexual violence is drunk they are at least partly to blame and sexual violence is never the fault of the victim. Prior to training commencement, 36.2%, 7.0% and 23.9% of trainees agreed (strongly agree/agree) with these three statements, compared to 28.6%, 7.0% and 50.0% post training (Figure 2). To compare changes in pre and post-training sexual violence myth acceptance at an individual level, scales were coded from one (strongly agree) to five (strongly disagree), and mean scores were compared². There was no significant difference in means scores between pre and post-training (mean average score, pre 3.7and post 3.9; p=0.11).

Figure 2: Proportion of participants who agreed with statements relating to sexual violence myth acceptance, and readiness to intervene, pre and post-training (n=71)



Readiness and confidence to intervene in incidents of sexual violence or vulnerability

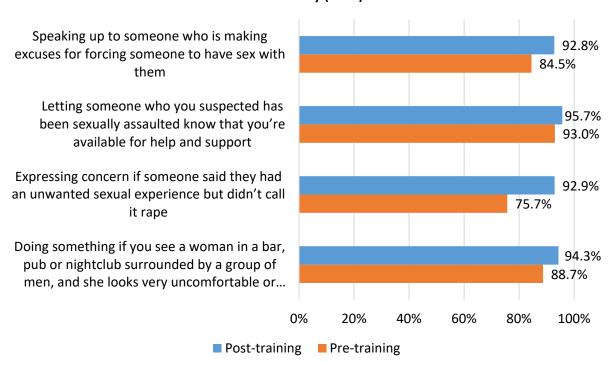
Two items assessed participant's readiness to intervene in sexual violence: *I don't think sexual violence* is a problem in nightlife and *I think I can do something about sexual violence in nightlife*. Prior to training commencement, 15.5% and 75.7% of trainees agreed (strongly agree/agree) with these two statements, compared to 4.3% and 87.3% post training (Figure 2). To compare changes in pre and post-training readiness to intervene at an individual level, scales were coded from one (strongly agree) to five (strongly disagree), and mean scores were compared³. Overall, compared to pre-training, post-training participants were significantly more likely to be ready to intervene (mean average score, pre 2.1 and post 1.7; p<0.01).

²Using Wilcoxon signed rank test. Sexual violence is never the fault of the victim scores were reserved prior to inclusion in combined scores (to match the direction of other measures in the combined score).

³Using Wilcoxon signed rank test. I don't think sexual violence is a problem in nightlife scores were reserved prior to inclusion in combined scores (to match the direction of other measures in the combined score).

Participants were asked pre and post-training about their levels of confidence in intervening in incidents of sexual violence or vulnerability, based on selected scenarios. Following the training, proportions of participants reporting that they would feel confident (confident/really confident) increased for all scenario's presented (Figure 3). To compare changes in pre and post-training confidence at an individual level, scales were coded from one (really not confident) to five (really confident), and mean scores were compared. Overall, compared to pre-training, post-training participants were significantly more likely to feel confident to intervene (mean average score, pre 4.2 and post 4.4; p<0.01).

Figure 3: Proportion of participants who reported that they would feel confident intervening in selected incidents of sexual violence or vulnerability (n=71)



Exposure to incidents of sexual violence or vulnerability in nightlife

Participants were provided with a list of scenarios of intervening in sexual violence or vulnerability in nightlife and asked if they had engaged in these behaviours in the three months prior to attending the training session (Figure 4). Over half (56.7%) of trainees reported that, on at least one occasion, they did something if they saw a woman in a bar, pub or nightclub surrounded by a group of men, and she looked very uncomfortable or upset. 47.1% stated they had let someone they didn't know who they suspected had been sexually assaulted know that they were available for help and support. Just over a third (37.3%) reported that if someone said they had an unwanted sexual experience but didn't call it rape, they had expressed concern or offered to help. A quarter (27.9%) indicated that they had spoken up to someone who was making excuses for forcing someone to have sex with them.

Just over half (50.7%) of trainees reported that they had been a victim of sexual violence⁴ whilst in a bar, pub or nightclub in their lifetime (females, 58.3%; males, 45.7%; no significant difference); 47.9%

⁴ Whilst in a bar, pub or nightclub, has anyone ever touched you sexually in a way that you did not want to be touched or done something else sexual to you that you did not want them to do?

whilst on a night out and 42.3 % whilst working (Figure 5). Amongst those who reported experiencing sexual violence in the night-time economy (NTE):

- 73.5% stated that it had occurred within the last three months.
- 72.2% reported that the perpetrator(s)was male, 52.8% female⁵.
- **85.7**% reported that the perpetrator(s) was a stranger; **11.4**% an acquaintance; **8.6**% someone working in a venue.
- 65.7% stated that they had not reported the incident to anyone.

Figure 4: Proportion of participants who reported intervening in incidents of sexual violence or vulnerability in nightlife in the three months prior to training attendance (n=71)

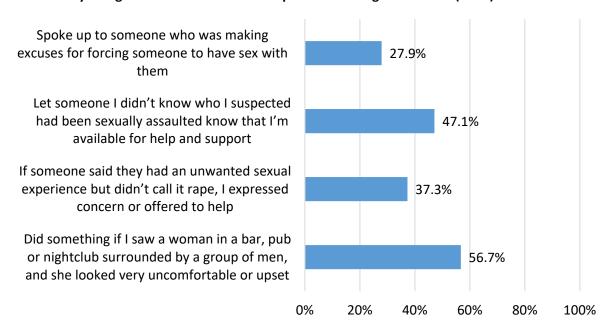
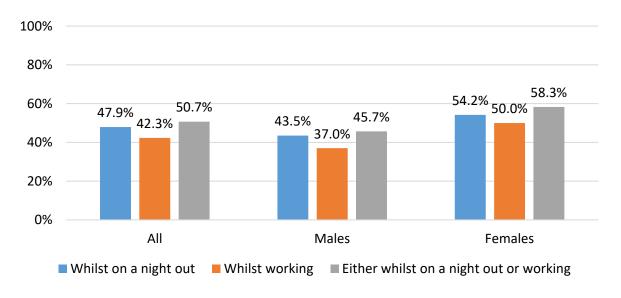


Figure 5: Proportion of participants who reported personally experiencing sexual violence whilst on a night out or working in a bar/pub/nightclub (n=71)



⁵ Trainees could tick more than one option, and or prefer not to say.

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4. Summary

Preventing and responding to sexual violence occurring within, or related to nightlife settings, is a key priority across many UK towns and cities. Whilst a range of interventions are emerging, little evidence exists on what works to prevent sexual violence within nightlife settings. Enhancing understanding of the impacts of prevention programmes is vital to addressing this major public health, human rights and gender equality issue. This study aimed to assess the impact of the GNOC training programme, and builds upon emerging evidence from Europe and the USA that suggests that bystander training programmes may support the prevention of nightlife-related sexual violence (Powers et al, 2018; Quigg et al, 2018b).

The results from this study would indicate that the Good Night Out Campaign (GNOC) training programme is associated with:

- Improved knowledge on the nature and extent of sexual violence, how to respond to sexual violence in nightlife, and where to go for help and support in cases of sexual violence amongst nightlife workers; and,
- Improved readiness and confidence to intervene in sexual violence amongst nightlife workers.

Similar findings have been identified in a comparable evaluation of the implementation of the GNOC training programme across another UK city (Quigg et al, 2020).

Whilst our study designs evaluating the GNOC training programme are strengthened through employing matched pre and post-training surveys and matched-pair analyses to explore sexual violence myths, and readiness and confidence to intervene, further research is needed to explore if changes to these subsequently affect bystander behaviours and reduce sexual violence in the nightlife environment.

Similar to other recent European studies (Quigg et al, 2018b; 2020), our study highlighted that nightlife workers can experience sexual violence not only during a night out, but also whilst working in the nighttime economy, and critically many had not reported the incident to anyone.

Exposure to sexual violence amongst nightlife workers should be a key consideration for future delivery of the GNOC, and broader sexual violence prevention activities.

Given that emerging findings suggest that bystander training programmes implemented amongst nightlife workers can address sexual violence myths and improve worker's readiness and confidence to interview in incidents of sexual violence or vulnerability, statutory and community partners working to enhance nightlife settings, and prevent and respond to sexual violence, should consider further rollout of the GNOC, and/or comparable training programmes.

- Partners working to enhance nightlife settings, and prevent and respond to sexual violence, should consider further roll-out of the GNOC, and/or comparable training programmes, accompanied by programme evaluation.
- The GNOC should continue to implement the pre and post-training surveys during future training delivery, and consider implementing longer-term follow-up with trainees/venues to explore the impacts of the training of staff activities and sexual violence (or related factors) occurring within the venue.

5. References

Abbey, A., Zawacki, M.A., Buck, P., Clinton, A.M. &McAuslan, P. (2001). Alcohol and Sexual Assault. *Alcohol, Health and Research World,* 25, pp43-51.

Banyard, V. L., Plante, E. G., & Moynihan, M. M. (2005). Rape prevention through bystander education: Bringing a broader community perspective to sexual violence prevention. *Journal of Community Psychology*, 32, pp61-79.

Becker, S. & Tinkler J. (2015). "Me Getting Plastered and Her Provoking My Eyes." *Feminist Criminology*, 10,(3), pp235–58.

Fileborn, B. (2017). "Staff can't be the ones that play judge and jury" Young adults' suggestions for preventing unwanted sexual attention in pubs and clubs. *Australian and New Zealand Journal of Criminology*, 50, (2), pp213-233.

Graham, K., Bernards, S., Osgood, D.W. & Wells, S. (2006). Bad nights or bad bars? Multi-level analysis of environmental predictors of aggression in late-night large-capacity bars and clubs. *Addiction*, 101, (11), pp1569–80.

Graham, K., Bernards, S., Osgood, D.W., Abbey, A., Parks, M., Flynn, A. et al (2014). "Blurred lines?" Sexual aggression and barroom culture. *Alcohol: Clinical and Experimental Research*, 38, (5), pp1416-1424.

Graham, K., Wells, S., Bernards, S., & Dennison, S. (2010). "Yes, I Do But Not With You"-qualitative analyses of sexual/romantic overture-related aggression in bars and clubs. *Contemporary Drug Problems*, *37*(2).

Graham, K., Bernards, S., Abbey, A., Dumas, T.M. & Wells, S. (2017). When Women Do Not Want It: Young Female Bargoers Experiences With and Responses to Sexual Harassment in Social Drinking Contexts. *Violence Against Women*, 23, (12), pp1419-1441.

Gunby, C., Carline, A. & Taylor, S. (2017). Location, liberation and leisure: An examination of the use of licenced venues to help challenge sexual violence. *Crime, Media, Culture: An International Journal*, 50, (2), pp315-333.

Hughes, K., Quigg, Z., Bellis, M.A., van Hasselt, N., Calafat, A., Kosir, M. et al (2011). Drinkingbehaviours and blood alcohol concentration in four European drinking environments: across-sectional study. *BMC Public Health*, 11, (1).

Office for National Statistics (2017). Sexual offences in England and Wales: year ending March 2017.

Retrieved

https://www.ons.gov.uk/peoplepopulationandcommunity/crimeandjustice/articles/sexualoffencesinenglandandwales/yearendingmarch2017

Orchowski, L.M., Untied, A.S. &Gidycz, C.A. (2013). Social Reactions of Sexual Victimisation and Adjustment Among Survivors of Sexual Assault, *Journal of Interpersonal Violence*, 28, (10), pp2005-2023.

Powers, R. A., &Leili, J. (2018). Bar training for active bystanders: evaluation of a community-based bystander intervention program. *Violence Against Women, 24*(13), pp1614-1634.

Quigg Z, Hughes K, Bellis MA, Van Hasselt N, Calafat A, Košir M, et al. (2014). Incidents ofharm in European drinking environments and relationships with venue and customercharacteristics. *International Journal of Alcohol and Drug Research*, 3, (4).

Quigg, Z., Butler, N., Bates, R., Grey, H., Ross-Houle, K. & Bigland, C. (2018a). Evaluation of the Cheshire and Merseyside Drink Less Enjoy More intervention. Liverpool: Public Health Institute, Liverpool John Moores University.

Quigg, Z., Bigland, C., Ross-Houle, K., Hughes, K. & Bellis, M. (2018b). Stop-SV: A training programme to prevent nightlife-related sexual violence. Public Health Institute, Liverpool John Moores University.

Quigg, Z., Bigland, C., Hughes, K., Duch, M. & Juan, M. (2020). Sexual violence and nightlife: A systematic literature review. *Aggression and Violent Behaviour*, 51

Tinkler, J. E., Becker, S., & Clayton, K. A. (2018). "Kind of natural, kind of wrong": young people's beliefs about the morality, legality, and normalcy of sexual aggression in public drinking settings. *Law & Social Inquiry*, 43(1), pp28-57.

Waitt, G., Jessop, L. & Gorman-Murray, A.W. (2011). "The guys in there just expect to be laid": Embodied and gendered socio-economic practices of a 'night out'. *Gender, Place and Culture: A Journal of Feminist Geography*, 18, (02), pp255-275.

Ward, C. (1988). The attitudes toward rape victims scale. *Psychology of Women Quarterly*, 12, pp127–146.

