

To support and develop the STOP-SV project, a systematic literature review has been carried out. This newsletter provides a summary of the initial phase of the review and project updates.

Literature review findings

The review aimed to understand the nature, prevalence and consequences of, and risk factors for, sexual violence in nightlife settings; and identify interventions to prevent and respond to sexual violence in nightlife settings.

What is sexual violence and how prevalent it is?

The World Health Organization 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” (1). This definition incorporates a wide range of aggressive and non-consensual acts that, in the context of nightlife environments, can include:

- Rape or attempted rape;
- Unwanted sexual contact, such as groping, kissing and touching;
- Unwanted non-contact sexual attention or harassment, such as verbal comments and sexual gestures;
- Coerced sexual activity, such as through threats, verbal pressure or the surreptitious provision of alcohol and drugs;
- Engaging in sexual activity with someone who is unable to give consent; and,
- Sexual exploitation.

Sexual violence in nightlife environments is thought to be most commonly perpetrated by male patrons towards female patrons, or female staff. However, it can be committed by individuals of both genders towards both opposite and same sex victims, and can also be committed by and to staff – towards both patrons and other staff members. There are several ways in which sexual violence and harassment can manifest in nightlife settings (2,3), including:

- **Opportunistic:** If someone takes advantage of crowding to touch another person or if someone’s, intoxication is exploited sexually by another person (including a partner, date, friend, acquaintance or stranger).
- Through **misperceptions:** such as when an individual incorrectly believes another person to be sexually interested in them or a sexual action to be acceptable to them. Violence may also arise as part of the response to misperceptions (e.g. an aggressive rejection of an advance or an aggressive reaction to a rejection).
- **Predatory social norms:** some individuals may target nightlife venues as easy locations for finding victims; in particular, those who have been drinking heavily or using drugs
- **Social norms:** may support sexual violence and prevent people from recognising this as such (e.g. if women who drink or work in bars are considered to be ‘loose’ or if being ‘touched up’ on a night out is accepted as normal behaviour).

Box 1 illustrates the prevalence of sexual violence in nightlife across various groups and settings.

Box 1: Prevalence of sexual violence in nightlife environments

- In a US study, one fifth of club users reported experiencing sexual aggression whilst in the club that night (5).
- 50.0% of young (19-29 years) female nightlife users in Canada reported experiencing unwanted and/or persistent sexual aggression during a night out (4).
- In a study in Brazil, just over 10% of male and female nightclub patrons reported that someone kissed them or tried to have intercourse against their will whilst in the club that night; between 3-5% reported that they has kissed or attempted to have intercourse against a person’s will whilst in the club that night (6).
- 11.6% of nightlife users who had preloaded (i.e. drank at home) prior to a night out in the UK, reported experiencing sexual molestation in the nightlife environment in the past 12 months (compared to 5.0% of those who did not preload) (7).

Consequences

Sexual violence in nightlife and other settings can have both direct and indirect consequences. For instance, sexual violence may lead to injury, disability or even death. Further impacts may also be placed on the victim's health and wellbeing (e.g. stress and mental health problems; substance use; unintended pregnancies and abortions; and sexually transmitted infections [8]). Impacts may also be seen on the nightlife environment. A study conducted in one UK nightlife area found that over a quarter of nightlife users would be reluctant to return to a venue in which they received unwanted sexual touching (9).

Associations

The literature suggests that the nature and prevalence of sexual violence in nightlife settings is the result of a combination of intertwining factors that can either promote (in the most part) or prevent such harms. These factors can occur at an individual (e.g. alcohol use), relationship (e.g. group dynamics), community and/or societal level (e.g. attitudes, expectations and social norms).

Prevention

Few identified studies explored the prevention of sexual violence in nightlife settings. Four studies discussed ways in which individuals (primarily females) may monitor or alter their behaviours to reduce their level of vulnerability when frequenting nightlife settings. Examples included: limiting personal alcohol consumption to reduce levels of inebriation; not walking around alone/going out in groups/remaining with friends; avoiding interactions with strangers; shaming aggressors to deter future incidents; the use of gestures and signals to alert friends to potentially compromising situations; and watching drinks to ensure they are not tampered with or only drinking out of bottles (2,10-12). Two studies explored community level interventions focusing on the prevention of sexual violence and other offences through alcohol policies (e.g. control of outlet density, alcohol pricing, and management of drinking environments). A study across England found that local areas with more intense alcohol licensing policies had a stronger decline in rates of violent crimes, sexual crimes and public order offences over time (13).

Project updates

Training development

Findings from the literature review have been used to inform the content of the training manual and materials. An initial version of the manual and training materials has been produced, and reviewed across partners in the four countries. Materials are currently being finalised, with nightlife worker training expected to commence early 2018.

Second project meeting in Prague, Czech Republic (CZE)

The second meeting of the STOP-SV partnership was held, between the 7th and 9th of December 2017, at the Department of Addictology, Charles University. This meeting provided partners with the opportunity to discuss their progress on the project and review the training package. During the course of the meeting, partners met with members of the CZE coalition providing some essential insight into the nightlife setting in Prague. Members of the press were invited to attend a briefing given by members of the Charles University team, and all partners participated in answering any questions they had regarding the project. The meeting helped to guide the next steps in the formulation of the project and finalise training strategies and evaluation.



The STOP-SV partnership

IREFREA Spain and Portugal



IREFREA is probably the oldest European drug prevention network. The areas covered by the Spanish and Portuguese teams include alcohol and drug prevention (research, evaluation, and programme implementation) and its members are very active in professional and scientific arenas such as the EMCDDA and NIDA. These teams have also organised many European conferences and have lead or participated in over 30 research projects at European and national level. Both teams excel in research achievements having had a social impact on risk factors including youth and gender violence. The teams have extensive experience in training and empowerment of civil society organizations both at national and international level and IREFREA is represented in the Civil Society Forum on Drugs since its initial stages.

The Public Health Institute (PHI) at Liverpool John Moores University (LJMU)



The PHI is a vibrant research community working to inform public health policy and practice, at local, national and international level. It specialises in applied research, systematic literature review, evaluation of prevention programmes and the development of public health intelligence on alcohol and drug use, violence, sexual behaviour, and exploration of the effectiveness of interventions to prevent harm in drinking environments. The PHI is a WHO Collaborating Centre for Violence Prevention, including gender violence and youth violence, with a particular interest in violence occurring in nightlife environments and a broader research expertise, focusing on alcohol and drug use, risky sexual behaviours and safer nightlife environments. The PHI co-hosts the UK focal point to the EMCDDA.

The Department of Addictology at Charles University (CUNI)



The DA has wide experience with quantitative and qualitative research in the field of substance abuse. The DA is experienced in leading projects including implementation, evaluation and dissemination activities. It actively collaborates with the Czech National Monitoring Centre for Drugs and Drug Addictions and participates in national and international research projects. The DA has a specialized section for law and criminology with extensive experience on surveys for criminal victimization and crime measurements.

Project STOP ! SV

For more information on the STOP-SV project, please contact the partnership or visit our websites



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STOP ! SV – staff training on prevention of sexual violence: developing prevention and management strategies for the nightlife workplace



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