Exploration of young people's experience and perceptions of violence in pubs in Liverpool city centre

Findings from the pilot study

Zara Anderson and Karen Hughes

Centre for Public Health
Faculty of Health and Applied Social Sciences
Liverpool John Moores University
Castle House
North Street
Liverpool
L3 2AY
Email: z.a.anderson@ljmu.ac.uk
Tel: 0151 231 4505
www.cph.org.uk

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Key points

The aim of this pilot study was to initiate the development of a tool for exploring violence in nightlife areas and to trial this tool in Liverpool by surveying young people in licensed premises in the city. Key points from the pilot study are summarised below.

The high prevalence of experience of violence among participants in this pilot study shows that this type of survey is appropriate and useful in gaining information on nightlife violence. Further, with most incidents of violence disclosed in the pilot study not having been reported to police, implementation of such a survey on a wider basis provides the opportunity to gain valuable information about hidden levels and incidents of violence occurring in nightlife settings. The initial tool used in this research study has gleaned a range of information from even the limited sample size surveyed, including:

- There are high levels of binge drinking among young people using Liverpool's nightlife. Men reported drinking an average of 15 units and women 11 units while out at night. Most respondents also drink alcohol at home prior to a night out.

- The majority of young people using Liverpool's nightlife felt safe. However, perceptions of the level of violence were still relatively high.

- Four in five participants had witnessed a fight in Liverpool's nightlife during the past twelve months.

- One in five participants had personally been involved in a fight in Liverpool's nightlife during the past twelve months. Just under half of these respondents had sustained an injury during the fight.

- Just one in ten assaults disclosed in the pilot study had been reported to police. Of those in which an injury was sustained, one eighth were reported to police and half came into contact with health services.

- Concert Square and surrounding streets are key hotspot areas for violence in Liverpool city centre.

The pilot study found that the use of this type of survey among young people in licensed premises to be an appropriate method of accessing this group. Compliance in the pilot study was 96% indicating that young people are willing to provide information and discuss their experiences during a night out. Some of the key factors considered important in the implementation of a survey like this were:

- Utilising a short and concise questionnaire to encourage compliance and gain as much useful information as possible in a short period, thus limiting demands on participants' time,

- Ensuring potential participants are informed of the nature of the questionnaire and that it is a research project with the aim of improving safety within their nightlife,

- Implementing the questionnaire on a one-to-one basis to maximize accuracy and completion of questions,

- Ensuring the research team are trained to question participants and record responses in a consistent manner,

- Conducting the questionnaire in a wide variety of premises to prevent bias,

- Gain permission from managers of licensed premises prior to implementation to ensure they understand the purpose of the research and to help raise awareness of both issues around violence and measures being taken locally to address these issues. A feedback process to licensees would also be useful.

Throughout the course of the pilot project the research team highlighted a number of ways in which the questionnaire could be improved. Some recommended modifications include:

- Reordering questions on alcohol consumption and ascertaining exact questioning techniques to enable more accurate levels of consumption to be estimated,

- Including questions on drink spiking, which was disclosed by several participants,

- Reducing questions on vandalism and mugging which were rarely reported,

- Merging questions 18 and 19 as information received was largely duplicated.

Refinement of the questionnaire through consultation with partner agencies would enable the tool to focus specifically upon those data considered most useful to those developing and implementing violence prevention measures. Thus we recommend the tool is developed and implemented fully in Liverpool before being made available to other agencies throughout the region for use in their own violence prevention measures.

The small sample size and non-random selection of venues visited for the pilot means findings should be treated with caution. However, wider implementation of the survey would provide more representative data and enable more detailed analyses to be conducted.

Contents

Acknowledgements i
Key points ii
Contents iv
1. Introduction 1
1.1 Background 2
2. Methods 4
3. Results 5
3.1. Demographics 5
3.2. Visiting Liverpool's nightlife 5
3.3. Alcohol and drug use 6
3.4. Perceptions of safety and violence 7
3.5. Experience of anti-social behaviour and violence 7
3.6. Extent of violence 9
3.7. Hotspot areas for violence 9
3.8. Underreporting of assaults 11
3.9. Perceptions of police and door supervisors 12
3.10. Reducing violence in Liverpool's nightlife 13
4. Discussion 14
4.1 Key findings from the pilot survey 14
4.2 Study development 16
5. Conclusions 17
6. Appendix 1 18
7. References: 20

1. Introduction

Violence has devastating impacts on the health of victims and witnesses and places a huge burden on the criminal justice system, health services and wider society. Half of all violence occurring in England and Wales is related to alcohol and much of this occurs in nightlife settings. Increased capacity in licensed premises in town and city centres in recent years combined with growing levels of alcohol consumption among young people has meant popular nightlife areas have experienced increasing problems with alcohol-related violence (Hughes and Bellis, 2003). Tackling such violence is hampered by the fact that many assaults are not brought to police attention (Dodd et el, 2004). Data from the Royal Liverpool Accident and Emergency (A&E) department, for example, show 49% of assault patients do not intend to inform the police of their assault (Anderson, 2005a). The reasons for this are largely unexplored. Further, not all victims of violence in nightlife require or seek medical treatment, meaning a large proportion of nightlife violence remains unrecorded by any agency and little is known about its impact on individuals or the wider community.

The Home Office Tackling Violent Crime Programme (TVCP) aims to reduce violent crime in England and Wales, with alcohol-related violence a key priority. In the North West, much work is underway in TVCP tranche areas to increase understanding of alcohol-related violence, promote information sharing between health and criminal justice agencies, and implement interventions to reduce alcohol-related violence. To enhance this work, the Home Office group at Government Office North West commissioned the Centre for Public Health to conduct a pilot study towards exploring young people's experience and perceptions of violence in Liverpool city centre; an area included in the first tranche of the TVCP. The study aims to examine the involvement of alcohol in such violence, hotspot areas for violence and perceptions of policing in the city centre. In particular, it intends to explore assault victims' contact with criminal justice and health agencies and to identify barriers preventing victims and witnesses reporting assaults to police. The key objectives of the study are:

1. To provide a better understanding of the prevalence and characteristics of assaults in Liverpool city centre's night time economy.
2. To examine young people's perceptions of violence in Liverpool's night time economy, including areas most associated with violence.
3. To explore the proportion of nightlife assaults that are not disclosed to police and identify reasons why victims and witnesses do or do not inform police of assaults.
4. To explore the characteristics of individuals and ill health caused by violence that results in contact with health services.
5. To explore the development of a tool that can be used to examine these issues in other areas.

The pilot study was conducted in February 2006 in eight pubs and bars in Liverpool city centre. It aimed to gain a basic understanding of levels and experiences of violence in Liverpool to inform development of the study, and to trial an initial version of a tool for conducting this exercise on a wider basis. This report presents the findings of the pilot study, providing results of pilot study data analyses along with recommendations for development of the tool and the study.

1.1 Background

An estimated two and a half million incidents of violence occurred in England and Wales in 2004/5, and in almost half (48%) the offender was believed to have been drinking (Dodd et al, 2004). A large proportion of alcohol-related violence occurs in nightlife settings; more than a fifth of all violence in England and Wales takes place in or around pubs and clubs and 80% of these incidents involve alcohol. (Dodd et el, 2004). Alcohol-related violence is not only costly in terms of individual health, but also places huge demands on the criminal justice system, health services and wider society. For example, the annual cost of alcohol-related crime and disorder in England alone is estimated at £7.8bn, while just under half (49%) of assault patients presenting at Accident and Emergency had been drinking (Anderson, 2005a). Furthermore, 85% of assault-attendances to Accident and Emergency between the hours of 2am and 4am of a Saturday and Sunday morning had been drinking (Anderson, 2005b). In addition, public perceptions of high levels of anti-social behaviour lead to increased fear of crime and prevent people from visiting town and city centres at night, hampering efforts for diversification of night time economies and regeneration (Finney, 2004).

Evidence suggests there is a clear link between alcohol intoxication and aggression (Macdonald et al, 2005; World Health Organization, 2005; Felson and Burchfield, 2004; Swahn et al, 2004; Babor at al, 2003; Collins and Messerschmidt, 1993). For example, in England and Wales young males who binge drink regularly are more than twice as likely to have committed a violent crime during the past twelve months than regular (non-binge) drinkers (Mathews and Richardson, 2005). Research in nightclubs in England found men drank an average of 14 units of alcohol and women 10 units during a night out (Deehan and Saville, 2004). For both sexes this is over three times the recommended daily limits (3 units for women and 4 units for men - binge drinking is commonly classified as drinking more than double these limits).

Alcohol use directly effects cognitive and physical functioning making intoxicated individuals more likely to commit a violent act or become a victim of violence (World Health Organization, 2005). However, research indicates that alcohol intoxication does not necessarily induce violent behaviour, but that an aggressive response is often influenced by an additional factor such as provocation and/or frustration (Taylor and Chermack, 1993). Alcohol and violence have been the subject of large amounts of research and one review (Graham et al, 1997) identified over 50 proposed explanations to account for the association between alcohol and aggression. These explanations relate to four general causes: (1) the effects of alcohol; (2) the effects of the drinking environment; (3) personality, attitudes or other expectations of the drinker; and (4) societal attitudes, expectations and values.

Evidence suggests that alcohol intoxication increases aggression but that this effect is influenced by the characteristics of the drinker and the drinking environment (Graham et al, 2000; Parker and Auerhahn, 1998). Thus certain types of licensed premises are associated with increased aggressive behaviour and specific factors in licensed premises can be important contributors to the frequency of violence (Bellis et al, 2004). Violence is more likely to occur in a drinking environment that is crowded, untidy, noisy and smoky (Graham et al, 1998), has poor ventilation (Quigley et al, 2003), employs poorly trained bar staff (Graham et al, 2004), aggressive door supervisors (Homel and Tomsen, 1992), and has an overall ‘permissive’ attitude (Homel et al, 2004). For example, crowded licensed premises can be related to violence as crowds cause discomfort for patrons; a problem exacerbated by lack of seating. Patrons in these situations tend to consume alcohol at a faster rate, which causes higher levels of intoxication, and increases the potential for violent and

aggressive reactions to jostling and discomfort (Homel and Tomsen, 1992). Outlet density and poor availability of public transport have also been identified as factors that increase the potential for violence (Homel et al, 2004; Weitzman et al, 2003), while fast food outlets also attract large crowds of intoxicated young people and are often the scene of violent incidents (OPDM, 2003).

There is evidence to suggest that a large number of assaults are not reported to the police. The British Crime Survey (BCS) consistently estimates levels of violence far higher than recorded crime. At a local level, police data can be supplemented by data from Accident and Emergency departments, with data from the Royal Liverpool A&E department showing that 49% of assault attendees do not intend to inform police of their assault (Andersona, 2005). However, on top of this there will inevitably be a number of victims of violence who neither inform police of their assault nor seek health treatment (McVeigh et el, 2005). Thus, a large proportion of nightlife violence remains unrecorded and little is known about its impact on individuals or the wider community. The reasons for underreporting of violence are currently unexplored meaning the effect assaults have on individuals, the community and local services are not fully understood.

Nightlife and violence in Liverpool

The city of Liverpool has a thriving nightlife. A quarter of Liverpool's population is aged 15 to 29 years and the city also attracts a large student population, meaning a large proportion of the population are at an age when nightlife is of particular interest (Bellis and Hughes, 2005). In 2005, there were around 350 pubs and clubs across Liverpool city centre (Douglass, 2005), with around 150 having extended licenses enabling them to stay open late. This figure is likely to have increased with the introduction of the extended licensing hours. Liverpool's growing nightlife has played a key part in the city's regeneration, yet has also brought key challenges to local agencies.

In comparison to other areas in the North West, Liverpool suffers disproportionately high burdens of alcohol-related hospital admissions and crimes (Bellis et al, 2005). Estimates of alcohol-related violence show Liverpool has a rate of 8.6 alcohol-related violence offences per thousand population, the second highest rate across the North West (Hughes et el, 2004). During 2004/2005 there were over 4,000 assault-related attendances to the Royal Liverpool A&E department; 10% of these assaults occurred in pubs or clubs and a third took place on the street. Key locations for assault identified by A&E staff included the city's main nightlife areas of Bold Street, Concert Square, Slater Street and Mathew Street. Of those assaults occurring inside a pub or club, a fifth involved glasses and bottles as weapons and 15% had been assaulted by a door supervisor. Furthermore, where information was collected, just under half of assault patients had not and were not intending to inform police of their assault (Anderson, 2005a). This highlights the importance of using health data along with police data to understand the true burden of assaults across an area.

2. Methods

The pilot study consisted of the development and implementation of a short, anonymous questionnaire (Appendix 1) which aimed to explore:

- People's perceptions and experience of violence in Liverpool city centre's nightlife,
- Consequences of assaults and contact with health services,
- Reasons why victims and witnesses of assault do or do not inform the police of their/the attack,
- Alcohol and drug use whilst on a night out,
- Perceptions of the police in Liverpool's nightlife,
- Perceptions of door supervisors in Liverpool's nightlife.

The questionnaire was reviewed by a panel with extensive experience of violence-related issues and of conducting research in the night time environment. The panel included researchers from the Centre for Public Health, Liverpool John Moores University, and partners from Merseyside Police, the National Health Service and the Home Office. Prior to the implementation of the pilot study, ethical approval was sought from Liverpool John Moores University Ethics Committee.

The target audience for the pilot study were young people aged 18 to 35 years old who visit bars and pubs in Liverpool city centre. This age category was used as young people, in particular young males, are at greatest risk of being both a perpetrator and a victim of violence (Dodd et al, 2004). The survey was conducted in eight venues across Liverpool city centre; three in the Concert Square area, three in the Mathew Street area and two in the main student area. Access to the eight premises was authorised by the manager of each premise prior to the night of survey. Risk assessments were completed for all survey locations. The survey was conducted opportunistically between the hours of 7pm and 10pm on five nights between 8th February and 22nd February 2006. Questionnaires were completed by trained researchers who interviewed participants on a one to one basis. Prior to completing the survey, researchers explained the purpose of the research to potential participants both verbally and via an information sheet. Individuals were then asked if they would like to take part in the survey and volunteers were asked to initial and sign a consent form (no names were taken to maintain confidentiality). Where a participant was found to be outside the target age group, the survey was still conducted with the individual; individuals over the 35 year age limit were excluded from analysis whilst those admitting to being under the age of 18 were included given the additional issue of underage drinking in nightlife.

A total of 107 questionnaires were completed during the course of the pilot study. 56 were completed in the Concert Square area, 26 in the Mathew Street area and 25 in the Student Union bars. However, four questionnaires were excluded from the analysis; three were from participants over the age of 35, whilst the fourth questionnaire was excluded as the participant withdrew their consent to take part in the survey half way through completing the questionnaire. In total 103 questionnaires were used in the analysis. Five (4% of people asked) people refused to take part in the survey before the purpose of the research was explained to them.

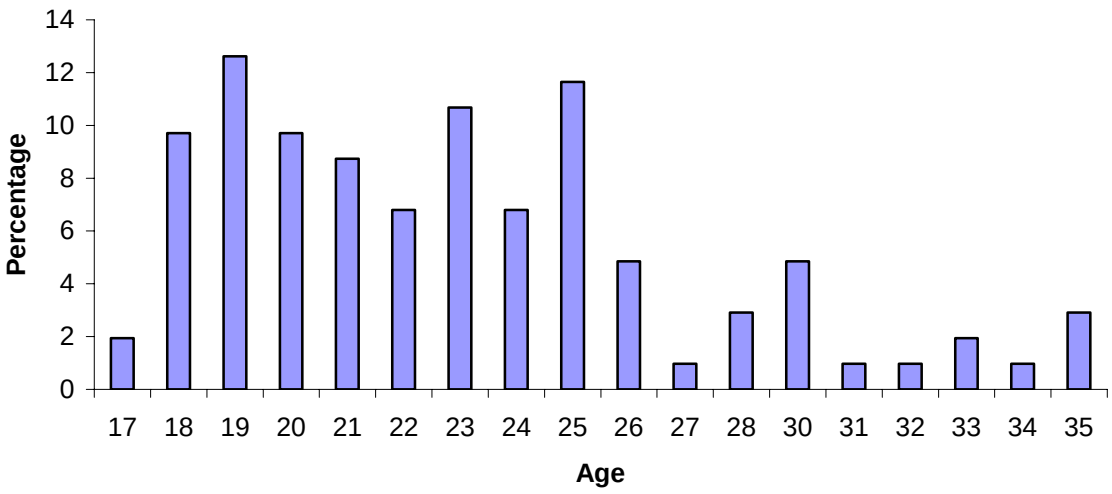
Data were entered and analysed in the statistical package SPSS version 12.

3. Results

3.1. Demographics

Figure 1 shows that just under eight in ten (79%) participants were between the age of 17 and 25 years old. Half (N=52) of participants were female.

Figure 1: Age distribution of participants



Information on area of residence and occupation of participants was collected to gain an understanding of the type of people using Liverpool's nightlife and also the distance they had travelled to the city. The majority of participants resided in or around Liverpool (86%), whilst 8% had travelled from the Wirral or Chester. Four in ten (41%) participants were students (Table 1). This reflects the large student population resident in Liverpool.

Table 1: Occupation of participants

Occupation	Percentage
Student	41%
Office Worker	21%
Other	17%
Professional/management	7%
Retail	6%
Bar worker	5%
Unemployed	3%

3.2. Visiting Liverpool's nightlife

The majority (84%) of participants visited pubs and clubs a least once a week. Similarly, a large proportion (73%) of participants visited pubs and clubs specifically in Liverpool city centre at least once a week, whilst over four in ten (43%) visited more than once a week (Table 2). Participants were asked which pubs and clubs they usually visited when on a night out in Liverpool and the most common venues reported were those in the Concert Square area of Liverpool, one of the city's most popular nightlife areas (Table 3). This may be a reflection of the venues in which the pilot survey was conducted as three out of the eight venues visited were situated in and around the Concert Square area. When the main study is conducted, a more representative sample of bars will be targeted to ensure the findings are representative of people visiting all areas of Liverpool city centre's nightlife.

Table 2: Frequency of visits to pubs and clubs

Frequency	How often do you visit pubs and clubs?	How often do you visit pubs and clubs in Liverpool city centre?
	Percentage (N)	Percentage (N)
Less than once a month	8% (8)	13% (13)
1 - 3 days a month	8% (8)	14% (15)
Once a week	28% (30)	30% (31)
2 - 4 days a week	42% (43)	32% (33)
5 plus days a week	14% (14)	11% (11)
Total	100% (103)	100% (103)

Table 3: Top ten bars most frequently visited by participants

Bar/pub	Percentage (N)
Korova	24% (25)
Barracuda	17% (17)
Bumper	15% (15)
Revolution	15% (15)
Mood	12% (12)
Edwards	10% (10)
Lago	10% (10)
Lloyds	10% (10)
Student Union (LJMU)	9% (9)
Baa bar	7% (7)

Just under half (48%) of participants reported visiting Liverpool city centre at night for purposes other than going to pubs and clubs. In particular participants visited the city at night to go to restaurants, to work, to go to the cinema or to visit friends who live in the city centre. Taxis were the main method of transport for people coming into the city for a night out and also the main method of transport to get home (Table 4).

Table 4: Usual means of transport used to get into and out of the city on a night out

Transport	In to city	Out of city
	Percentage (N)	Percentage (N)
Bus	22% (23)	13% (13)
Drive	4% (4)	4% (4)
Taxi	42% (43)	59% (61)
Train	9% (9)	7% (7)
Walk	23% (24)	17% (18)
Total	100% (103)	100% (103)

3.3. Alcohol and drug use

One in ten participants had consumed alcohol on five or more days in the past week, with no significant difference between male and female participants (Men 10%, Women 9%). This is somewhat different to the findings of the General Household Survey (2004), which found men were almost twice as likely to have drunk on five or more days in the past week than women (Men 23%, Women, 13%) (Goddard and Green, 2005).

Two thirds (66%) of participants specified they usually drank alcohol at home before going on a night out. The average number of units consumed at home before a night out was six (Range two to twenty units). The majority (99%) of participants usually consumed alcohol in bars and clubs on a night out. Men and woman drank an

average of 15 and 11 units of alcohol on a night out respectively. The Office for National Statistics defines binge drinking as 'drinking more than double the daily recommended amount of alcohol' (Hughes et al, 2004), i.e. more than eight units per day for males and six units per day for females. Analysis shows that 81% and 80% of female and male participants respectively drank more than double their recommended daily alcohol limit whilst on a night out in Liverpool city centre, suggesting high levels of binge drinking. A third (35%) of participants stated they used illicit drugs on a night out at least sometimes. The main drugs of use were cocaine (22%) and ecstasy (17%) (Table 5).

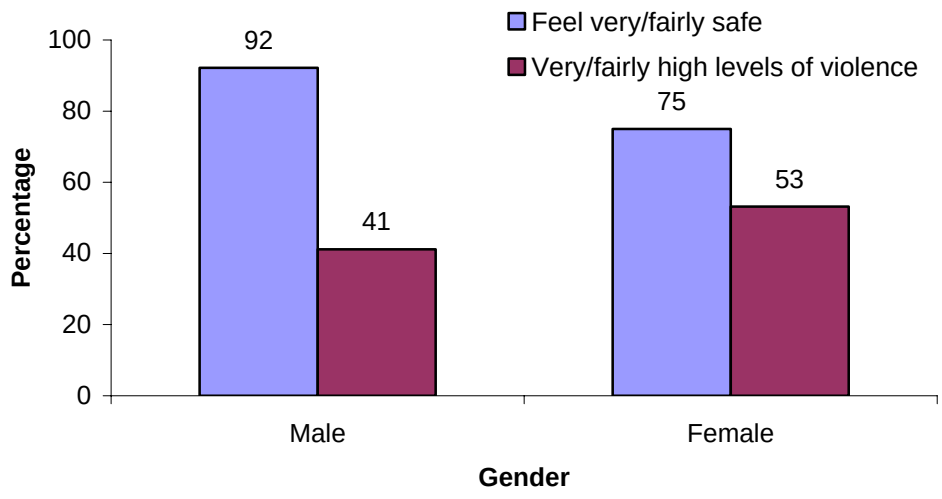
Table 5: Percentage of participants using illicit drugs on a night out by drug of use

Substance	Percentage (N)
Cocaine	22% (23)
Ecstasy	17% (18)
Cannabis	8% (8)
Amyl Nitrate	2% (2)
Amphetamines	1% (1)

3.4. Perceptions of safety and violence

The majority (83%) of participants felt very or fairly safe in Liverpool city centre at night, although males were more likely to feel very or fairly safe than females (X^2, $p<0.05$) (Figure 2). However, just under half (45%) of participants perceived the level of violence in Liverpool city centre at night to be very or fairly high. Analysis of feelings of safety compared with perceptions of violence found that those participants who perceived levels of violence to be very or fairly high were more likely to feel very or fairly unsafe in the city centre at night, compared to those who perceived the levels of violence to be very or fairly low.

Figure 2: Feelings of safety and perceptions of violence by gender



3.5. Experience of anti-social behaviour and violence

Participants were asked to identify whether they had witnessed or been involved in a number of anti-social behaviour and violence-related incidents in the city centre whilst out on a night out in the past twelve months. Table 6 shows three quarters (73%) of participants had seen a fight in a pub/club and four fifths (83%) had seen a

fight in the street whilst on a night out in Liverpool city centre. Most participants reported witnessing such violence on less than half of all occasions they had been out at night in Liverpool in the last 12 months, although one in five (19%) reported witnessing such violence on more than half of the occasions they had been out. In total, participants reported having witnessed 592 fights between them whilst using Liverpool city centre's nightlife, an average of six per respondent (Range zero to fifty). However, these fights do not necessarily represent individual incidents as participants were often interviewed within groups of friends and thus may have witnessed the same fights.

As would be expected, the percentage of participants personally involved in a fight in a pub/club or on the street was much smaller than the proportion who had witnessed a fight. For every fight that occurs in Liverpool's busy nightlife environment there will inevitably be a group of people in the surrounding area who will witness the fight. However, twenty (19%) participants stated they had been involved in a fight in a pub or club, on the street, or both whilst on a night out to Liverpool city centre. Further information is provided on this violence in section 3.6.

In addition to physical violence, participants reported high levels of verbal abuse within Liverpool's nightlife. The majority (84%) of participants had witnessed someone being verbally abused whilst on a night out, whilst a third (35%) had been verbally abused personally. There was no difference in the proportion of males and females who had been verbally abused on a night out in Liverpool. Smaller percentages had witnessed somebody being sexually molested (including groping), being mugged and vandalising someone else's property (Table 6). Given the high levels of alcohol consumption reported by young people in the pilot study, it is not surprising that 88% of participants had witnessed someone too drunk to walk and 40% of participants had themselves been too drunk to walk during a night out in Liverpool in the last 12 months.

Table 6: Percentage of participants who have witnessed or been involved in anti-social behaviour-related incidents

Type of incident	Participant witnessed	Participant involved in
A fight in a pub/club	73%	12%
Someone being sexually molested (including groping)	20%	14%
A fight in the street	83%	14%
Someone being mugged	10%	2%
Someone too drunk to walk	88%	40%
Someone vandalising	38%	2%
Someone being verbally abused	84%	35%

There was no difference in perceptions of safety whilst on a night out in Liverpool between those who had witnessed a fight in a pub or club or on the street and those who had not. Similarly, there was no difference in perceptions of safety whilst on a night out in Liverpool between those who had been involved in a fight in a pub or club or on the street and those who had not. However, perceptions of the levels of

Table 7: Location of the most serious assaults involving a participant

Street	Frequency
Concert Square	2
Wood street	2
Seel Street	1
Slater Street	1
Pub	
Don Juan's (Slater Street)	1
Edwards (Bold Street)	1
Flanagan's (Mathew Street)	1
Lloyds (Fleet Street)	1
Outside Pleasure Rooms (Wolstenholme Square)	1
Reflex (Wood Street)	1
Walkabout (Fleet Street)	1
Total	13

3.8. Underreporting of assaults

Police statistics are known to underreport violent crime (Dodd et el, 2004). Data from the Royal Liverpool A&E department shows that, where information was recorded, just under half of patients attending with assault-related injuries had not and did not intend to inform the police about their assault (Anderson, 2005a). One of the objectives of this research was to identify reasons why victims and witnesses of assault do or do not inform the police of their/the attack. Just under two thirds (62%) of participants in the pilot study stated that they would not inform the police if they witnessed an assault. Five key reasons for this were identified:

- Participants felt it was not their duty to inform the police about assaults,
- Participants did not want to get involved and presumed someone else would inform the police,
- Some participants did not trust the police and felt the police would not act upon the information they provided,
- Participants did not see the worth of the information they could provide to the police about an assault and did not want to waste police time,
- Participants felt there were enough police patrolling the area where they had witnessed a fight and therefore there was no need to report the assault, as the police were there to deal with the assault anyway.

Despite this last reason, just under half (44%) of participants felt there were not enough police patrolling Liverpool's nightlife (Table 8). However, police were largely present in the locations where assaults witnessed by participants occurred, suggesting police in Liverpool are located in appropriate areas. When door supervisors were present at a fight, participants felt it was not necessary to inform the police of the assault, as the door supervisors would have dissolved the fight.

Participants were also asked what factors would influence their decision to inform the police about an assault. A key aspect was accessibility of the police. Participants were not willing to go looking for the police to inform them of an assault, although they would do so if they were close by. The people involved in the assault also had an influence on whether a person would report an assault to the police. Participants would not inform the police of an assault if they thought they would be labeled as a 'grass' and as a result be put in danger or if they thought the circumstances in which the assault occurred would mean the police would think they were involved in the assault. If the person did not know the people involved in the assault, they were unlikely to inform the police, through not wanting to get involved and believing it was

none of their business to do so. However, there were a number of circumstances when participants reported they would feel compelled to inform the police, including incidents when a man had assaulted a woman, when an individual had been assaulted and was on their own, and when the assaulted person was a friend. The severity of an assault would also influence participants' decisions to inform the police of an assault, especially if someone had been seriously injured or if the person who had been assaulted asked them to inform the police.

3.9. Perceptions of police and door supervisors

Perceptions of the police patrolling Liverpool's nightlife were generally positive. Half of participants felt the police were approachable (54%), calm (56%), helpful (50%), responsive to violence (55%), trustworthy (48%) and that they helped prevent violence (54%). A slightly lower proportion thought the police were understanding (39%). Only a small proportion (8%) felt there were too many police patrolling Liverpool's nightlife, while over four in ten (44%) thought there were not enough police and a similar proportion (48%) were undecided.

Perceptions of door supervisors were not as positive. Only a third (33%) of participants thought door supervisors were approachable, and a quarter perceived them as calm (25%) and helpful (26%). Half of participants perceived door supervisors in Liverpool city centre to be unapproachable (49%), aggressive (55%) or unhelpful (50%). However, perceptions of whether door supervisors help prevent violence or prevent underage entry to premises were less positive, with only a third (32%) perceiving them to do so.

Table 8: Perceptions of police patrolling Liverpool's nightlife (using a scale of one to five for each category)

Category	1	2	3	4	5	Category	Don't know
Approachable	25%	29%	31%	9%	2%	Unapproachable	4%
Too many	2%	6%	44%	20%	24%	Too few	4%
Calm	29%	27%	27%	13%	1%	Aggressive	3%
Helpful	18%	32%	33%	8%	4%	Unhelpful	5%
Trustworthy	27%	21%	39%	6%	3%	Dishonest	4%
Understanding	16%	23%	41%	13%	4%	Unsympathetic	4%
Responsive to violence	28%	27%	29%	7%	4%	Unresponsive to violence	5%
Prevent violence	30%	24%	31%	7%	4%	Contribute to violence	4%

NB: A scale of one to five is used here. For example one refers to approachable and five refers to unapproachable.

Table 9: Perceptions of door supervisors working in Liverpool's nightlife (using a scale of one to five for each category)

Category	1	2	3	4	5	Category	Don't know
Approachable	19%	14%	16%	27%	22%	Unapproachable	2%
Calm	11%	14%	18%	30%	25%	Aggressive	2%
Helpful	12%	14%	22%	28%	22%	Unhelpful	2%
Responsive to violence	37%	20%	16%	10%	16%	Unresponsive to violence	2%
Prevent violence	16%	16%	32%	19%	16%	Contribute to violence	2%
Prevent underage entry to premises	16%	16%	32%	19%	16%	Contribute to underage entry to premises	2%

NB: A scale of one to five is used here. For example one refers to approachable and five refers to unapproachable.

3.10. Reducing violence in Liverpool's nightlife

Participants highlighted a range of ideas on how to reduce the level of violence in Liverpool city centre at night. Four in ten (42%) participants felt violence could be reduced if there were more police on patrol. Other ideas were directed at licensed premises, including more age checking by door supervisors and bar staff to reduce under age drinking within the city centre. There was also the perception that bars had no restrictions on when they should prevent service to people for being too drunk. Participants felt that bar staff refusing service to people who were obviously drunk would help reduce the level of violence.

A particular issue around closing times was highlighted. Participants felt the pressures placed on the city through the previous 2pm closing time for many pubs and clubs meant violence had been a particular issue. The introduction of 24 hour licensing was seen as an effective measure to reduce violence at closing times by reducing the presence of large crowds of intoxicated individuals at closing time. Participants also felt there were inadequate numbers of taxis in the city at night and that this contributed to the levels of violence. It particular participants felt there was a need for a taxi rank on Victoria Street and Slater Street.

4. Discussion

The aim of this pilot study was to initiate the development of a tool for exploring violence in nightlife areas and to trial this tool in Liverpool by surveying young people in licensed premises in the city. This section summarises the key findings from the pilot study and discusses how the research could be developed. The small sample size and non-random selection of venues visited for the pilot means findings should be treated with caution. However, wider implementation of the survey would provide more representative data and enable more detailed analyses to be conducted.

4.1 Key findings from the pilot survey

The young people interviewed for the pilot study were predominantly regular users of Liverpool's nightlife, with the majority visiting pubs and clubs in the city at least weekly and almost half visiting two or more times per week. Taxis were the most common method of transport to and from the city at night. The pubs and clubs most frequently visited by respondents clustered in the Concert Square area of the city, an area with a large concentration of licensed premises that is associated with youth drinking.

Alcohol consumption is strongly associated with the nightlife environment, and the pilot study demonstrated high levels of alcohol consumption among participants. One in ten males and females had consumed alcohol on at least five days in the past week and the majority said they usually drank alcohol when on a night out. High levels of binge drinking were evident among both male and female participants, with men drinking an average of 15 units and women 11 units on a night out. In addition to this, two thirds of participants reported usually consuming alcohol at home prior to a night out. Evidence of illicit drug use among participants was also highlighted, with cocaine (22%) and ecstasy (17%) use most commonly reported.

There are high levels of binge drinking among young people using Liverpool's nightlife. Men reported drinking an average of 15 units and women 11 units while out at night. Most respondents also drink alcohol at home prior to a night out.

Most participants reported feeling safe whilst on a night out in Liverpool city centre, yet a large proportion still felt that the level of violence in the city at night was high. Male respondents reported greater feelings of safety than females. Findings suggested that perceptions of violence were associated with witnessing and being involved in violence. As would be expected, participants who had witnessed or been involved in an assault were more likely to perceive the level of violence in the city at night to be high.

The majority of young people using Liverpool's nightlife felt safe. However, perceptions of the level of violence were still relatively high.

Most people surveyed in the pilot had witnessed some form of violence during a night out in Liverpool in the last year. Over four in five had witnessed a fight in the street or someone being verbally abused, and three quarters had witnessed a fight occurring within a pub or club. Participants reported having witnessed around 600 assaults between them in the city at night over the last 12 months, an average of six per person. However, these fights do not necessarily represent individual incidents as participants were often interviewed within groups of friends and thus may have witnessed the same fights.

Four in five participants had witnessed a fight in Liverpool's nightlife during the past twelve months.

As would be expected, the proportion of respondents who reported personal involvement in violence was lower than that witnessing violence, yet one in five individuals surveyed had been involved in at least one fight whilst on a night out in Liverpool in the past twelve months. Seven in ten of these participants had been drinking prior to the fight and similarly a high proportion thought their opponent had been drinking. Individuals involved in a fight were asked to provide more information on the most serious fight experienced in the last twelve months. In just under half of these, the participants reported having sustained an injury during this fight. Injuries reported ranged from superficial bruising and cuts to more severe injuries, including unconsciousness, cracked ribs and facial scarring. Where an injury was sustained during a fight, half had to receive some form of medical treatment, including attendance at A&E, admittance to hospital and visiting a General Practitioner.

One in five participants had personally been involved in a fight in Liverpool's nightlife during the past twelve months. Just under half of these respondents had sustained an injury during the fight.

Police statistics are known to underreport violent crime (Shepherd and Sivarajasingam, 2005; Dodd et el, 2004) and findings from this pilot study show only one in ten fights reported by respondents were reported to the police. Of incidents where respondents sustained an injury, only one out of eight were reported to the police. However, all of those sustaining serious injury (3) came into contact with an Accident and Emergency department and hence would likely have been recorded in an A&E dataset as an assault-related attendance. This highlights the importance of using multiple data sources such as A&E data alongside police data to monitor the true burden of assaults.

Just one in ten assaults disclosed in the pilot study had been reported to police. Of those in which an injury was sustained, one eighth were reported to police and half came into contact with health services.

The pilot stage of the study highlighted Concert Square and its surrounding streets as key hotspots for violence. However, the pilot only sampled a limited number of individuals in a small, non-random selection of venues and other hotspot areas may be identified in the wider study. Issues around random sampling and sample size are discussed later in this section.

Concert Square and surrounding streets are key hotspot areas for violence across Liverpool city centre.

Perceptions of the police patrolling Liverpool's nightlife were generally positive. Police were generally perceived to be approachable, calm, helpful, responsive to violence, trustworthy and that they helped prevent violence. However, only four in ten participants thought the police were understanding, while over four in ten thought there were not enough police patrolling the city centre at night. Perceptions of door supervisors were not as positive. Half of participants perceived door supervisors in Liverpool city centre to be unapproachable, aggressive and unhelpful, whilst only a

third thought door supervisors helped prevent violence or prevent underage entry to premises.

Participants suggested a number of ideas on how to reduce violence in Liverpool's nightlife. A number of these were alcohol-related, suggested that participants recognised the link between intoxication and violence. Suggestions included increased use of identification checks by door supervisors and bar staff to reduce under age drinking within the city centre, and tighter restrictions in bars detailing the circumstances when bar staff should stop serving people who are extremely drunk.

4.2 Study development

The high prevalence of experience of violence among respondents in this pilot shows that this type of survey is appropriate and useful in gaining information on nightlife violence. Further, with most of the violent incidents reported by respondents not having been disclosed to police, this method of interviewing nightlife users can add valuable information on hidden violence occurring within nightlife areas.

The survey used to gather the data reported here was an initial version of a questionnaire that it is intended will be developed for wider use in other nightlife areas. The questionnaire was designed to gather as much information as possible on perceptions and experience of violence, the relationship with alcohol, and barriers to reporting violence to the police. Implementation of the pilot study aimed to test the questionnaire, provide basic data on violence in Liverpool and enable the identification of the most suitable method of conducting such a tool in nightlife. The exercise found use of such a tool among young people in licensed premises to be an appropriate method of accessing this group. Compliance in the pilot study was 96% indicating that young people are willing to provide information and discuss their experiences during a night out. Some of the key factors considered important in this process were:

- Utilising a short and concise questionnaire to encourage compliance and gain as much useful information as possible in a short period, thus limiting demands on participants' time,
- Ensuring potential participants are informed of the nature of the questionnaire and that it is a research project with the aim of improving safety within their nightlife,
- Implementing the questionnaire on a one-to-one basis to maximize accuracy and completion of questions,
- Ensuring the research team are trained to question participants and record responses in a consistent manner,
- Conducting the questionnaire in a wide variety of premises to prevent bias,
- Gain permission from managers of licensed premises prior to implementation to ensure they understand the purpose of the research and to help raise awareness of both issues around violence and measures being taken locally to address these issues. A feedback process to licensees would also be useful.

Throughout the course of the pilot project the research team highlighted a number of ways in which the questionnaire could be improved. These were recorded to enable the questionnaire to be modified for future implementation on a wider basis. Some recommended modifications include:

- Reordering questions on alcohol consumption and ascertaining exact questioning techniques to enable more accurate levels of consumption to be estimated,
- Including questions on drink spiking, which was disclosed by several participants,
- Reducing questions on vandalism and mugging which were rarely reported,
- Merging questions 18 and 19 as information received was largely duplicated.

Whilst these issues were highlighted during implementation of the questionnaire by researchers, the actual tool should be modified based on the findings and the perceived utility of these to those implementing the Tackling Violence Crime Programme. Thus we recommend these findings are discussed with a steering group comprising representatives from the Home Office (NW), Merseyside police, Liverpool City Safe and other relevant parties. This process should be used to create a final questionnaire, which can then be implemented on a wider basis (at least 500 participants sampled) in Liverpool to provide more meaningful data and demonstrate how the tool can be used in other nightlife areas across the North West.

The final tool can then be developed in a user-friendly manner and made available to other organizations wishing to undertake similar research. Utility of the tool could be increased by also making implementation instructions (including sampling and questioning techniques) and a database template for entering data available. This would enable the tool to be implemented consistently among interested areas and provide analyses that can be comparable across the Region.

5. Conclusions

This pilot study found widespread experience of violence among young people visiting Liverpool city centre's nightlife. Four out of five participants had witnessed violence in the last 12 months in the city and one in five had personally been involved in violence. With most incidents of violence disclosed in the pilot study not having been reported to police, implementation of such a survey on a wider basis provides the opportunity to gain valuable information about hidden levels and incidents of violence occurring in nightlife settings. The initial tool used in this research study has gleaned a range of information from even the limited sample size surveyed, including:

- Prevalence of experience of violence and anti-social behaviour among young people using Liverpool's nightlife,
- Perceptions of violence and feeling of safety in the city at night,
- Alcohol consumption over the course of a night out,
- Alcohol involvement in assaults,
- Injuries sustained in assaults and use of health services,
- Reporting of violence to police,
- Barriers to reporting violence to police
- Perceptions of police and door supervisors in Liverpool.

Refinement of the questionnaire through consultation with partner agencies would enable the tool to focus specifically upon those data considered most useful to those developing and implementing violence prevention measures. Thus we recommend the tool is developed and implemented fully in Liverpool before being made available to other agencies throughout the region for use in their own violence prevention measures.

6. Appendix 1

Survey questionnaire

For interviewer use

Date: _____

Interviewer: _____

Location: _____

liverpool JMU Centre for Public Health

1.Age ☐ 2.Sex Male ☐ Female ☐

3.First part postcode ☐

4.Occupation ☐

	< once a month	1-3 days a month	Once a week	2-4 days a week	5+ days a week
5.How often do you visit pubs and clubs?	☐	☐	☐	☐	☐
6.How often do you visit pubs and clubs in Liverpool City Centre?	☐	☐	☐	☐	☐

7. Which three venues in the City do you visit most frequently?

☐

☐

☐

8. Do you visit Liverpool City Centre at night for any purposes other than going to pubs and clubs?

Yes ☐ No ☐

Specify:

9. What method of transport do you use to get in and out of the City for a night out?

In ☐

Out ☐

10. How safe do you feel in Liverpool City Centre at night?

Very safe ☐ Fairly safe ☐ Fairly unsafe ☐ Very unsafe ☐ Don't know ☐

11a. How often do you drink alcohol on a night when you're going out?

Never ☐ Occasionally ☐ Usually ☐ Always ☐

11b.In the past 7 days, did you drink alcohol, highlighting the day in which you drank the most alcohol (please circle)?

Mon ☐ Tue ☐ Wed ☐ Thu ☐ Fri ☐ Sat ☐ Sun ☐

11c. On a night when you go out, on average how much of the following do you usually drink (E.g. 3 bottles): -

Beer/Cider/Lager ☐ Spirits (singles) ☐

Wine (glasses) ☐ Alco-pops ☐

Other (specify) ☐

11d. Do you usually drink alcohol before going out on a night-out?

Yes ☐ No ☐

If so, on average how much of the following do you usually drink (E.g. 3 bottles)

Beer/Cider/Lager ☐ Spirits (singles) ☐

Wine (glasses) ☐ Alco-pops ☐

Other (specify) ☐

12. How do you rate levels of violence in the City Centre at night?

Very high ☐ Fairly high ☐ Fairly low ☐ Very low ☐ Don't know ☐

13. Which parts of Liverpool City Centre do you most associate with violence? Why?

Pubs/Clubs (Specify)

Other areas (Specify)

14.During the last 12 months, how often have you witnessed the following in Liverpool City Centre while you have been out at night?	Never	Less than half	More than half	Every time	Last night
A fight in a pub/club	☐	☐	☐	☐	☐
Someone being sexually molested (e.g. groped)	☐	☐	☐	☐	☐
A fight in the street	☐	☐	☐	☐	☐
Someone being mugged	☐	☐	☐	☐	☐
Someone too drunk to walk	☐	☐	☐	☐	☐
Someone vandalising	☐	☐	☐	☐	☐
Someone being verbally abused	☐	☐	☐	☐	☐

15.If you have witnessed a fight during or after a night out to Liverpool in the last year, how many times? ☐

16. Thinking about the most serious fight you have witnessed, where did it occur?:

Pub/Club ☐ Street ☐ Home ☐ Transport ☐

Other Specify:

17.If you witnessed a fight in the City, would you consider reporting it to the police? Yes ☐ No ☐

18.Why?

Specify:

19.In general, what would affect your decision to report a fight to the police?

Specify:

20.During the last 12 months, how often have you been involved in the following in Liverpool City Centre while you have been out at night?

	Never	Less than half	More than half	Every time	Last night out
Been verbally abused	☐	☐	☐	☐	☐
Been too drunk to walk	☐	☐	☐	☐	☐
Been mugged	☐	☐	☐	☐	☐
Being sexually molested (e.g. groped)	☐	☐	☐	☐	☐
Vandalising	☐	☐	☐	☐	☐
Been involved in a fight in the street	☐	☐	☐	☐	☐
Been involved in a fight in a bar	☐	☐	☐	☐	☐

21.If you have been involved (participant) in a fight during or after a night out to Liverpool in the last year, how many times? ☐

22.Thinking about the most serious incident of violence you have been involved (participant) in, where did it occur?:

Pub/Club ☐ Street ☐ Home ☐ Transport ☐

Other Specify:

23.How many people were involved? ☐

24.How many were on your side? ☐

	Respondent	Opponent	Both	Don't know
25.Who started it?	☐	☐	☐	☐
26.Was alcohol consumed prior to the event?	☐	☐		☐
27.Where any injuries sustained?	☐	☐		☐

Specify:

28.Did you receive any medical treatment?

No ☐ Yes ☐ → GP ☐ Hospital ☐ Walk-in Centre ☐ Paramedic ☐ Accident and Emergency ☐

29. Did the police attend the scene of the incident?

Yes ☐ No ☐ Don't know ☐

30.Was the incident reported to the police? Yes (I reported) ☐ Yes (Somebody else reported) ☐ No ☐ Don't know ☐

31.Why did you choose not to report the incident to the police?

Specify:

32.How do you think the fight could have been prevented?

More police presence ☐ More taxis ☐
More door supervisors ☐ More community wardens ☐

Other Specify:

33. Have you had any contact with Liverpool City Centre police at night in the past?

Yes ☐ No ☐ Why?

34.Do you think the police patrolling Liverpool's nightlife are:

	1	2	3	4	5	
Approachable	☐	☐	☐	☐	☐	Unapproachable
Too many	☐	☐	☐	☐	☐	Too few
Calm	☐	☐	☐	☐	☐	Aggressive
Helpful	☐	☐	☐	☐	☐	Unhelpful
Trustworthy	☐	☐	☐	☐	☐	Dishonest
Understanding	☐	☐	☐	☐	☐	Unsympathetic
Responsive to violence	☐	☐	☐	☐	☐	Unresponsive to violence
Prevent violence	☐	☐	☐	☐	☐	Contribute to violence

35.Do you think the door supervisors working in Liverpool's nightlife are:

	1	2	3	4	5	
Approachable	☐	☐	☐	☐	☐	Unapproachable
Calm	☐	☐	☐	☐	☐	Aggressive
Helpful	☐	☐	☐	☐	☐	Unhelpful
Responsive to violence	☐	☐	☐	☐	☐	Unresponsive to violence
Prevent violence	☐	☐	☐	☐	☐	Contribute to violence
Prevent underage entry to licensed premises	☐	☐	☐	☐	☐	Contribute to underage entry to licensed premises

36.What ideas do you have for reducing the level of violence in the City Centre at night?

37. Would you be happy to answer questions about drug use?

Yes ☐ No ☐

38. Do you take illicit drugs on a night-out?

Never ☐ Occasionally ☐ Usually ☐ Always ☐

If so, what drugs do you usually take?

Cocaine ☐ Ecstasy ☐ Cannabis ☐ Amphetamines ☐
Ketamine ☐ GHB ☐ Other

Thank you

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