



GLOBAL CAMPAIGN FOR VIOLENCE PREVENTION
CAMPAGNE MONDIALE POUR LA PREVENTION DE LA VIOLENCE

Youth ViOlenCe, Alcohol and Nightlife

Violence Prevention Alliance Working Group on Youth Violence, Alcohol and Nightlife

fact sheet 1

An introduction to Youth Violence, Alcohol and Nightlife

Introduction

Bars, nightclubs and wider nightlife environments are frequently the scenes of violence between young people. Such youth violence is often related to the consumption of alcohol; alcohol use is a key risk factor for both victims and perpetrators of youth violence yet also a major part of nightlife culture in many countries. Youth violence in nightlife can have devastating impacts on the health of young people and also places huge burdens on wider society. The Violence Prevention Alliance (VPA) Working Group on Youth Violence, Alcohol and Nightlife has been set up to help share information and intelligence internationally on preventing alcohol-related youth violence in nightlife settings. This fact sheet provides an overview of youth violence, alcohol and nightlife, including: the extent of the problem; the risk factors for victims and perpetrators; the impacts; and prevention measures.

Extent of alcohol-related youth violence in nightlife settings

The links between youth violence and alcohol are well documented (Box 1), yet uniform data on alcohol-related youth violence in nightlife are not available at an international level. Nevertheless, research and surveys conducted in a number of countries do provide some insight into levels of alcohol-related youth violence in nightlife settings. For example:

- In a community sample of 18 to 30 year olds in the US, almost 25% of men and 12% of women had experienced violence or aggression in or around a licensed bar during the previous year (1).
- Eighty percent of 15 to 29 year old assault patients presenting at a UK Accident and Emergency department on weekend nights (midnight to 4am) had been drinking; 44% had been assaulted inside a pub or nightclub and 33% in the street (2).
- Research found one in twenty young pub-goers in Amsterdam (Netherlands) had been involved in a fight while on a night out during the previous year (3).
- In Australia, research shows a third of all alcohol-related violence occurs in bars and nightclubs, whilst those aged 20 to 24 years are three times more likely than all other age groups to have been victimised (4).

Box 1

Links between alcohol and youth violence

- The direct effects of alcohol on cognitive and physical function can increase young drinkers' vulnerability to being both perpetrators and victims of violence.
- Individual and societal beliefs about the effects of alcohol (e.g. increased confidence and aggression) can mean young people drink to prepare for involvement in violence.
- Uncomfortable, crowded and poorly managed drinking venues can contribute to increased aggression among drinkers.
- Alcohol and violence in young people may be related through a common risk factor (e.g. anti-social personality disorder) that contributes to the risk of both heavy drinking and violent behaviour.
- Pre-natal alcohol exposure (resulting in fetal alcohol syndrome or effects) is associated with behavioural and social problems, including delinquent behaviour.

Risk factors

A range of factors have been found to increase young people's risks of becoming both victims and perpetrators of alcohol-related youth violence. These include individual and relationship factors such as being male, having a low educational attainment, being involved in other forms of anti-social behaviour and having delinquent peers. Alcohol consumption is itself a risk factor for youth violence, and individuals who begin drinking at an early age, drink frequently and drink in large quantities are at increased risk of being both victims and perpetrators.

Community or situational factors such as drinking venues that are poorly maintained and uncomfortable (e.g. crowded, noisy, have poor ventilation, unclean, smoky) and that are permissive towards anti-social behaviour (e.g. overt sexual behaviour) have been found to be key risk factors (5-9). Furthermore, research shows high levels of sexual competition between patrons in nightlife increases the risk of sexual violence (10), whilst high levels of alcohol consumption put women in particular at increased risk of sexual violence (11). Alcohol-related sexual violence is more likely to occur in bars and parties than at the perpetrators' or victims' homes (12). In the wider nightlife environment, outlet density, poor availability of public transport and people hanging around after closing time have also been identified as factors that increase the potential for violence (9,13,14), while areas where crowds gather (e.g. taxi ranks, fast food venues) are often the scenes of violent incidents (15). In particular, weekend evenings (between 8pm and 4am) have been shown to be key times for violence among young people (2,16).

Consequences

Alcohol-related youth violence in nightlife settings places huge burdens on individuals, communities and wider society. Whilst many nightlife assaults do not result in serious physical injury, alcohol involvement can increase the severity of injuries sustained (17-18). In Wales, 72% of assault patients presenting at an Accident and Emergency department on weekend nights had some form of facial injury (19). Furthermore, across the UK, 8% of facial injuries sustained in assaults in 1997 were inflicted by glasses or bottles (18), potentially causing permanent scarring and emotional and psychological trauma (20). Consequences are also placed on perpetrators of alcohol-related youth violence in nightlife through judicial penalties, which may impact on future educational and employment prospects (21).

The costs of alcohol-related youth violence can be seen through the use of medical treatment, criminal justice, lost earnings and physical and emotional costs to victims. In the US, the costs of violent crime related to youth drinking in 1996 were estimated at \$29 billion (22). In addition, public perceptions of high levels of anti-social behaviour lead to increased fear of crime and prevent people (particularly families and older people) from visiting city centres at night, hampering efforts for diversification and regeneration of night time economies (23).

Prevention

Addressing the risk factors for alcohol-related youth violence in nightlife is essential in reducing the burdens of such violence on individual health, public services and communities. A range of prevention programmes targeting parents and children from infancy to adolescence have shown success in reducing youth violence, such as pre- and post-natal services, home visiting during pregnancy and social development training (24). Brief interventions delivered in health settings that aim to change people's drinking behaviour have also been shown to reduce alcohol consumption (25), and consequently can contribute to reducing alcohol-related violence. Furthermore, prevention programmes that aim to reduce access to alcohol or modify drinking and nightlife environments can reduce alcohol-related youth violence (26). Such interventions include: increasing alcohol prices through higher taxation; implementation and enforcement of legislation on minimum age of alcohol purchase; improving management and staff practice in drinking venues through training programmes; providing safe late night transport; and improvements to street lighting.

The World Health Organization promotes a public health approach to violence prevention that uses data and research to measure violence, monitor trends and identify risks in order to target effective prevention. In nightlife settings, interventions that employ a multi-agency approach implementing an integrated package of complementary measures have shown success in reducing alcohol-related youth violence (27).

The VPA Working Group on Youth Violence, Alcohol and Nightlife will be producing a range of fact sheets bringing together the latest research, evidence and policy on the development of safer nightlife environments that protect and promote health among young people and prevent alcohol-related youth violence.

References:

- (1). Leonard KE, Quigley BM, Collins RL. (2002). Physical aggression in the lives of young adults: prevalence, location and severity among college and community samples. *Journal of Interpersonal Violence*, 17: 533-550.
- (2). Anderson Z. (2005). Data from the Trauma and Injury Intelligence Group. Liverpool: Centre for Public Health, Liverpool John Moores University.
- (3). Korf DJ, Nabben T, Benschop A. (2001). *Antenne 2001. Trends in alcohol, tabak, drugs en gokken bij jonge Amsterdammers*. Amsterdam: Rozenberg.
- (4). Teece M, Williams P. (2000). *Alcohol-related assault: time and place*. Canberra: Australian Institute of Criminology.
- (5). Graham K, Leonard KE, Room R et al. (1998). Current directions in research on understanding and preventing intoxicated aggression. *Addiction*, 93: 659-676.
- (6). Graham K, Osgood DW, Zibrowski E et al. (2004). The effect of the safer bars programme on physical aggression in bars: results of a randomized controlled trial. *Drug and Alcohol Review*, 23: 31-41.
- (7). Homel R, Tomsen S. (1992). Hot spots for violence: the environment of pubs and clubs. In Strang H, Gerull S. (1993). *Homicide: patterns, prevention and control*. Proceedings of a conference held 12-14 May 1992. Canberra: Australian Institute of Criminology.
- (8). Quigley BM, Leonard KE, Collins RL. (2003). Characteristics of violent bars and bar patrons. *Journal of Studies on Alcohol*, 64: 765-772.
- (9). Homel R, Carvolth R, Hauritz M et al. (2004). Making licensed venues safer for patrons: what environmental factors should be the focus of interventions? *Drug and Alcohol Review*, 23: 19-29.
- (10). Graham K, Tremblay PF, Wells S et al. (2006). Harm, intent, and the nature of aggressive behavior. Measuring naturally occurring aggression in barroom settings. *Assessment*, 13: 280-296.
- (11). Testa M, Parks KA. (2006). The role of women's alcohol consumption in sexual victimization. *Aggression and Violent Behavior*, 1: 217-234.
- (12). Abbey A, Thomson Ross L, McDuffie D et al. (1996). Alcohol and dating risk factors for sexual assault among college women. *Psychology of Women Quarterly*, 20: 147-169.
- (13). Weitzman ER, Folkman A, Folkman MP et al. (2003). The relationship of alcohol outlet density to heavy and frequent drinking and drinking-related problems among college students at eight universities. *Health and Place*, 9: 1-6.
- (14). Donnelly N, Poynton S, Weatherburn D et al. (2006). *Liquor outlet concentrations and alcohol-related neighbourhood problems*. Sydney: NSW Bureau of Crime and Statistics and Research.

- (15). Office for the Deputy Prime Minister (2003). The evening economy and urban renaissance. Cited in Hughes K, Bellis MA. (2003). Safer nightlife in the North West of England. Liverpool: Centre for Public Health, Liverpool John Moores University.
- (16). Violence Reduction Unit (2006). Data from the Violence Reduction Unit. Scotland: The Scottish Executive.
- (17). Mattila V, Parkkari J, Lintonen T et al. (2005). Occurrence of violence and violence-related injuries among 12-18 year-old Finns. *Scandinavian Journal of Public Health*, 33: 307-313.
- (18). Hutchinson IL, Magennis O, Shepherd JP et al. (1998). The BAOMS United Kingdom survey of facial injuries part 1: aetiology and the association with alcohol consumption. *British Journal of Oral and Maxillofacial Surgery*, 36: 3-13.
- (19). Shepherd JP, Brickley M. (1996). The relationship between alcohol intoxication, stressors and injury in urban violence. *British Journal of Criminology*, 36: 546-566.
- (20). Magennis P, Shepherd JP, Hutchison I et al. (1998). Trends in facial injury. *British Medical Journal*, 316: 325-326.
- (21). Holzer HJ, Raphael S, Stoll MA. (2003). Employment dimensions of reentry: understanding the nexus between prisoner reentry and work: employment barriers facing ex-offenders. New York: New York University Law School.
- (22). Levy DT, Miller TR, Cox K. (1999). Costs of underage drinking. Pacific Institute for Research and Evaluation working paper. Calverton: Pacific Institute for Research and Evaluation.
- (23). Finney A. (2004). Violence in the night time economy: key findings from the research. London: Home Office.
- (24). Krug EG, Dahlberg LL, Mercy JA et al. (2002) (eds). World report on violence and health. Geneva: World Health Organization.
- (25). Smith AJ, Hodgson RJ, Bridgeman K et al. (2003). A randomized control trial of a brief intervention after alcohol-related facial injury. *Addiction*, 98: 43-52.
- (26). World Health Organization (2006). WHO facts on youth violence and alcohol. Geneva: World Health Organization.
- (27). Wallin E, Norström T, Andréasson S. (2002). Alcohol prevention targeting licensed premises: a study of effects on violence. *Journal of Studies on Alcohol*, 64: 270-277.

Fact sheets are produced by the VPA Working Group on Youth Violence, Alcohol and Nightlife. Its membership includes:

Antonia Abbey (USA), Peter Anderson (USA), Zara Anderson (UK), Mark Bellis (UK), Jan Brown (UK), Frank Chaloupka (USA), Paul Dillon (Australia), Alasdair Forsyth (UK), Kathryn Graham (Canada), Matt Hennessey (UK), Ross Homel (Australia), Karen Hughes (UK), Geoffrey Hunt (USA), Dirk Korf (Holland), Kenneth Leonard (USA), Will Linden (UK), Neo Morojele (South Africa) and Ninette Van Hasselt (Netherlands).

Edited by: Mark A Bellis, Karen Hughes and Zara Anderson

Published February 2007

For further information please contact:

VPA Working Group on Youth Violence, Alcohol and Nightlife

Chair, Professor Mark A Bellis

Centre for Public Health

Faculty of Health and Applied Social Sciences

Liverpool John Moores University, Castle House, North Street, Liverpool L3 2AY, United Kingdom

Telephone: + 44 (0) 151 231 4510; Email: m.a.bellis@ljmu.ac.uk

Website: www.who.int/violenceprevention



GLOBAL CAMPAIGN FOR VIOLENCE PREVENTION
CAMPAGNE MONDIALE POUR LA PREVENTION DE LA VIOLENCE

