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STOP-sexual violence: evaluation of a community-based nightlife worker awareness raising bystander training programme

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Article

TITLE: STOP-sexual violence: evaluation of a community based nightlife worker awareness raising bystander training programme

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ABSTRACT

Background: Preventing sexual violence in nightlife environments is a pervasive issue across many countries. This study explored the associated impact of a nightlife worker sexual violence awareness raising/bystander training programme (STOP-SV) on trainees' sexual violence myth acceptance and readiness and confidence to intervene.

Methods: Pre and post-test (n=118), and 3-month follow-up (n=38) trainee surveys were implemented across three countries (Czech Republic, Portugal and Spain). Paired-sample tests examined changes across time-periods in participants' myth acceptance (e.g. unwanted sexual advances are a normal part of a night out), and readiness and confidence to intervene. Multi-nominal regression was used to examine the relationship between the change in pre-to-post-training scores and trainee characteristics.

Results: Compared to pre-training, post-training participants were significantly (p<0.01) less likely to agree with sexual violence myths, and more likely to be ready and confident to intervene. In bi-variate and multi-variate analyses, we found no significant associations between the change in pre-to-post-training scores and trainee characteristics. Analyses of the small follow-up sub-sample illustrated some positive changes at the post-training and follow-up time periods (i.e. reduction in sexual violence myth acceptance).

Conclusion: This exploratory study suggests that the STOP-SV training programme was associated with a decrease in trainees' acceptance of sexual violence myths, and an increase in their readiness and confidence to intervene. Our findings support the case for further implementation and evaluation of awareness raising/bystander programmes for nightlife workers that aim to prevent and respond to sexual violence.

Keywords: sexual, violence, nightlife, prevention, bystander

INTRODUCTION

Preventing harms in nightlife settings is an increasing global concern. Whilst such settings can offer a safe space for people to socialise and have fun, evidence suggests that they are often locations where young people engage in risky behaviours (e.g. excessive alcohol use) and experience harms including intentional and unintentional injury (1–4). Critically, over the past decade, a wealth of evidence has started to emerge illustrating sexual violence as a pervasive issue in nightlife settings (4,5).

Emergent evidence, predominantly from high-income countries, is showing that substantial proportions of nightlife users report having experienced sexual violence whilst on a night out. For example, in samples of young female nightlife users in Canada and the USA, at least half reported having experienced unwanted sexual touching whilst in a nightlife setting during their lifetime (5–7). Although studies exploring such harms across Europe are rare, a few studies have indicated the extent of the issue (8,9). In a study of violence amongst women across Europe, nearly one in ten of those who had experienced non-partner violence (including physical, sexual and psychological violence since the age of 15) reported that the most serious incident occurred in a café, restaurant, pub, club or disco (8). Further, in a UK sample of nightlife patrons (aged 18+), 11% reported experiencing sexual violence whilst on a night out in the past three months (10).

Nightlife-related sexual violence can include incidents that occur within nightlife, or after visiting nightlife (e.g. at home), and spans all forms of sexual violence including harassment, unwanted sexual touching and rape. Such incidents have substantial impacts for victims/survivors (11) and have the potential to negatively impact on the night-time economy (NTE) if, for instance, patrons are deterred from visiting due to feeling unsafe (12). Thus,

preventing and responding to sexual violence must be a key priority across NTEs. However, a recent review found little evidence of what works to prevent such harms (13). Prevention strategies identified included: individual approaches (e.g. monitoring or altering behaviours to promote personal safety) (14–16); awareness raising/media campaigns (17,18); and bystander approaches to preventing and responding to sexual violence (14,17,19–21).

Bystander intervention programmes have been associated with reductions in violence and/or facilitating factors across a number of settings (22–25). Such programmes aim to promote norms that protect against sexual violence and encourage positive bystander intervention. Specific to nightlife, 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 (21). Similar programmes are starting to emerge elsewhere (e.g. Good Night Out, UK/Canada www.goodnightoutcampaign.org/; Who Are You? New Zealand www.whoareyou.co.nz/) yet evidence of their impact is scant. As part of the European Union Rights, Equality and Citizenship Programme, in 2016 the STOP-SV (staff training on prevention of sexual violence) project was established to support the prevention of nightlife-related sexual violence across three pilot sites in the Czech Republic, Portugal and Spain. A community based multi-component pilot programme was implemented which included: mobilising local communities to work together to prevent nightlife-related sexual violence; providing stakeholders with the knowledge and tools to develop nightlife workers' (e.g. servers, security staff) capacity to prevent sexual violence; and training nightlife workers to recognise sexual violence, and increase their ability and confidence to respond through positive bystander intervention. This study aimed to explore the associated impact of the pilot STOP-SV training programme on nightlife workers' sexual violence myth acceptance, and readiness and confidence to intervene.

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Further, it aimed to explore if trainee characteristics and experience of the NTE (including work experience and previous exposure to sexual violence) moderated the impact of the training.

METHODS

The STOP-SV pilot training programme

A train-the trainer model was developed and piloted, with STOP-SV project partners training local stakeholders (training facilitators) to implement a 2-hour training session with nightlife workers (trainees) in their pilot site. Training facilitators were provided with 20 hours of training, and a training manual and materials (in the native language of their pilot site) to equip them to deliver the training of nightlife workers (26).

The 2-hour nightlife worker training session had four core objectives: to raise awareness of the nature of sexual violence, its consequences and associated risk factors; to promote the unacceptability of all forms of sexual violence; to improve awareness of how to identify and respond to sexual violence in nightlife settings; and, to develop skills to enable safe bystander engagement. A range of learning techniques were used including a lecture (using PowerPoint slides and handouts) and discussions and activities, which utilised the *Who Are You?*' video ([www.whoareyou.co.nz/)](www.whoareyou.co.nz/). *Who are you* illustrates how sexual violence may manifest in nightlife settings (and at home following a night out) and opportunities for bystander intervention. The video uses actors to portray a night out where a female is a potential victim of sexual violence, and depicts this through the viewpoint of different spectators (e.g. nightlife workers and patrons).

Study design, participant recruitment and sample

A pre and post-test study design was implemented across the three pilot sites. Ethical approval was obtained from Liverpool John Moores University and the study adhered to the Declaration of Helsinki. Following a verbal description of the study and provision of a participant

information sheet by the training facilitator, and opportunity to ask questions, consenting trainees were administered a paper-based survey pre and immediately post-training. The post-training survey requested the participant's email address to allow the research team to send them a link to an on-line follow-up survey three months later. All three surveys included questions on: demographics; sexual violence myth acceptance; and readiness and confidence to intervene. In addition, the pre-training and follow-up surveys asked about personal alcohol consumption, and experience of working in nightlife and nightlife-related harms; and the post-training and follow-up survey asked about views on the training (reported in (10)) and experience of nightlife-related harms, including sexual violence. Survey questions were based on questionnaires previously used in bystander intervention programme evaluations, with questions adapted to be relevant to European nightlife settings and culture, and to enable participants to complete each survey within the anticipated time available (estimated 5 minutes per survey) (27–30). Across the three pilot sites, 114 trainees voluntarily consented to participate in the study and completed a pre and post-training survey (Czech Republic, n=70; Portugal, n=26; Spain, n=18). The follow-up survey was completed by 38 of the 80 trainees who provided their email address (Czech Republic n=31/41; Portugal n=5/25; Spain n=2/14).

Measures

Experience of sexual violence: Participants were asked: 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, either on a night out or whilst working. Those who reported yes were also asked when this occurred, who the perpetrator(s) was and if they had reported it to anyone (reported in (10)).

Sexual violence myth acceptance: Seven items adapted from existing surveys (29,30) covered sexual violence myth acceptance (Table 2). Responses ranged from one, strongly agree to five, strongly disagree. An overall score for myth acceptance was developed based on the average of the seven items. Scores for two items were reversed prior to inclusion in the combined score: *sexual violence is never the fault of the victim*; and, *consent can be taken back at any time*. Cronbach's Alpha for the seven items was 0.72 at pretest.

Readiness to intervene: Three items adapted from an existing survey (27) covered readiness to intervene in sexual violence (Table 2). Responses ranged from one, strongly agree to five, strongly disagree. An overall readiness score was developed based on the average of the three items. Scores for one item were reversed prior to inclusion in the combined score: *I don't think sexual violence is a problem in nightlife*. Cronbach's Alpha for the three items was 0.56 at pretest.

Confidence to intervene: Eight items covered confidence to intervene in situations where patrons may be vulnerable to sexual violence and/or are promoting sexual violence, adapted from existing surveys (28,29) (Table 3). Responses ranged from one, really not confident, to five, really confident. An overall confidence score was developed based on the average of the eight items. Cronbach's Alpha for the eight items was 0.91 at pretest.

Socio-demographic and behaviour variables: Socio-demographic variables included age, gender, job role and nightlife work experience. Two questions explored alcohol use in the last 3 months: how often have you had six or more drinks containing alcohol on one occasion; and how often have you drank alcohol while you are working in nightlife? Response options included never, less than monthly, monthly, weekly and daily/almost daily (Table 1).

Analyses

Paired sample tests (Wilcoxon signed rank and Friedman) were used to explore whether significant changes were observed across the items included in the three measurements. For each measurement, both individual and average score were explored. Effect sizes (d) were calculated as post-hoc tests for the measurement scores, and the magnitude of effects were determined using Cohen's categorisation of effect sizes (small, 0.10; medium 0.30; large, 0.50). Multi-nominal regression was used to examine the relationship between the overall change in pre-to-post-training scores for each of the three average measurement scores and trainee characteristics (i.e. gender, age group, lifetime experience of sexual violence, 2+ years nightlife work experience).

RESULTS

Trainee characteristics

Table 1 provides details of trainee characteristics pre-intervention. Over half (54.4%) were male and 50.9% were aged 18-29 years. Half (49.1%) were employed as either bar servers (31.6%) or bar supervisor/managers (17.5%). The majority (82.4%) had worked in the NTE for two or more years. Of those working in venues (n=105), 56.9% had worked in their current venue for two or more years. Of those who had worked in a venue in the last three months (n=100), 57.6% had worked in the venue at least weekly, and 30.1% reported weekly consumption of alcohol whilst working in the venue. Of all trainees, 29.5% reported binge drinking (consuming six or more drinks containing alcohol on one occasion) at least weekly in the last three months. One-fifth (20.2%) of trainees had received training about sexual violence (14.2%) prior to attending the STOP-SV training programme, or had been/were currently involved in efforts to address sexual violence (13.2%; not including involvement in STOP-SV). Differences were observed in the characteristics of participants who did and did not participate in the follow-up survey with regard to job role and weekly binge drinking (Table 1).

Over half (56.0%) of participants reported that they had been a victim of sexual violence whilst in nightlife in their lifetime (males, 32.6%; females, 78.7%: p<0.05). Over a third (36.3%) reported experiencing it whilst on a night out (males, 11.6%; females, 59.6%: p<0.05) and 26.4% whilst working (males, 20.9%; females, 31.9%: non-significant). Amongst those who reported experiencing sexual violence in nightlife, 25.0% stated that it had occurred within the last three months. The majority reported that the perpetrator was male (70.8%) and a stranger (83.3%). Nearly half (45.7%) stated that they had not reported the incident to anyone.

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Sexual violence myth acceptance

Pre-training (pre-test), the mean combined score for sexual violence myth acceptance was 3.7. *Sexual violence is never the fault of the victim* and *consent can be taken back at any time* were the most accepted items. There was a significant difference in pre-test and post-training mean scores for a number of items (Table 2). Compared to pre-training, post-training scores were significantly lower (showing stronger agreement) for the statements*: sexual violence is never the fault of the victim* (p<0.01) and *consent can be taken back at any time* (p<0.001)*. Further,* scores were higher (showing lower agreement) for the statement *if someone who is experiencing sexual violence is drunk they are at least partly to blame* (p<0.01). Conversely, scores were higher (showing stronger agreement) for the statement *if the person committing sexual violence is drunk it is not really their fault* (p<0.05). Overall, compared to pre-training, post-training participants were significantly less likely to agree with sexual violence myths (combined mean score, 3.8; p<0.01; small effect size [d=0.22]).

Readiness to intervene

Pre-training, the mean combined score for readiness to intervene in sexual violence was 2.2. (Table 2). Compared to pre-training, post-training scores were significantly improved for nearly all readiness items, and the combined mean score (1.8; p<0.001; medium effect size [d=-0.46]), suggesting that they were significantly more ready to intervene (Table 2).

Confidence to intervene

Pre-test, the mean combined score for levels of confidence to intervene in sexual violence or situations where patrons may appear vulnerable was 3.8 (Table 3). Compared to pre-test, post-training mean scores were significantly higher (indicating greater confidence) for the

statements: *expressing concern if someone said they had an unwanted sexual experience but didn't call it rape* (p<0.001); *checking in on someone who looks drunk being escorted out of a venue* (p<0.01); *doing something if you see a woman in a venue surrounded by a group of men and looking uncomfortable* (p<0.05); and, *asking someone who seems upset within a venue if they are okay* (p<0.05), and for the combined mean score (4.1; p<0.001; medium effect size [d=0.32]).

Pre-to-post-training measurement change and trainee characteristics

In bivariate and multi-variate analyses, we found no significant association between individuals' change in readiness or confidence to intervene, or sexual violence myth acceptance (mean scores pre to post-training), and trainee characteristics (i.e. gender, age group and experience of nightlife working and sexual violence).

Follow-up sub-sample

Analyses of the follow-up sub-sample (n=38; Supplementary table 1) shows that there was a statistically significant difference in the mean sexual violence myth acceptance score across the three survey stages ($\chi2(2) = 11.820$, p<0.01). Post-hoc analyses show there was a statistically significant change in the mean score between the pre and post-training surveys (Z= -2.916, p=0.004), and pre-training and follow-up surveys (Z = -2.568, p=0.010). Thus, agreement with sexual violence myths was less at post-training and follow-up compared to pre-training. Whilst there was no statistically significant difference in the mean readiness score across the three survey stages, there was a significant difference in agreement pre to post-training (Z= -3.247, p=0.001); with trainees more ready to intervene. Confidence to intervene was high across the three survey stages, with no significant difference across or between stages.

DISCUSSION

Developing understanding of the effects of programmes to prevent sexual violence in nightlife settings is critical to addressing this major public health, human rights and gender equality issue (11,31). This exploratory study aimed to assess the impact of a community based multi-component programme, STOP-SV, specifically focused on training of nightlife workers. Our analyses suggest that the training was associated with a decrease in trainees' acceptance of sexual violence myths, and an increase in their readiness and confidence to intervene immediately post-training.

In recent years, evidence of the implementation and impact of bystander programmes to prevent violence has started to emerge, with studies suggesting positive impacts on preventing violence and/or promoting factors that protect against violence (22–25). While such programmes have predominately been implemented in US college settings (e.g. (22)), they are increasingly being implemented in other settings, including nightlife (20). Similar to recent studies, our study suggests that bystander programmes may be implemented beyond college settings, and are associated with positive impacts, particularly relating to bystander intervention (23–25). Our study found medium effect sizes for changes in readiness and confidence to intervene in sexual violence. Whilst these effect sizes are promising, further research is required to identify if such changes subsequently affect bystander behaviours and prevent sexual violence in the NTE.

Addressing social norms conducive of violence is a vital component in preventing and responding to sexual violence in nightlife settings (11). Overall, whilst our study found a significant reduction in sexual violence myth acceptance, the difference was small, suggesting very little change in social norms following engagement in the training programme. Future

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programme evaluation should explore if and how the training may be improved to enable greater shifts in sexual violence myth acceptance. Equally however, given the complex nature of sexual violence (11), changes in social norms (particularly the normalcy of sexual violence in nightlife) may only be achieved if bystander programmes are supported by wider long-term efforts within the community to prevent and respond to sexual violence (13).

Findings from a recent evaluation of a similar programme in the USA, suggested that programme impacts (on attitudes and bystander readiness and willingness to intervene) may vary dependent on trainee characteristics (e.g. gender) (21). Our study did not find any association to suggest that the impact of the STOP-SV training programme was affected by the trainee characteristics explored in this study, including experience of working in nightlife and previous exposure to sexual violence. However, participation in the STOP-SV training programme was voluntary and the broader programme involved community mobilisation, which may have supported receptivity to preventing sexual violence among the venues and nightlife workers who engaged in the training programme. Further programme implementation and evaluation is needed to explore if findings from this pilot study are replicable across nightlife settings and groups of nightlife workers. Nightlife settings can vary widely, including the prevalence, norms and tolerance of sexual violence (8), and the characteristics of nightlife workers beyond those explored in this study, such as experience of preventing sexual violence in a bystander role. Exploration of such factors in future evaluation will further develop understanding of the impacts of sexual violence prevention bystander programmes in the nightlife context and factors that may moderate intervention outcomes across settings. Critically however, given the transient nature of nightlife workers, future work should explore the sustainability of bystander programmes implemented within nightlife settings, and if and how this may influence short and long-term impacts.

Our exploratory study should be considered in light of its limitations. Hypotheses were not preregistered, and we did not use validated scales, but rather adapted scales to be relevant to the study sites and to enable data to be collected within the time available. Whilst our study design was strengthened through employing pre-post training surveys and matched-pair analyses, the study had a small sample size (weighted more heavily to the Czech Republic) and a 34% follow-up rate (with varying characteristics to the full sample), meaning that findings cannot be considered representative and meaningful differences may not have been detected. Despite this, our study adds to the limitation evidence on the impact of bystander programmes in nightlife settings and to our knowledge is the first to explore impacts post-training (21). Further research with larger sample sizes is needed to enhance understanding of the short and long-term impacts of the programme, and potential variations in impacts relating to trainee characteristics. Further studies can focus on more specific hypotheses based on the findings in this paper and consequently examine the repeatability of results presented here and any issues that may arise from multiple tests (32).

The community based multi-component approach to the STOP-SV project is supported by a wealth of evidence suggesting that a combination of factors at an individual, relationship, and community/environmental level are associated with nightlife-related sexual violence (13). Equally, evidence on what works to prevent harms in nightlife settings is strongest for community based multi-component programmes (33). Our findings support the case for further implementation and evaluation of the STOP-SV training programme. We found indications that the training programme was associated with reductions in sexual violence myth acceptance, and increases in readiness and confidence to intervene in sexual violence amongst nightlife workers. Critically however, nightlife workers are a transient population, and thus

lasting effects on the NTE may only materialise if training is delivered routinely (and/or repeatedly), and supported by broader community efforts. Further, similar to Graham et al (2014) our study highlights that those who work in nightlife can experience sexual violence, as both a bystander and victim. Developing safer nightlife settings and reducing risks for sexual violence has the potential to promote the health and well-being of all who frequent nightlife, and potentially promote social norms that prevent sexual violence across community settings.

CONFLICT OF INTEREST

The author(s) declared no potential conflicts of interest with respect to the research, authorship,

and/or publication of this article.

KEY POINTS

- Nightlife environments are increasingly identified as key settings for sexual violence; however, evidence on interventions to prevent and respond to such harms is scarce.

- This study suggests that a community based sexual violence awareness raising and bystander intervention (STOP-SV) training programme was associated with a decrease in nightlife workers' acceptance of sexual violence myths, and an increase in their readiness and confidence to intervene.

- Further implementation and evaluation of awareness raising and bystander intervention programmes for nightlife workers that aim to prevent and respond to sexual violence is required.

REFERENCES

1.   Graham K, Bernards S, Osgood DW, Wells S. Bad nights or bad bars? Multi-level analysis of environmental predictors of aggression in late-night large-capacity bars and clubs. Addiction. 2006 Nov;101(11):1569–80.

2.   Hughes K, Quigg Z, Bellis MA, van Hasselt N, Calafat A, Kosir M, et al. Drinking behaviours and blood alcohol concentration in four European drinking environments: a cross-sectional study. BMC Public Health. 2011 Dec;11(1):918.

3.   Quigg Z, Hughes K, Bellis MA, Van Hasselt N, Calafat A, Košir M, et al. Incidents of harm in European drinking environments and relationships with venue and customer characteristics. Int J Alcohol Drug Res. 2014 Dec;3(4):269.

4.   Santos MGR, Paes AT, Sanudo A, Andreoni S, Sanchez ZM. Gender Differences in Predrinking Behavior Among Nightclubs' Patrons. Alcohol Clin Exp Res. 2015 Jul;39(7):1243–52.

5.   Becker S, Tinkler J. "Me Getting Plastered and Her Provoking My Eyes." Fem Criminol. 2015 Jul;10(3):235–58.

6.   Graham K, Bernards S, Abbey A, Dumas T, Wells S. Young women's risk of sexual aggression in bars: The roles of intoxication and peer social status. Drug Alcohol Rev. 2014 Jul;33(4):393–400.

7.   Kavanaugh PR. The Continuum of Sexual Violence. Fem Criminol. 2013 Jan;8(1):20–39.

8.   European Union Agency for Fundamental Rights. Violence against women: an EU-wide survey. Main results. Vienna: European Union Agency for Fundamental Rights; 2014.

9.   Hughes K, Anderson Z, Morleo M, Bellis MA. Alcohol, nightlife and violence: the relative contributions of drinking before and during nights out to negative health and

criminal justice outcomes. Addiction. 2008 Jan;103(1):60–5.

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

11.   World Health Organization. Preventing intimate partner and sexual violence against women : taking action and generating evidence. Geneva: World Health Organization; 2010.

12.   Bellis MA, Quigg Z, Hughes K, Ashton K, Ferris J, Winstock A. Harms from other people's drinking: an international survey of their occurrence, impacts on feeling safe and legislation relating to their control. BMJ Open.2015 Dec;5(12):e010112.

13.   Quigg Z, Bigland C, Hughes K, Duch M, Juan M. Sexual violence and nightlife; a systematic literature review. Aggress Violent Behav. 2020, 51.

14.   Graham K, Bernards S, Wayne Osgood D, Abbey A, Parks M, Flynn A, et al. "Blurred lines?" Sexual aggression and barroom culture. Alcohol Clin Exp Res. 2014 May;38(5):1416–24.

15.   Graham K, Bernards S, Abbey A, Dumas TM, Wells S. When Women Do Not Want It: Young Female Bargoers' Experiences With and Responses to Sexual Harassment in Social Drinking Contexts. Violence Against Women. 2017 Oct;23(12):1419–41.

16.   Kovac LD, Trussell DE. 'Classy and Never Trashy': Young Women's Experiences of Nightclubs and the Construction of Gender and Sexuality. 2015 May;37(3):195–209.

17.   Fileborn B. 'Staff can't be the ones that play judge and jury': Young adults' suggestions for preventing unwanted sexual attention in pubs and clubs. Aust N Z J Criminol. 2017 Jun;50(2):213–33.

18.   Gunby C, Carline A, Taylor S. Location, libation and leisure: An examination of the use of licensed venues to help challenge sexual violence. Crime, Media, Cult An Int J. 2017

Dec;13(3):315–33.

19.   Haikalis M, Leone RM, Parrott DJ, DiLillo D. Sexual Assault Survivor Reports of Missed Bystander Opportunities: The Role of Alcohol, Sexual Objectification, and Relational Factors. Violence Against Women. 2018 Aug;24(10):1232–54.

20.   Powers RA, Leili J. "Yeah, We Serve Alcohol, but . . . We Are Here to Help": A Qualitative Analysis of Bar Staff's Perceptions of Sexual Violence. Violence Vict. 2016;31(4):692–707.

21.   Powers RA, Leili J. Bar Training for Active Bystanders: Evaluation of a Community-Based Bystander Intervention Program. Violence Against Women. 2018 Oct;24(13):1614–34.

22.   Coker AL, Bush HM, Fisher BS, Swan SC, Williams CM, Clear ER, et al. Multi - College Bystander Intervention Evaluation for Violence Prevention. Am J Prev Med. 2016 Mar;50(3):295–302.

23.   Fenton RA, Mott HL, Mccartan K, Rumney PN. A review of evidence for bystander intervention to prevent sexual and domestic violence in universities. London: Public Health Engalnd; 2016.

24.   Fenton RA, Mott HL. Evaluation of the Intervention Initiative: A Bystander Intervention Program to Prevent Violence Against Women in Universities. Violence Vict. 2018 Aug;33(4):645–62.

25.   Powell A. Review of bystander approaches in support of preventing violence against women. Carlton: Victorian Health Promotion Foundation; 2011.

26.   IREFREA. STOP-SV - Staff training on the prevention of sexual violence. Palma de Mallorca: IREFREA. 2018.

27.   Banyard VL, Plante EG, Moynihan MM. Rape Prevention Through Bystander Education: Bringing a Broader Community Perspective to Sexual Violence Prevention

Rape Prevention through Bystander Education: Bringing a Broader Community Perspective to Sexual Violence Prevention. J Community Psychol. 2005;35:61–79.

28. Banyard VL, Moynihan MM, Cares AC, Warner R. How do we know if it works? Measuring outcomes in bystander-focused abuse prevention on campuses. Psychol Violence. 2014;4(1):101–15.

29. Gerger H, Kley H, Bohner G, Siebler F. Acceptance of Modern Myths About Sexual Aggression (AMMSA) scale. Bielefeld; 2013.

30. Ward C. The Attitudes Toward Rape Victims Scale: Construction, Validation, and Cross-Cultural Applicability. Psychol Women Q. 1988 Jun;12(2):127–46.

31. United Nations. 70/1. Transforming our world: the 2030 Agenda for Sustainable Development. 2015.

32. Perneger TV. What's wrong with Bonferroni adjustments. BMJ. 1998 Apr; 316(7139):1236-38.

33. Jones L, Hughes K, Atkinson AM, Bellis MA. Reducing harm in drinking environments: A systematic review of effective approaches. Health Place. 2011 Mar;17(2):508–18.

Supplementary Table 1: Readiness and confidence to intervene, and sexual violence myth acceptance, pre, post-training and follow-up (sub-sample)

Average combined scores		Pre		Post		Follow-up			p^		
										Pre / follow-	Post / follow-
	n	Mean	SD	Mean	SD	Mean	SD	All	Pre / post	up	up
Readiness to intervene (all)*	34	2.17	0.56	1.86	0.51	2.01	0.36	0.030	0.009	0.162	0.222
Sexual violence myth acceptance*	35	3.49	0.50	3.67	0.46	3.78	0.49	0.003	0.004	0.010	0.208
Confidence**	38	3.95	0.62	4.07	0.67	3.94	0.76	0.303	0.086	0.661	0.441

^Friedman and Wilcoxon signed rank tests. * Responses ranged from one, strongly agree, to five, strongly disagree ** Responses ranged from one, really not confident, to five, really confident.