

**Preventing Barroom Aggression:  
A Summary of the Results of the  
Evaluation of the *Safer Bars* Program**

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## **Preventing Barroom Aggression: Results of the Evaluation of the *Safer Bars* Program**

The *Safer Bars* program was developed to reduce aggression and injury in licensed premises. The *Safer Bars* training program helps staff develop techniques for preventing and managing aggression and other problem behaviour. The *Safer Bars* risk assessment workbook assists bar owners and managers to identify and reduce environmental factors in their premises that increase risk of aggression. To assess the effectiveness of the *Safer Bars* program, an outcome evaluation was done from 2000-2003 funded by the U.S. National Institute on Alcohol Abuse and Alcoholism. This report summarises the results of that evaluation.

### ***Why focus on licensed premises?***

Public safety concerns in bars and nightclubs have once again come into the spotlight in the wake of several recent North American tragedies. In a Chicago nightclub, the use of pepper spray by security staff in an attempt to halt a fight between two female patrons led to a patron stampede towards the blocked entrances of this club (CNN, 2003). As a result of this, 21 people died and another 50 were injured. In Toronto recently, a young man was shot to death while he was on the dance floor of a Yorkville nightclub (Globe and Mail, 2003), and there have also been several other deaths associated with some Scarborough nightclubs during the past year (Globe and Mail, 2002).

Although such incidents are rare, they provide dramatic examples of the general findings from research that licensed premises, especially bars and nightclubs are high risk drinking settings (Ireland & Thommeny, 1993; Stockwell, Lang & Rydon, 1993).

Bar/club owners and staff have responsibility for ensuring the safety of their customers and themselves. However, observational research in Ontario and elsewhere has found that staff are not always able to intervene effectively in problem situations (Graham et al., 1980; Graves et al., 1981; Homel, Tomsen & Thommeny, 1992; Wells et al., 1998) and may even behave violently themselves. In fact, according to Solomon and Payne (1997), bars have been sued more often for using unnecessary or excessive force than for any other single reason.

In order to manage problem behavior in public drinking settings, staff need to be able to communicate effectively with customers; they need to be able to work as a team; they need to have plans in advance for handling extreme situations; and they need to be able to stay calm and nonviolent even when provoked. The *Safer Bars* training program (Braun et al., 2000) was developed to help staff improve in these areas.

Research has also found that certain aspects of bars and clubs can increase risks of aggression and other problems. For example, aggression is more likely in parts of the bar where there are bottle necks (Graham & Wells, 2001), and crowding (Graham et al., 1980; Homel & Clark, 1994; MacIntyre & Homel, 1997), in bars where staff do not treat customers fairly (Wells et al., 1998), and in social contexts that are extremely permissive (Graham & Homel, 1997; Graham et al., 1980). The *Safer Bars* risk assessment workbook (*Assessing and Reducing Risk of Violence* – Graham, 1999) uses research findings on environmental risks to help bar owners and managers make a systematic assessment of the environment in order to identify opportunities for reducing risks.

### ***The need for a program that goes beyond server training***

Although good programs exist for training bar staff in responsible serving practices (i.e., refusing service to underage and intoxicated patrons) (Graham, 2000), there are several reasons that training in managing problem behaviour is needed.

- As described above, although intoxication is a major reason for aggression, it is not the only factor.
- Many incidents of aggression that occur in bars are unrelated to serving or the refusal of service.
- In many bars and clubs where customers obtain drinks from a large serving bar, it is not possible for servers to monitor alcohol consumption and prevent problem behaviour as part of drink service (Kulis, 1998).
- In many bars, it is the security staff or doorstaff who deal with problem behaviour, not servers.

### ***The content of the Safer Bars training***

The *Safer Bars* training is based on research about aggression in licensed premises as well as knowledge on communication approaches generally, such as use of personal space and body language (Sears, Peplau, & Taylor, 1991), and techniques that were developed for police officers and others who work with violent individuals (Albrecht & Morrison, 1992; Garner, 1998).

The program was developed over a period of five years in consultation with bar owners and staff from over 20 licensed premises, police, a lawyer, community health professionals, civic leaders and liquor licensing officials.

The format of the 3-hour training session is primarily group discussion, with overheads and video clips used to illustrate specific points. Because of the focus on group participation, the suggested maximum number of participants is 25.

Some areas of the training use role play and the legal section includes a self-test quiz. The training includes a Participant Workbook (that the participants may keep) which reproduces the major points from each section of the training and provides instructions for the role play exercises. Participants are also given a copy of a legal pamphlet relating to aggression in bars (*Do you know the law?* Centre for Addiction and Mental Health, 2000).

The training covers the following six broad areas related to preventing aggression and managing problem behavior:

1. ***Understanding how aggression escalates:*** recognising the early signs of trouble; that aggression in bars typically is unplanned and follows an action-reaction process; that intervening early in this process is safer for customers and staff; and that all bar staff (not just security staff) have a role in spotting potential conflict and preventing aggression.
2. ***Assessing the situation:*** the importance of having backup; ensuring adequate staff for the number of patrons involved in the problem situation; strategies for deciding who will be the leader when several staff are needed to intervene; communication among bar staff; avoiding potential involvement of bystanders; and that safety should be the primary goal (e.g., maintaining a safe distance, calling police, etc.) in extreme situations (e.g., when a weapon is involved).
3. ***Keeping cool (i.e., not losing your temper):*** knowing the types of people and situations that trigger your anger; using teamwork to help one another stay cool (e.g., “tap out” technique where a touch on the shoulder by another staff member means that you must step back from a situation); and learning the legal consequences that have occurred when staff have lost control and injured someone.
4. ***Understanding and using effective body language (nonverbal techniques):*** using body language to de-escalate situations; defusing problem situations by appearing calm and respectful; avoiding certain nonverbal behaviours such as glaring and crossed arms; and the importance of respecting personal space boundaries.
5. ***Responding to problem situations:*** use of techniques such as giving clear options and allowing the person to save face; adopting effective strategies for dealing with an intoxicated person; focusing on solving the problem not on how it got started; and depersonalising the situation by blaming the law or house policies (rather than taking rule breaking as a personal insult).
6. ***Legal issues:*** knowing the law; being aware that both bar staff and owners are liable in most circumstances; and recognising that planning, policy and good people skills can help prevent legal problems.

As part of the present evaluation, the training was conducted by four professional trainers who worked on contract for a private-not-for-profit company that specialises in training and education for the hospitality industry. Training was usually held on a day when the bar was closed, or, if the bar was open, in a closed-off section of the bar away from patrons.

## **THE METHODOLOGY FOR THE OUTCOME EVALUATION**

### ***Overall design***

Because a large number of bars were needed for the evaluation, the project was conducted in the city of Toronto to ensure sufficient numbers of participating bars and clubs. The basic design involved two conditions: (1) bars/clubs randomly assigned to receive the *Safer Bars* program – i.e., the experimental condition; and (2) bars/clubs randomly assigned to serve as a comparison or control condition (see Graham et. al., 2003, for a full description of the methods and results).

Data were collected on the nature and frequency of aggression in both experimental and control bars at two time periods: (1) before the experimental bars received the *Safer Bars* program and (2) after these bars received the program. This is the strongest research design available for outcome evaluation because it provides clear data for comparing bars that did not receive the intervention with those that did.

The study was reviewed and approved by the Centre for Addiction and Mental Health Research Ethics Board.

### ***How aggression was measured***

The intervention was evaluated using data collected by trained male-female pairs of observers who conducted unobtrusive observations in the study bars between midnight and 2 am on Friday and Saturday nights. In total, 355 nights of observations were conducted in the experimental and control bars prior to the experimental bars receiving the *Safer Bars* program and 379 following the program.

Approximately 140 observers were hired and provided with approximately 25 hours of training over two weekends prior to starting the observations. Each observer was provided with a training manual describing how to observe and procedures for data collection methods (Graham, 2000; 2002). Observers were provided a general description of the project, but they were given no information regarding the design or intervention aspect of the study.

Ethical and safety issues were covered in detail, including the importance of never going to a bar without their assigned partner, leaving the bar immediately if they felt threatened, and the importance of confidentiality – not telling anyone about the study or what was observed as part of the study both at the bar and away from the bar.

Transportation costs home from the bar were covered by the project to ensure the safety of the observers.

As part of the training, observers were given instruction about how to behave while observing. For example,

- Observers were told that they should act like any other bar patron, but limit their involvement in bar activities and their interactions with other patrons.
- They were also instructed to avoid any involvement, control, or manipulation of events taking place in or outside the bar, especially aggressive incidents.
- Finally, they were instructed not to intervene in problem situations; however, if they felt that someone was at risk of being seriously injured, observers were instructed to call the police or inform bar staff.

Observers completed data collection forms either immediately after leaving the bar/club or first thing the next day. These forms included detailed descriptions of any incidents of aggression that they witnessed as well as ratings of various aspects of the barroom environment.

### ***Participating bars and clubs***

Thirty-eight large capacity (capacity greater than or equal to 300) Toronto bars and clubs were selected for the study. Because it was expected that not all bars/clubs assigned to the experimental condition would participate in the study, more bars and clubs were randomly assigned to the experimental condition (26 bars/clubs), with about 1/3 assigned to the control condition (12 bars/clubs).

Owners of bars/clubs assigned to the experimental condition were approached by paid recruiters who had contacts in the hospitality industry. Incentives to participate in the evaluation included \$150 paid to managers/owners and \$50 to each bar staff. Those who completed the training and passed a certification test (with a score of at least 7 out of 10) also received a wallet-sized certificate. These strategies resulted in the successful recruitment of 18 (69.2%) of the 26 assigned to the experimental condition, a considerably higher participation rate than the 50% typically obtained in other studies with licensed premises (Saltz & Stanghetta, 1997).

Bars/clubs in the control condition were included in the observations in order to have data on rates of aggression to compare to rates observed in the experimental bars. These bars were never approached by the project team and were unaware that they were part of the study.

The final sample for the outcome evaluation included 18 experimental bars (excluding the 8 bars who declined to participate) and 12 control bars. Of these, 11 were in the entertainment district, 11 were in the greater downtown area but not part of the entertainment district and 8 were located in the suburbs.

An additional five bars (not included in the random assignment to experimental and control conditions) were approached to receive the *Safer Bars* program prior to the evaluation as part of a pilot study. These bars are excluded from the results of the outcome study, but are included in the evaluation of the training.

### **EVALUATION OF THE *SAFER BARS* TRAINING**

In all, 522 staff, owners and managers of 23 Toronto bars and clubs participated in the *Safer Bars* program as part of the evaluation. Of these:

- 64% were male
- the average age was 28 (range from 13-75)
- over half were age 22-29
- about half had worked in the hospitality industry for five or more years

The distribution of participants by job category was as follows:

- 12% owners/managers
- 29% bartenders
- 25% doorstaff/security
- 13% servers
- 12% bussers/barbacks
- 8% other (e.g., coatcheck, kitchen, entertainment-related, job unspecified)

#### ***Consumer satisfaction***

Almost all participants reported being highly satisfied with the training, with 98% of those who completed the feedback forms (89% of all participants) saying that they would recommend the training to others. Positive comments included:

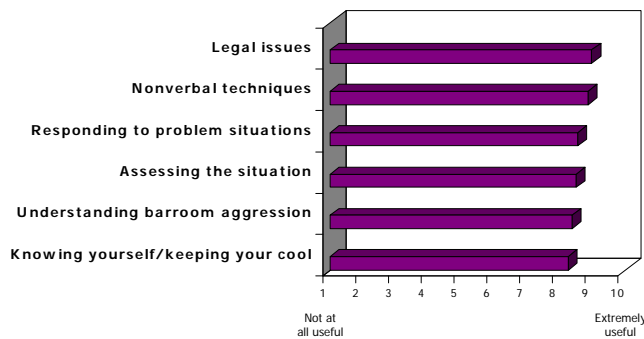
*“Good for the different staff members (i.e., wait/bar/door staff) to get to hear and learn their aspect of each other’s job.”*

*“Great scenarios – they’ve all happened numerous times. Material actually pertained to our everyday work.”*

In terms of suggestions for improvement, participants suggested that the training could be made shorter and faster-paced; have more focus on female staff and serving staff generally; and have a police officer or self-defence trainer present a talk about ways to deal with physical violence, with demonstrations. A number of participants reported that the training was most relevant to new staff but also served as a reminder for more experienced staff.

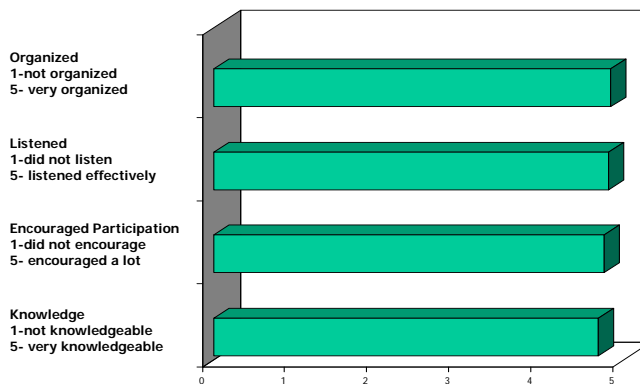
In terms of different sections of the training, participants found the legal section the most useful, rating it 9.0 on a scale of 1 (not at all useful) to 10 (extremely useful). However, as shown in the following graph, all aspects of the training were rated highly.

**Average Ratings of Different Aspects of Training Program**

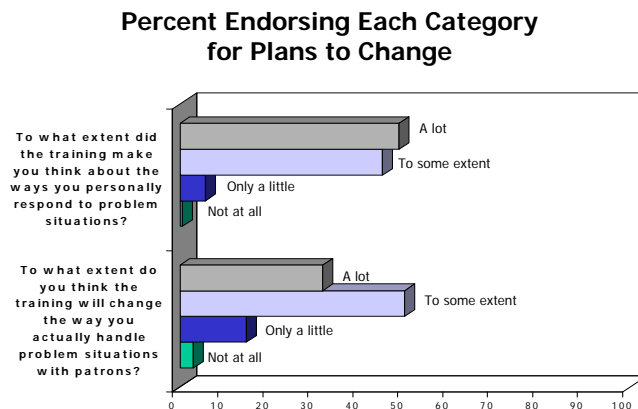


The trainers also received very high ratings in terms of their abilities and performance, as shown below.

**Average Ratings of Trainers**



As shown in the following figure, the majority of participants reported that the training made them think about how they respond to problem situations and would change the way they would handle such situations in the future.



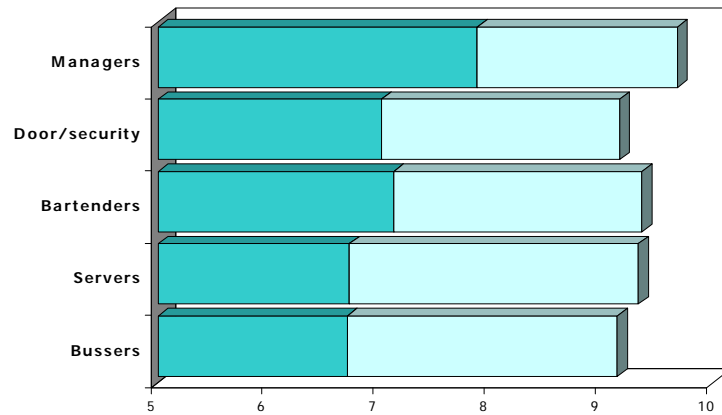
### ***Changes in attitudes and knowledge following the training***

The primary measure of the impact of the training was the 10 item True-False certification test that was given before and after the training. This test used the most reliable and discriminatory items identified during the pilot testing of the training and covered all six sections of the training. Examples of items include:

- “If people start a fight in the bar, the safest thing legally is to tell them to take it outside” (this is false – bar owners and even bar staff can be held liable for injuries if they eject someone who is likely to be attacked or at risk of death or injury).
- “You should always try to find a way for a customer who is causing problems to ‘save face’ (keep their pride)” (true – it is easier to get someone to obey staff if staff give the person a face-saving way out of the situation).
- “When you approach someone who is causing trouble, it is best to stand directly in front of the person, close-up and face-to-face” (false – this is confrontational body language that is likely to increase tension – a better position is to be slightly angled to the side of the person).

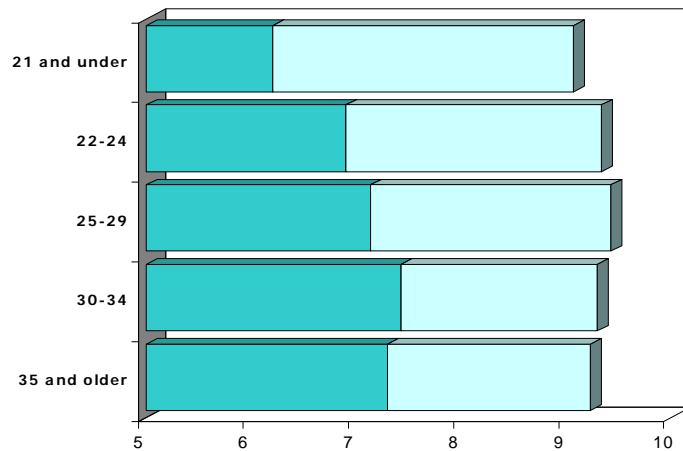
As shown in the following graph, all staff improved significantly in their knowledge and attitudes regarding managing problem behaviour. The dark part of the graph shows the average score on the test before the training; the lighter coloured extension shows the score following the training and the extent of improvement for each job category. It is interesting to note that managers scored significantly higher than other job categories both before and after training, consistent with their generally greater experience and skills.

### Pre- Post Certification Scores by Role in Bar

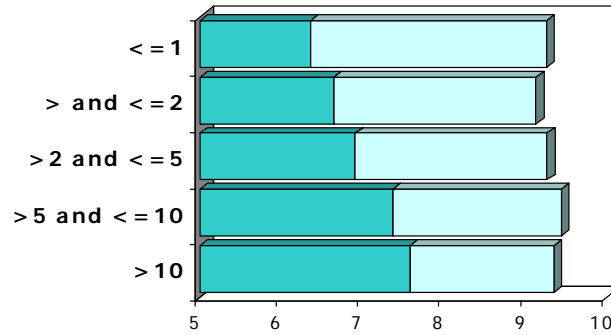


As shown in the following two graphs, older and more experienced staff tended to score higher on the pre training test which would be expected. Thus, as noted by participants in the open-ended comments, the training appeared to benefit the younger less experienced staff the most.

### Pre- Post Certification Scores Training by Age



### Pre- Post Certification Scores by Years in Hospitality Industry



### RESULTS OF THE *SAFER BARS* PROGRAM ON ACTUAL AGGRESSION OCCURRING IN BARS AND CLUBS

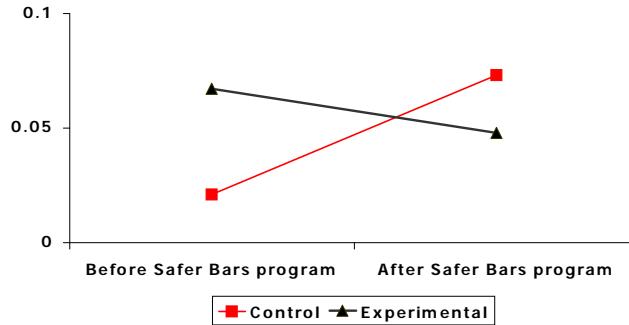
To evaluate whether the *Safer Bars* program had an impact on aggressive behaviour, we compared the number of incidents of severe and moderate aggression occurring in experimental bars before and after the program compared to the rate of aggression in control bars during the same period.

Severe aggression included punching, kicking, hard slapping to the head, any use of a weapon, and generally any act that caused pain to another person. Moderate aggression included acts that caused discomfort but no pain, such as pushing/shoving, forcefully pulling people, restraining with force, dragging someone, weak punching, wrestling and grappling.

Incidents of aggression were classified according to the highest level of aggression done by any person in the incident. We then calculated the number of incidents with aggression at that level per evening of observation and whether this aggression was by staff or patrons.

As shown in the following graph, experimental bars showed a decrease in severe aggression by patrons following the *Safer Bars* program, while control bars showed an increase during the same period.

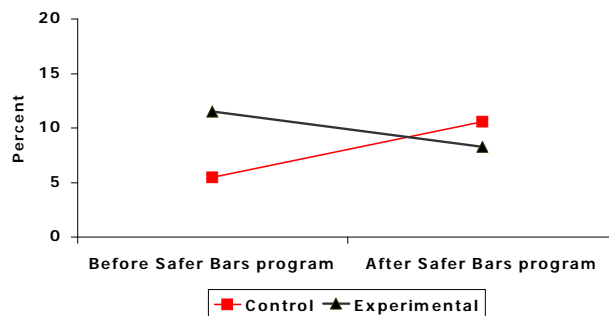
**Average number of incidents per observation involving severe aggression by patrons (Experimental vs Control Bars)**



As is evident from the above figure, severe aggression was quite rare. Incidents of severe aggression by patrons were witnessed on less than 5% of observations, with some bars and clubs having no aggression at this level.

When moderate aggression with clear aggressive intent was included with severe aggression, the same pattern was evident – that is, a decrease for experimental bars and an increase for control bars. Although this difference did not quite reach statistical significance for average number of incidents per visit, it was significant when experimental and control bars/clubs were compared on the percent of observations during which at least one incident at this level of aggression occurred (see below).

**Percent of observations with at least one incident of severe or moderate aggression by patrons at definite intent (Experimental vs Control Bars)**



Although there were too few incidents of severe aggression by staff to conduct statistical analyses, there was a significant effect of the program on staff when severe aggression was combined with moderate physical aggression that included verbal aggression such as yelling or making threats.

## CONCLUSIONS

The results of the evaluation indicate that the *Safer Bars* program resulted in a significant decrease in aggression, especially high-end aggression by patrons. One possible explanation for the greater impact of the program on high-end aggression than on lower levels of aggression is that trained staff are better equipped at preventing minor incidents such as arguments, disputes, and conflicts, from escalating out of control.

These findings may be somewhat conservative given the high rate of staff turnover in the hospitality industry. The 23 bars and clubs provided with the *Safer Bars* program were followed up 12-months after the training. At this time, the average percent of *Safer Bars* trained staff who were still working at the same bar was 60% (excluding one bar that had closed during that period).

Turnover of managers and doorstaff, in particular, would be likely to affect the extent that the lessons learned from *Safer Bars* will be continued in the longer term, as these staff have the primary responsibility for managing problem behaviour. Therefore, analyses were also conducted to assess the relationship between level of aggression and turnover of managers and doorstaff. These analyses indicated that bars/clubs with higher turnover of *Safer Bars* trained doorstaff and managers had significantly higher levels of severe aggression following the *Safer Bars* program than bars/clubs with lower turnover. This suggests that ongoing training would be necessary to achieve maximal effectiveness of the *Safer Bars* program.

The most important finding from this research is that it *is* possible to reduce aggression, violence, and injuries in bars. However, several cautions about these findings must be considered. First, there was overall a very low rate of physical aggression, much lower than had been observed in previous research outside of Toronto (Graham & Wells, 2001). Thus, the results were able to show an effect, but this effect was relatively weak, especially for moderate levels of physical aggression.

Second, it needs to be recognised that the *Safer Bars* program is not a panacea for aggression. Even after the training, incidents of severe aggression by both patrons and staff continued to be observed, even though the rate of these incidents decreased. These findings make it evident that it is clearly not possible to eliminate all aggression that occurs in public drinking settings.

In sum, the present results suggest cautious optimism regarding the impact of the *Safer Bars* program on improving the knowledge and attitudes of bar staff and managers regarding prevention of aggression and on decreasing actual aggression in bars and clubs. Although the program cannot eliminate all aggression; nevertheless, even small decreases could result in less risk of injury for patrons and staff and lower problems generally when applied across a large number of bars. Thus, programs such as *Safer Bars* have good potential for increasing safety in licensed premises.

## REFERENCES

- Albrecht, S., & Morrison, J. (1992). *Contact and cover: Two-officer suspect control*. Springfield, Illinois: Charles Thomas Publisher.
- Braun, K., & Graham, K. with Bois, C., Tessier, C., Hughes, S., & Prentice, L. (2000). *Safer Bars Trainer's Guide*. Toronto, Canada: Centre for Addiction and Mental Health.
- Centre for Addiction and Mental Health. *Safer Bars: Do you know the law?* Toronto: Centre for Addiction and Mental Health.
- CNN, 2003. Chicago Overwhelmed by Nightclub Deaths. *CNN Electronic Version*: [WWW.CNN.COM](http://WWW.CNN.COM). February 25, 2003.
- Garner, G. W. (1998). *Surviving the street: Officer safety and survival techniques*. Springfield, Illinois: Charles Thomas Publisher.
- Globe and Mail, 2003. Police Credit Witnesses in Fatal Shooting. *Globe and Mail*. February 25, 2003. page #:A22.
- Globe and Mail, 2002. Blacks dance to deadly beat in Toronto's clubs. *Globe and Mail*. November 2, 2002, page #:A1
- Graham, K. (1999). *Safer Bars: Assessing and reducing risks of violence*. Toronto, Canada: Centre for Addiction and Mental Health.
- Graham, K. (2000). Preventive interventions for on-premise drinking. A promising but underresearched area for prevention. *Contemporary Drug Problems*, 27(Fall), 593-668.
- Graham, K. (2000, 2002). *Training manual for the observers on the Safer Bars study*. Toronto: Centre for Addiction and Mental Health.
- Graham, K., & Homel, R. (1997). Creating safer bars. In M. Plant, E. Single, & T. Stockwell (Eds.), *Alcohol: Minimising the harm* (pp. 171-192). London, England: Free Association Press.
- Graham, K., LaRocque, L., Yetman, R., Ross, T. J., & Guistra, E. (1980). Aggression and barroom environments. *Journal of Studies on Alcohol*, 41, 277-292.
- Graham, K., Osgood, W., Zibrowski, E., Purcell, J., Gliksman, L., Leonard, K., Pernanen, K., Saltz, R., & Toomey, T. (2003). *The effect of the Safer Bars Program on physical aggression in bars: Results of a randomized control trial*. Paper presented at an international conference on "Preventing Substance Use, Risky Use and Harm: What is Evidence-Based Policy?", Perth, Australia

Graham, K., Wells, S., (2001). Aggression among young adults in the social context of the bar. *Addiction Research*, 9, 193-219.

Graves, T. D., Graves, N. B., Semu, V. N., & Sam, I. A. (1981). The social context of drinking and violence in New Zealand's multi-ethnic pub settings. In T. C. Harford & L. S. Gaines (Eds.), *Research Monograph No.7. Social drinking contexts* (pp. 103-120). Rockville, MD: NIAAA.

Homel, R., & Clark, J. (1994). The prediction and prevention of violence in pubs and clubs. *Crime Prevention Studies*, 3, 1-46.

Homel, R., Tomsen, S., & Thommeny, J. (1992). Public drinking and violence: Not just an alcohol problem. *Journal of Drug Issues*, 22, 679-697.

Ireland, C. S., & Thommeny, J. L. (1993). The crime cocktail: Licensed premises, alcohol and street offences. *Drug and Alcohol Review*, 12, 143-150.

Kulis, R. E. (1998). The public interest and liquor licenses in Ontario. *Contemporary Drug Problems*, 25, 85-97.

MacIntyre, S. and R. Homel (1997). Danger on the dance floor: A study of interior design, crowding and aggression in nightclubs (pp. 91-113). *Policing for prevention: Reducing crime, public intoxication and injury. Crime Prevention Studies, Volume 7*. R. Homel (Ed.), Monsey, New York: Criminal Justice Press.

Saltz, R. F., & Stanghetta, P. (1997). A community-wide responsible beverage service program in three communities: early findings. *Addiction*, 92 (Supplement 2), S237-S249.

Sears, D., Peplau, L. A., & Taylor, S. E. (1991). *Social psychology (7<sup>th</sup> ed.)*. New Jersey: Prentice Hall.

Solomon, R., & Payne, J. (1997). Alcohol liability in Canada and Australia: Sell, serve and be sued. *The Tort Review*, 4(3), 232-233.

Stockwell, T., Lang, E., & Rydon, P. (1993). High risk drinking settings: the association of serving and promotional practices with harmful drinking. *Addiction*, 88, 1519-1526.

Wells, S., Graham, K., & West, P. (1998). "The good, the bad, and the ugly": Responses by security staff to aggressive incidents in public drinking settings. *Journal of Drug Issues*, 28, 817-836.