



Intervention program in nightlife,
leisure and socialization venues to raise awareness
and prevent GBV behaviours – including LGBTIphobia –
linked to sexual violence and substance use

IMPACT EVALUATION REPORT OF THE CRISSCROSS PROJECT

Development of the evaluation and
impact results of the “CRISSCROSS.
Intervention program in nightlife,
leisure and socialisation venues
to raise awareness and prevent GBV
behaviours - including LGBTIphobia
- linked to sexual violence and
substance use.” (ref: 10109670)
during the years 2023-2025.



March 2025



Co-funded by
the European Union



COOPERATIVA LOTTA
CONTRO L'EMARGINAZIONE





This publication has been produced by the University of Seville (US) as a part of the Consortium implementing the project CRISSCROSS - An intervention program in nightlife, leisure and socialisation venues to raise awareness and prevent GBV behaviours - including LGBTphobia - linked to sexual violence and substance use (ref:10109670). This report was produced in the scope of the activities implemented under Work Package 4 (WP4) – “Program Evaluation” led by USE.

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Graphic design and layout: Referencias Cruzadas

The authors express their gratitude to the local stakeholders for their support in implementing pilot programmes, disseminating activities, and providing information about the contexts in which the pilots were carried out. They also thank the deliverers and participants who collaborated in the data collection.

Recommended citation format: Sánchez-Jiménez, V., Herrera-Sánchez, I.M., Rodríguez-de Arriba, M.L., Herrera-Solarte, L.F., & the CRISSCROSS team (2025). Impact Evaluation Report of the CRISSCROSS Project. Deliverable D.4.2, CRISSCROSS Project

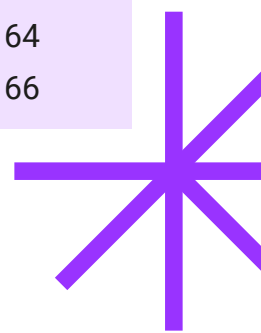
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This report was co-founded by the European Union's CERV-2022-DAPHNE Primary Prevention.

This report's content represents the authors' views and is their sole responsibility. The European Commission does not accept any responsibility for the use that may be made of the information it contains.

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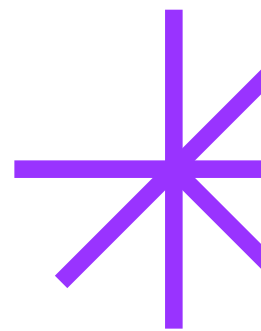


1) INTRODUCTION

The CRISSCROSS project is an evidence-based initiative that addresses the intersectionality between gender-based violence, including sexual harassment and LGBTQIA+ hostility, and the risk associated with substance consumption (hereinafter the term “substance use” refers to the consumption of alcohol and drugs) in nightlife and social settings. Considering the characteristics of these contexts, in which structural inequalities are reflected and reproduced, allowing the normalisation of violence and the development of risk dynamics, this project seeks to transform these leisure spaces into safer and more inclusive venues, especially for people and social groups who are in a situation of vulnerability or added risk. Through the design of specific and sustainable interventions adapted to local needs, and using as a frame of reference the participatory approach of the Behaviour Change Wheel model - BCW - (Michie et al, 2011), the project wants to raise awareness among young people about attitudes supporting gender-based violence, including LGBTQIA+ hostility, sexist beliefs that may support its emergence, and prevent sexually violent behaviour in situations of risk due to substance use.

Six partners from the European Union participated in the project: *Asociación Bienestar y Desarrollo* (ABD), *Cooperativa Lotta Control l'Emarginazione* (Coop. Lotta), *Associazione ACRA*, 4motion, Kosmicare and *Health Service Executive* (HSE), who together with researchers from the University of Seville (USE) represent the five countries participating in this project: Spain (ABD and USE), Italy (Coop. Lotta and ACRA), Luxembourg, Portugal and Ireland, respectively.

This report has been developed within the scope of Working Package 4 (WP4) “Evaluation of the programme”, by the University of Seville (USE) team. The results detailed below conclude the tasks of “design, development and implementation of the evaluation” (T 4.1), as well as “the collection of quantitative and qualitative data” (T 4.2) and the “statistical analysis of the implementation” (T 4.3). The following sections present the design of the evaluation conducted, the instruments specifically designed for it, the application process and the impact evaluation results. Both the design and development of the evaluation instruments for the CRISSCROSS project have been approved by the University of Seville Ethics Committee under the internal code SICEIA 2024-01061.





2) The **CRISSCROSS** program

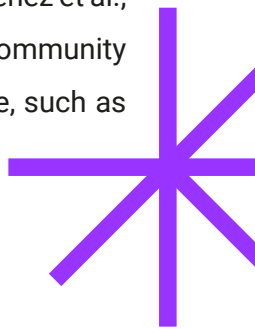
Development of the evaluation and impact results of the “CRISSCROSS. Intervention program in nightlife, leisure and socialisation venues to raise awareness and prevent GBV behaviours - including LGBTIphobia - linked to sexual violence and substance use.” (ref: 10109670) during the years 2023-2025.

The main objective of the CRISSCROSS project is to combat gender-based violence and LGBTQIA+ hostility in nightlife contexts. To this end, the members of the project launched an intervention programme which has been developed with the following aims:

1. To promote a change in attitudes towards gender-based violence, including hostility towards the LGBTQIA+ community linked to sexual violence and alcohol and drug use in nightlife venues.
2. To raise awareness among young people about situations of violence so they can recognise different behaviours that lead to sexual harassment, discrimination based on gender, discrimination regarding sexual orientation and behaviours that lead to risky consumption of alcohol and drugs, and intervene appropriately.
3. To increase the capacity of professionals to prevent these types of violence and risky behaviours from happening in nightlife contexts.

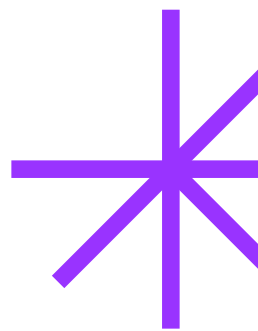
The CRISSCROSS project foundations are based on four core elements:

- a) **The Behaviour Change Wheel Model.** The methodological model on which this project is based is referred to as the Behaviour Change Wheel - BCW - (Michie et al., 2011; Michie et al., 2014). This model portrays the start of behavioural change through a comprehensive analysis of the mechanisms that drive it. Therefore, the evaluation should not be based only on the analysis of the target behaviours but also on the mechanisms underlying these behaviours and the strategies and processes that favour them.
According to the BCW model, for a behaviour to be modified or new behaviours to be established, there must be knowledge about it (Capability), the opportunity for these behaviours to be placed (Opportunity), and the motivation to perform the change (Motivation). Therefore, interventions based on this model must centre these three dimensions (the COM-B approach) through the design of specific strategies that promote each of them. This model has guided the selection of the project contents, the design of the project evaluation procedure and its application and implementation in different intervention contexts. This intervention model has already been used in the development of prevention programmes against sexual harassment in public transport or against the marginalisation of women in rural communities (Chadwick et al., 2020).
- b) **The role of bystanders.** Scientific evidence over the past decade has highlighted the important role of bystanders in preventing sexual violence (Quigg et al., 2023) and gender-based violence (Fleming & Wiersma-Mosley, 2015; Miller et al., 2018) at different developmental stages and in different contexts (Baillie et al., 2022; Riggs et al., 2023; Sánchez-Jiménez et al., 2024). These bystander models (McMahon, 2010; Ricardo et al., 2011) state that community members play specific roles with decisive influence on preventing sexual violence, such as



recognising certain behaviours as aggressions towards women and LGBTQIA+ community members, being able to name them, and intervening to stop them before, during, and after they occur. As a result, bystander-based interventions empower community members to assume responsibilities within their groups, evaluating behavioural change at a systematic level (Sánchez-Jiménez et al., 2024). From this approach, the CRISSCROSS programme seeks to sensitise bystanders to gender-based violence in leisure contexts, providing them with the knowledge and strategies necessary to recognise the presence of these aggressions in these contexts, assess their importance and their impact on the leisure climate and environment, as well as to assume the responsibility of being active agents in their prevention.

- c) **Intervention focused on youth population in natural contexts.** The role of young people as valuable interlocutors in intervention against forms of violence has long been undervalued, in addition to ignoring their point of view and their proposals for solutions (Banyard et al., 2025; Leone et al., 2024; Zhang, 2015). The CRISSCROSS programme seeks to change this vision by placing young people at the centre of the intervention in several ways: 1) by actively listening to their perceptions and opinions about the prevention of violence, sexuality and substance use; 2) by using young people as “agents of change” based on a bystander-based intervention approach; and 3) by intervening on natural contexts where young people tend to go for their nightlife. For this reason, the programme aims to adapt the intervention to the specific characteristics of the leisure contexts in different countries based on the development of specific pilot interventions.
- d) **Harm reduction and a positive approach to the problem:** The prevention strategies used in the programme intend to promote youths’ healthy and positive interaction with the environment by means of creating leisure contexts characterised by equity in which young people can socialise in a healthy and safely way. It is possible to address the prevention of sexual violence and LGBTQIA+ hostility through youth’s exposure to healthy relationships in these contexts and through emotional education, based on enjoyment, self-knowledge and the search for wellbeing (Slemon et al., 2019). In the field of substance use, the use of harm reduction strategies, such as the distribution of reliable information on safe drug consumption or the use of drug-checking services that allow for substance quality assessment work more effectively in preventing substance use than the use of prohibitive and punitive strategies (Jenkins et al., 2019). The CRISSCROSS programme will provide information, resources, and tools to enable young people to make more informed, empowered, and confident decisions about their own sexuality and alcohol and drug consumption while protecting them from victimisation and the perpetration of violence.



- e) **The importance of training.** The last central element of the CRISSCROSS project is training agents who perform their professional work in nightlife leisure contexts. The transformation of these spaces into safe, free and equity contexts requires awareness and training of professionals that favour not only their reactions against violence but also their proactive skills when intervening in spaces that promote equality and respect and the promotion of responsible substance use. For this reason, a task on the CRISSCROSS programme includes training for professionals who work in these contexts, which contains contents related to sexuality and affectivity among young people in leisure and non-formal education spaces, management and prevention of substance use from a harm reduction model, detection and prevention of violence and learning and implementation of the COM-B model.



>>> 2.1) METHODOLOGY

2.1.1. COMB process for generating common aims, dimensions, functions and strategies

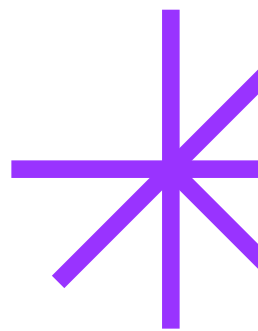
One of the key strengths of the Crisscross Project is the trajectory of each member of the project regarding risk and harm prevention, along with the diverse background that each one provides, coming from various parts of Europe. For this reason, an assessment of their requirements for this programme was developed. It was possible to identify common topics shared among members, finding common points that aligned with the aims of the project and, therefore, a standard design for conducting the evaluation.

For the development of the intervention programme and its adaptation in a cross-national context for a unified evaluation design, the Behaviour Change Model (BCW) was used at three levels of analysis:

1. The origin of the behaviour and goals.
2. Prioritisation of the functions/objectives of the intervention.
3. Analysis of the services or resources of the context that may be available in the intervention.

Initially, a rubric was developed to identify the intervention objectives shared among the interventions developed in the different contexts: the behaviour to be changed, the place where this behaviour occurs, and who would be involved were determined. After the activity, a total of 4 general shared aims were selected:

1. Consent and mutuality.
2. Gender and sexual orientation discrimination.
3. Bystander Response.
4. Risk behaviours related to substance use.



Secondly, members were asked to build a list of factors associated with problem behaviours, which was the starting point of an analysis that would allow us to determine the content of the intervention. These factors were classified into beliefs, perceptions, emotional responses, motivational factors and precipitating behaviours.

Finally, all teams completed a third grid on the specific strategies to be used to respond to the aims. The most frequently used were those that were evaluated in the intervention. With these common elements, the essential contents of the programme were decided, and it became possible to adapt the programme to the different intervention contexts.

2.1.2. Adapting the programme to different contexts: The pilots

Once the common objectives were selected (previously discussed shared aims) and the behaviour change model agreed upon by all members, an adaptation process was performed. Some partners adapted the intervention to be performed at festivals, others implemented it at drinking parties, others at clubs and more controlled leisure contexts, etc. Although there were differences in the relevance of some aims when considering the characteristics of the venues and differences within the implementation conditions for each country, thanks to the expertise of the partners in working in nightlife contexts, these modifications didn't alter the central core elements of the intervention programme.

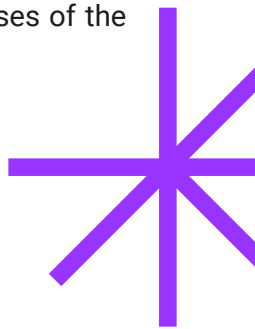


>>> 2.2) INSTRUMENTS

Different instruments specifically designed for this purpose were used to evaluate the intervention programme, to analyse the socio-cultural characteristics of each intervention context, the characteristics of the intervention in the different participant countries, and the participant's satisfaction with the intervention programme. The three instruments mentioned are described below:

- **Understanding the context of the intervention: Recording critical incidents**

While the recording of critical incidents does not directly measure impact, they provide valuable insights that contribute to the overall assessment of the programme. A register of critical incidents was created to understand the variety of spaces where the programme is implemented. This part of the evaluation was designed to be completed by key informants such as health professionals on site, security personnel, police and other witnesses of the assaults.



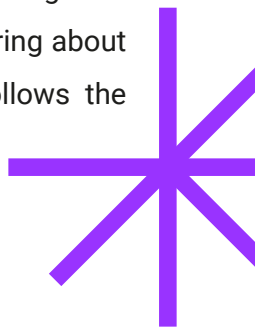
These registers recorded the context of interventions and protocols performed when situations of violence or drug abuse required the action of policy or medical services.

The instrument is a two-part rubric describing the venue's characteristics and the incidents that took place. In the first part, in addition to sociodemographic information, the physical characteristics of the space are recorded (the layout of the bar, the dance area, the seating areas, etc.), the presence of intervention booths, the seating capacity, the perceived atmosphere, the location of the venue, the surroundings of the venue, its accessibility, the sociodemographic profile of the clientele, the general security and emergency measures, the staff, the presence of surveillance cameras, the implementation of access controls and the existence, or not, of collaborative action protocols with local emergency services in the event of sexual aggression and gender-based violence, LGBTQIA+ hostility or substance use. The second part registers the critical incidents that occurred during the observation. It includes the date, time and type of the incident (gender-based violence, sexual violence, LGBTQIA+ hostility or harm associated with substance use), its onset, duration of the incident and parties involved, the resolution of the incident, the actions taken by the staff or by any person involved, and the actions of other external entities that were involved (health services or security agents) are asked to be added. At the end of the instrument, a space was provided for any relevant observations or comments. This instrument and its application guide are in Annexes 1 and 2.

- **The characteristics of the intervention: recording the implementation conditions**

An instrument was designed to assess the implementation conditions and characteristics of the intervention. The implementers completed this measure, acting as first-hand informants of the type of intervention to be applied. This evaluation collected the number of interventions performed, hereafter referred to as micro-interventions, the objective of each one, the duration, the activities and strategies used, as well as the scope, understood as the number of participants who received each micro-intervention.

The instrument consists of a first descriptive part, which asks for the identification of the implementer, the date and time of the intervention and the country in which it is applied (Spain, Ireland, Portugal, Italy and Luxembourg). The second part asks about the content of the intervention (1 = consent, 2 = LGBTQIA+ hostility, 3 = bystander response, or 4 = substance use), the objective of this intervention (to provide skills or knowledge (C), to develop motivation to change (M) or to provide opportunities (O) to express competences and skills), the functions chosen to favour these objectives (education, training and modelling, persuasion or environmental restructuring) and the strategy used to bring about change (communication, service provision and/or guidance). The structure follows the



COM-B and TDF models used during the development of the programme content. For further comprehension, here is a description of each section of the deliverers' questionnaire (see Table 1, Table 2, and Table 3).

Table 1

Dimensions of the COM-B Model.

Capability: understanding the capacity to understand and communicate the problem (the problem can be about Aim 1, Aim 2, Aim 3 or Aim 4), recognise risky situations, manage emotions related to the problem, etc.
Opportunity: presence or availability of policies promoting safer spaces and harm reduction measures in nightlife venues (such as harm reduction information, ventilation, free water, sit-down spaces or cool-down areas, and peer support networks). It also refers to the interventions provided by healthcare professionals, harm reduction services and peer support networks.
Motivation: being proactive and taking initiative in harm reduction efforts, assuming responsibility for addressing challenges associated with Aims 1, 2, 3 and/or 4. It could also refer to understanding the positive impact of harm reduction strategies, setting goals for those strategies, and developing emotional resilience or coping skills to change the situations.

Table 2

Functions of the COM-B Model.

Intervention function	Definition	Example
<u>Education</u>	Increasing knowledge or understanding	Providing information about gender-based violence (GBV) and sexual violence, for example.
<u>Persuasion</u>	Using communication to induce positive or negative feelings or simulate action.	Using imagery to motivate respect and inclusion of gender diversity, for example.
<u>Training and modelling</u>	Imparting skills and providing an example for people to aspire to or imitate.	Providing skills to identify and cope with gender-based violence (GBV) and LGBTQIA+ hostility, for example. Providing models about how to support victims or how to care for peers in risky situations, for example.
<u>Environmental restructuring</u>	Changing the physical or social context	Providing on-screen prompts about safe or inclusive places.
<u>Enablement</u>	Increasing means/reducing barriers to increase capability (beyond education and training) or opportunity (beyond environmental restructuring)	Behavioural support and resources for victims, drug information points, protocols, etc.

Table 3

Strategies used in the COMB- model.

Policy Category	Definition	Example
<u>Communication/marketing</u>	Using print, electronic, telephonic or broadcast media	Conducting mass media campaigns
<u>Guidelines</u>	Creating documents that recommend or mandate practice. It includes service provision,	Producing and disseminating treatment protocols, information, etc.
<u>Environmental/social planning</u>	Designing and/or controlling the physical or social environment	Using bar/club/ space planning
<u>Service provision</u>	Delivering a service	Establishing support services in workplaces, communities, etc.

The final part includes questions about the number of participants who received the intervention, the duration of the intervention, and a question to assess the degree to which the implementer perceived that the proposed objective had been met following a 5-point Likert scale where 1 corresponded to 'absolutely no' and 5 to 'yes, completely'. The full document and its application guide are in Annexes 3 and 4.

- **Participant's satisfaction**

Although the evaluation of participants is complex in interventions that take place in real contexts, a procedure was established to evaluate the satisfaction of the participants who receive the intervention. This evaluation collected the young people's perceived satisfaction with both the guidance received from the implementers and the assistance provided. The micro-interventions proceed from one or more of the aims included in the programme. It is a questionnaire composed of two parts. The first corresponds to the collection of descriptive data, which asks the date on which they received the intervention, the sex of the participant (female, male, intersex or prefer not to answer), their gender (female, male, non-binary, trans woman, trans man, other to specify or prefer not to answer), their sexual orientation (gay, lesbian, bisexual, heterosexual, pansexual, queer, other to specify or prefer not to answer), the country in which they received the intervention (Spain, Ireland, Portugal, Italy and Luxembourg), their opinion of the intervention venue as an inclusive space (not at all, more or less or yes, it is), and the frequency they attended the venue (it is my first time here, about once a month, or twice a month or so). In the second part of the questionnaire, satisfaction with the information received was assessed according to the four main aims: consent to participate in a sexual relationship, the construction of safe and inclusive spaces to prevent gender-based violence and LGBTQIA+ hostility, the bystander's action or reaction towards violent situations, and about alcohol and substance use. A 3-point Likert scale was used for

the latter part, comprising responses of 'Low. I expected more', 'According to what I expected' and 'High. The information has exceeded my expectations'. The detailed instrument and its application instructions are in Annexes 5 and 6.

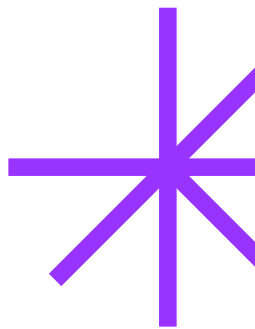
A second version of this questionnaire was developed for staff working in nightlife events, the structure of which was identical to the one described above, with the only change of adding a question to the first part: 'Please mark with an X the type of role you performed at this venue' (nightclub promoter, nightlife event organiser, bar staff, security staff, DJ and youth worker) and removing the last question on the use of knowledge in the future. This version, with its instructions, is also detailed in Annexes 7 and 8.



>>> 2.3) PROCEDURE

Implementers were trained in the use of the three instruments in each country. Informed consent was indicated on the first page of each questionnaire. Implementers were asked to complete the intervention characteristics instrument and to ask participants to complete the satisfaction questionnaire after each micro-intervention. These questionnaires were provided on paper and through Google Forms so they could be completed online.

Finally, regarding critical incidents, the information should be completed or provided by key informants, considered professionals providing services in nightlife venues. Implementers were asked to conduct interviews with these key informants at various points during the development of the intervention (before, during and after) when possible.





3) RESULTS

Development of the evaluation and impact results of the “CRISSCROSS. Intervention program in nightlife, leisure and socialisation venues to raise awareness and prevent GBV behaviours - including LGBTIphobia - linked to sexual violence and substance use.” (ref: 10109670) during the years 2023-2025.

The results presented in this report are a sub-sample of the interventions carried out across the five countries. The collected information aims to provide a detailed description of the context, the characteristics of the interventions, the implementation conditions, and participants' satisfaction with these interventions. Implementers report on selected interventions delivered, and a purposive sample of participants was recruited to take part in the evaluation. Given the context in which the intervention took place, the interventions were implemented in alignment with the previously established strategies, adapting to the specific demands in each venue. As a result, data collection posed a significant challenge for all partners. Nevertheless, the results offer valuable insights into the intervention, including its content, quality and the context in which it was carried out. This information contributes to a more comprehensive interpretation of the findings and facilitates a better understanding of the differences between partners.



3.1) THE CONTEXT OF INTERVENTIONS: CHARACTERISTICS, TYPE OF CRITICAL INCIDENTS AND WAYS OF RESOLVING THEM

3.1.1. The socio-cultural context of the interventions

3.1.1.1. General description of leisure areas and attendants

With the aim of understanding the context in which the interventions were conducted, the answers to the critical incidents questionnaires were transcribed and analysed using Atlas.ti25. The following Table summarises participating countries, nightlife venues where interventions have been developed, agents involved, and inclusion criteria.

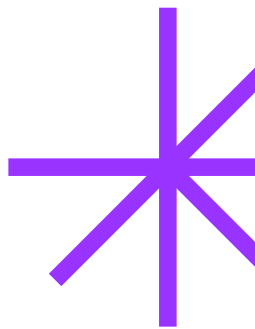
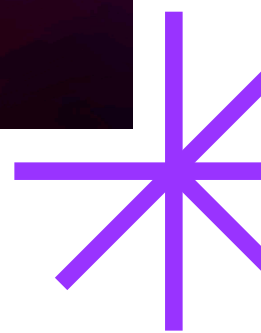
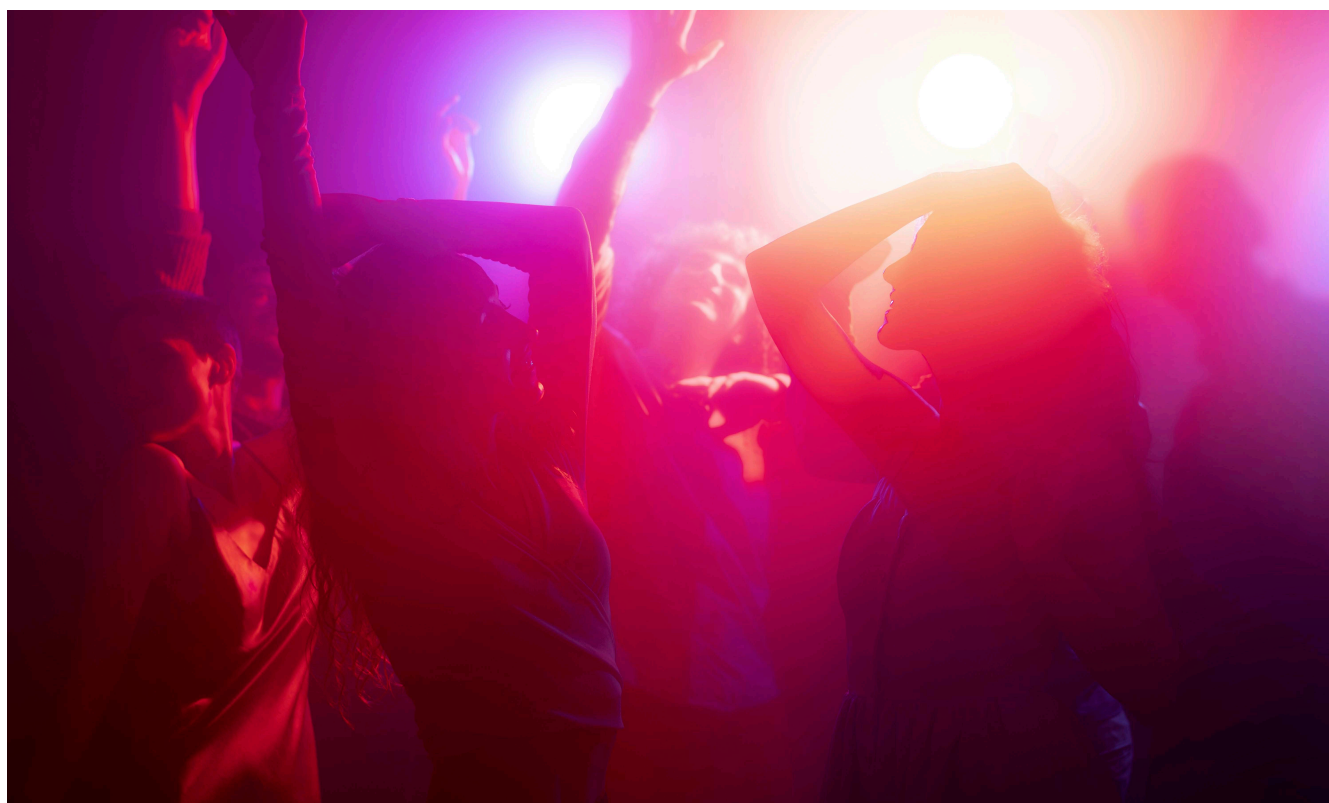


Table 4

Inclusion table

Participating countries	Inclusion criteria
Participating countries: Spain Portugal Italy Luxembourg Ireland	Nightlife venues: Festivals Nightclubs and Bars Profile: Young adult men and women (sic) LGBTQIA+ people
Nightlife venues in:	Sant Cugat Lisbon, Viana do Castelo, Porto City Park, Crato, Montargil Milan Luxembourg Dublin
Agents involved	ABD: <i>Asociación Bienestar y Desarrollo</i> (ABD) (Spain) HSE: <i>Health Service Executive</i> (Ireland) Kosmicare: (Portugal) Lotta: <i>Cooperativa Lotta contro l'Emarginazione</i> (Italy) 4motion: (Luxembourg)



As presented in Table 5, CRISSCROSS interventions were developed in quite diverse nightlife contexts. In Spain, the intervention was developed in a public space, in a so-called 'botellón' area, outside of clubs and discos. People used to meet there and drink before entering the clubs. Portugal, Ireland, and Luxembourg interventions were held in great festivals and dance events, whereas in Italy, the interventions were both in festivals and clubs.

Regarding the characteristics of the population, Table 6 describes the age, sociodemographic background, and other characteristics of the participants, such as gender. As reflected in the Table, all the participants were young adults, and most of them were cis men and women. Only two events (one in Ireland and one in Italy) were specific events for the LGBTQIA+ population. Concerning socioeconomic background, there were significant differences among partners. In Spain, the population had a low socioeconomic status, while the attendance in Portugal presented a high socioeconomic status.

Implementers were asked to register the number and type of critical incidents in these contexts. Below, there is information about when these incidents were reported. As shown in the Table, most of the incidents were registered after the event. Only Italy registered the critical incidents before, during and after the events.

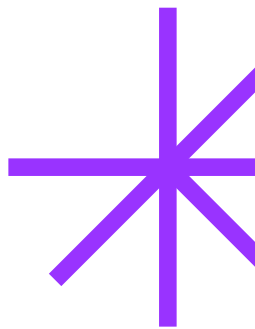


Table 5

General Characteristics of the events by country

General Characteristics – Comparative Table								
Country	Event	Event Features	Place around	Date	Established schedule	Duration	Capacity	Perceived environment
Spain	Nightlife area in Sant Cugat	Public nightlife area in Sant Cugat	Public space in an area far from the urban centre of Sant Cugat, located on a wide paved area next to a roundabout with three exits. In the square, there is a fountain. It is the main walking area, used as a meeting place for those people who do not have access to the bar area. There is also a stone bench in the square, which marks the boundary with the open, dark field area, where people usually go to urinate or seek privacy.		Permanent leisure area. Usually, the premises tend to close between 2:00 and 3:00 am.			Regulatory dress codes. “Black, Latino or Moor” are often heard in a derogatory manner. Fighting incidents. Area of frequent incidents.
Ireland	LGBTQIA+ Dance Event		Outdoors, in the centre of Dublin		From 3:00 pm to 11:00 pm.	2 days. Pride weekend in Dublin	5,000 people	
	Dance August 2024	Dance music event	Outdoor event, just outside Dublin			1 day	5,000 people	
	Dance August 2024 (2)	Great musical event	Outdoor event, just outside Dublin.			3 days	75,000 people	
	Dance September 2024	Dance event	Outside Dublin		From 2:00 pm to 10:00 pm.	1 day	20,000 people	
Portugal	MIL Festival	MIL Lisboa is an international Portuguese music festival and convention.	Lisbon at the Beato Creative Hub	September 25-27, 2024	Daytime event			
	Neopop Festival	Large-scale urban festival.	Viana do Castelo	August 8-10, 2024	17:00 with the opening of the stages. The last concert was from 7:00 to 9:00 on the last day.	3 days		
	Primavera Sound	Large-scale urban festival.	Porto City Park	June 6-8, 2024	16:00 to 3:00h.	3 days	Capacity depends on the concerts taking place each day.	
	Walking Life	It is a large-scale festival of adventurous music and art.	Crato	June 19-24 Summer solstice.		6 days		
	ZNA Gathering	It’s a psytrance festival.	Near the Montargil dam			8 days	5,000 people	

General Characteristics – Comparative Table								
Country	Event	Event Features	Place around	Date	Established schedule	Duration	Capacity	Perceived environment
Italy	The Magnolia Club	The Magnolia Club is an open-air space available in the summer. Admission is open to those over 16 years of age.	On the outskirts of Milan, next to Linate city airport, on the shores of Lake Idroscalo.		10:00 pm to 4:00 am. Closing time may be extended to 5:00 am occasionally.		Dance floor capacity: Small: 50 people. Large: 1,000 people.	Positive atmosphere, people come mainly to dance and enjoy live music.
	Tempio del futuro Perduto	The venue specialises in electronic music and techno events.	Central area of Milan. The premises are located near the Monumental Cemetery in the former industrial district in the heart of Milan. Surrounding the premises are residential buildings, offices and shops; nearby is the street known as “Chinatown.”		From midnight until 5:00 or 6:00 am.			Typical of techno events. Some attendees were more inclined to dance, and others to socialise. Friendly atmosphere, With rare incidents of aggression.
	Buka Event	Music event.	Park of the Lambretta in Milan		16:00 to 2:00h. The first wave of attendees arrives at 6:00 pm, the second at around 10:00 pm.			Relaxed atmosphere, focused on dancing, listening to the DJ and socialising.
	Local Event		It is on an old farm. The farmhouse is located 500 meters from the nearest residential area. It is surrounded by fields and a riding stable.		18:00 to 6:00h The peak number of attendees is around 5:00 am.		1,000 people Average attendance: 300 people	The atmosphere is welcoming and inclusive for queer people.
Luxembourg	Usina 24 Festival	It is a cooperative festival, which offers, among other things, music, cultural activities and creative workshops. In 2024, the third edition of the festival was held. Organises live concerts, with national and international performances.	On the outskirts of Dudelange at the ARBED site		Saturday: 5:00 pm to 1:00 am. Sunday: 2:00 pm to 10:00 pm.	2 days	On Saturday, the organisers sold around 3,000 tickets in advance. Admission is free on Sundays.	It was a festive and relaxed atmosphere on Saturday, more like a concert than a festival. It was even more relaxing on Sunday due to the number of families who gathered.
	Francofolies Festival	It is a music festival that generally welcomes French-speaking artists.	Park in Esch –sur- Alzette			3 days		Vibrant and lively celebration of the Francophone music festival.
	e-Lake Festival	Music festival, with local and international artists. Bands and DJs.	Echternach leisure centre, next to the lake of the same name, in Luxembourg.		From 6:00 pm on Friday to 1:00 am on Sunday, with specific times for each day	3 days		Vibrant and inclusive atmosphere, not only relaxed but also energetic.

Table 6
General Characteristics of the participants by country

Socioeconomic status – Comparative Table					
Country	Event	Profile of the attending public	Economic resources	Sociodemographic profile	Gender
Spain	Nightlife area in Sant Cugat	Variety of profiles due to the leisure offers of the place. The target population for the study is made up of: <ul style="list-style-type: none"> Young audience 16 to 24 years old. Population with particular places of residence. 	<ul style="list-style-type: none"> Population with low economic status 	<ul style="list-style-type: none"> There is a gypsy and Latin population 	<ul style="list-style-type: none"> “Cis” men and women. The proportion of openly homosexual women is much lower than that of openly ‘gay’ men.
Ireland	LGBTQIA+ Dance	<ul style="list-style-type: none"> Brazilian community LGBTQIA+ Community 		<ul style="list-style-type: none"> Brazilian population 	<ul style="list-style-type: none"> Predominance of the LGBTQIA+ community
	Dance August 2024	<ul style="list-style-type: none"> Young population 			
	Dance August 2024 (2)	<ul style="list-style-type: none"> Audience between 18 and 23 years old Dance community 			
	September Dance	<ul style="list-style-type: none"> Dance community 			
Portugal	MIL Festival	<ul style="list-style-type: none"> Artist audience, managers, promoters, music brands, journalists, nightlife workers and researchers. Cultural sector. 			
	Neopop Festival	<ul style="list-style-type: none"> Young adult audience 	<ul style="list-style-type: none"> Men and women from a privileged economic background. 	<ul style="list-style-type: none"> Spaniards Portuguese Other European tourists 	<ul style="list-style-type: none"> Audience is composed of “cis” men and women. Little to no presence of people with more fluid gender expressions.
	Primavera Sound Festival	<ul style="list-style-type: none"> Young adult audience 	<ul style="list-style-type: none"> Men and women from a privileged social and economic environment 	<ul style="list-style-type: none"> Portuguese and European tourists 	<ul style="list-style-type: none"> The audience is composed mainly of “cis” men and women. There was a presence of people with more fluid gender expressions.
	Walking Festival Life	<ul style="list-style-type: none"> Young adult audience 	<ul style="list-style-type: none"> Men and women from privileged social backgrounds. 	<ul style="list-style-type: none"> People from Portugal Other European countries Australian tourists 	<ul style="list-style-type: none"> The audience is composed mainly of “cis” men and women. Minority presence of gender-fluid people.
	ZNA Gathering	<ul style="list-style-type: none"> Young adult audience, mostly men 		<ul style="list-style-type: none"> People of Israel Portugal and From other European countries 	
Italy	The Magnolia Club	<ul style="list-style-type: none"> Audience between 18 and 60 years old 			<ul style="list-style-type: none"> Very varied in terms of sex, age, style, and attitude.
	Tempio del Futuro Perduto	<ul style="list-style-type: none"> Predominantly young people between 18 and 25 years old 		<ul style="list-style-type: none"> Tourists Members of the Chinese community 	
	Buka Event	<ul style="list-style-type: none"> Population between 20 and 30 years old Attendance of people aged 40 and over. 			
	Local Event	<ul style="list-style-type: none"> Audience between 20 and 35 years old. 			
Luxem- bourg	Usina 24 Festival	<ul style="list-style-type: none"> Audience between 30 and 40 years old Families Young adult, 25 years old. 	<ul style="list-style-type: none"> High or medium-high level audience. 		
	Francofolies Festival	<ul style="list-style-type: none"> No age requirements The public is subject to the purchase of the ticket 			
	e-Lake Festival	<ul style="list-style-type: none"> Free event No age requirements The space offers an inclusive and dynamic environment. 			

Table 7

Period where the data was gathered

Information gathering phase						
Country	City	Event	N/A	Before the event	During the event	After the event
Spain	Sant Cugat	Public leisure space	x			
Ireland	Dublin	LGBTQIA+ dance event				x
		Dance August 2024 (1-2)				x
		Dance September 2024				x
Portugal	Lisbon	MIL Festival	x			
	Viana do Castelo	Neopop	x			
	Porto	Primavera Sound 2024				x
	Crato	Walking Life	x			
	Montargil	ZNA Gathering				X
Italy	Milan	The Magnolia Club			x	X
		Tempio del Futuro Perduto			x	X
		Buka Event		x	x	X
		Local Event		x	x	
Luxembourg	Dudelange	Usina 24 Festival			x	
	Esch –sur- Alzette	Francofolies			x	
	Luxembourg	e-Lake			x	



3.1.1.2. General Safety and Emergency Measures in the contexts of interventions.

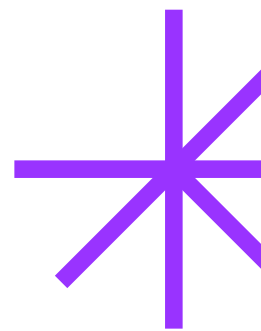
Concerning general safety measures, Table 8 describes how medical and security collaboration is planned in case of emergency or critical incidents. As described in the Table, Spain was the context where fewer security measures were provided compared to the other partners. Developing the intervention in a public area compared to the other contexts can explain this difference. In the rest of the countries, collaboration with medical and security guards/police was contemplated.

Table 8

General Safety and Emergency Measures in different contexts

General Safety and Emergency Measures – Comparative Table					
Country	Event	Personnel and security systems	Training	Controls	Collaboration with local emergency and security services.
Spain	Nightlife area in Sant Cugat	<ul style="list-style-type: none"> There is no specific security in the area. Each location has security personnel and security cameras. The premises staff has its own protocols for action in case of emergency. 	<ul style="list-style-type: none"> Staff training is unknown. 	<ul style="list-style-type: none"> Access control to nightclubs. At some point, a breathalyser test was performed 	<ul style="list-style-type: none"> Occasional police presence.
Ireland	LGBTQIA+ Dance	<ul style="list-style-type: none"> In Ireland, generally, every event is handled by a security coordination company. 	<ul style="list-style-type: none"> As a general rule, in Ireland, coordination companies must obtain a license to act as security and emergency personnel. 	N/A	<ul style="list-style-type: none"> In Ireland, police and medical providers are involved in large-scale events. The contracted company managed medical emergencies; urgent cases were transferred to the hospital. Support from social services is available to offer information and support on topics such as: <ul style="list-style-type: none"> Mental health Suicide Consent and violence: domestic, gender and sexual.
	Dance August 2024			N/A	
	Dance August 2024 (2)		<ul style="list-style-type: none"> Two medical and safety briefings were held. 	N/A	
	September Dance		<ul style="list-style-type: none"> Follow the generality. 	N/A	

General Safety and Emergency Measures – Comparative Table					
Country	Event	Personnel and security systems	Training	Controls	Collaboration with local emergency and security services.
Portugal	MIL Festival	<ul style="list-style-type: none"> The events were attended by security personnel. People were included to patrol the premises and to identify care needs. 	N/A	N/A	N/A
	Neopop Festival		N/A	• Drug control.	• Presence of medical equipment, police and security personnel.
	Primavera Sound Festival		An internal care protocol was drawn up, which should have been known by security personnel.	• Drug control.	• Presence of medical equipment, firefighters, security guards and police.
	Walking Festival Life		N/A	• Drug control.	• It had medical services and primary psychological care.
	ZNA Gathering		N/A		
Italy	The Magnolia Club	• The premises have their own security team.	<ul style="list-style-type: none"> In Italy, it is mandatory for security members to be trained in: <ul style="list-style-type: none"> – First aid. – Fire safety. – Crowd control. – Prevention of gender violence. 	• Access controls and documentation are checked for age reasons. Minors (+16) are allowed entry in the presence of an adult.	• Ambulance and lifeguard.
	Tempio del Futuro Perduto	• In addition to having its own security team, there is a person designated to monitor the toilet area.	Security staff is trained in critical incident management.	Access control.	• Ambulance with medical staff.
	Buka Event	• Internal security personnel.	Follow the generality.	Access control.	• Ambulance with medical personnel.
	Local Event	• It has a security team that monitors the toilets and the dance floor.	Follow the generality.	Access control.	N/A



General Safety and Emergency Measures – Comparative Table					
Country	Event	Personnel and security systems	Training	Controls	Collaboration with local emergency and security services.
Luxembourg	Usina 24 Festival	<ul style="list-style-type: none"> The festival has between 30 and 40 guards There were no security cameras. 	N/A	<ul style="list-style-type: none"> Access control. 	<ul style="list-style-type: none"> Collaboration with the Luxembourg National Fire and Rescue Corps Mobile patrol team.
	Francofolies Festival	<ul style="list-style-type: none"> Security equipment was provided. 	<ul style="list-style-type: none"> CRISSCROSS team, like several of the Green Team, received training on the Safer Topics Party. 	<ul style="list-style-type: none"> Access control. 	<ul style="list-style-type: none"> Police and paramedic presence.
	e-Lake Festival	<ul style="list-style-type: none"> Safety equipment was available. 	N/A	<ul style="list-style-type: none"> Access control. 	<ul style="list-style-type: none"> First aid tent. Police presence.

3.1.1.3. Measures against gender-based violence, sexual assaults, LGBTQIA+ hostility and substance use.

This section outlines the measures developed by the project partners or in collaboration with other entities to face violent incidents. Specifically, measures against sexual assault, gender-based violence and LGBTQIA+ hostility have been analysed.

Each country implemented its own measures as a part of the CRISSCROSS intervention or used previous resources, such as promotional posters and videos, to intervene against the three violent phenomena. There were also collaborations with other organisations and with other active campaigns. Some examples of this are the cooperation of ABD (Spanish team) with the “Doble Via” cooperative, the “Ask for Angela” campaign used in Ireland (both for sexual assault and gender-based violence) or some young volunteers from the “Green Team” for LGBTQIA+ hostility. It should be noted some of the measures developed by Italy, where club staff received previous training on gender-based violence and sexual assault (see Tables 9 and 10). It is important to note that in all the contexts there were specific protocols to face gender-based violence, even in Spain, considering that the intervention was developed in a public space.

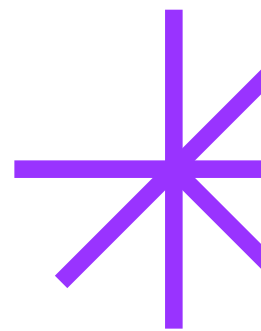
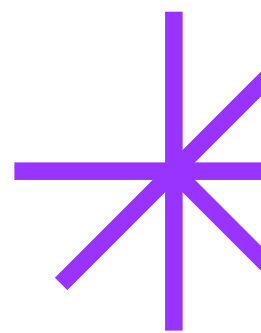


Table 9

Measures against Sexual Assault

Measures against Sexual Assault – comparative Table			
Country	Event	Measures implemented	Collaborating entities
Spain	Nightlife area in Sant Cugat	<ul style="list-style-type: none"> There is a municipal protocol for addressing sexual violence in public spaces in Sant Cugat. "Doble Via" supported the event on the night with the highest attendance to strengthen services for the detention, prevention and care of sexual violence. 	"Doble Via" Cooperative
Ireland	LGBTQIA+ Dance	<ul style="list-style-type: none"> Messages promoted by HSE on social media publicising the inclusive and wellbeing space that would be found at the event. HSE presented and shared a video on the main screen of the event, with inclusive messages. 	
	Dance August 2024	<ul style="list-style-type: none"> Messages promoted by HSE on social media, publicising the inclusive and wellbeing space that would be found at the event. 	
	Dance August 2024 (2)	<ul style="list-style-type: none"> Specific services. Continuous communication between services. Promotional posters. Promotion of the "Ask for Angela" campaign. 	
	September Dance	<ul style="list-style-type: none"> On-site services. Continuous communication between services. Promotional posters. Video shared on social media before the event. Creating a wellness space. 	
Portugal	MIL Festival	<ul style="list-style-type: none"> Purple Protocol specific to the event, which was promoted through: <ul style="list-style-type: none"> Social media ads. Printed version for attendees and internal staff. Direct information given by Kosmicare. 	
	Neopop Festival		
	Primavera Sound Festival		
	Walking Festival Life		
	ZNA Gathering	<ul style="list-style-type: none"> In addition to the above, there was a local Lila point in each service and shift during the intervention to provide support for specific Lila situations. 	



Measures against Sexual Assault – comparative Table			
Country	Event	Measures implemented	Collaborating entities
Italy	The Magnolia Club	<ul style="list-style-type: none"> Some of the establishment's staff, including security, bar and cleaning staff, have taken multiple training courses to prevent sexual and gender violence. The premises follow a standard protocol established by "DonneXstrada". The location is designated as "Punto Viola". 	DonneXstrada Organization
	Tempio del Futuro Perduto	<ul style="list-style-type: none"> Intervention, when necessary, by the awareness group. Tutors with specific training, in events known as "sexual technoeducation". 	
	Buka Event	<ul style="list-style-type: none"> There was no specific protocol. Buka has started contact with the cooperative "Lotta" to organise specific training on the topics promoted by CRISSCROSS. 	"Lotta" Cooperative
	Local Event	<ul style="list-style-type: none"> The establishment has the collaboration of two mobile Risk Reduction units in Milan and Melegnano. 	Mobile risk reduction units in Milan and Melegnano
Luxembourg	Usina 24 Festival	N/A	
	Francofolies Festival	<ul style="list-style-type: none"> Explanatory signs, in visible areas, on prevention of sexual harassment. There was training on the subject for the "Green Team". The festival had the collaboration of 4Motion, intervening in case of any problem. 	"Green Team" : young volunteers who are responsible for caring for children.
	e-Lake Festival	<ul style="list-style-type: none"> The festival did not provide specific training on sexual harassment. A safe space was created for festival attendees. 4Motion was able to interact with local staff, police and first aid services, acquiring relevant information. 	

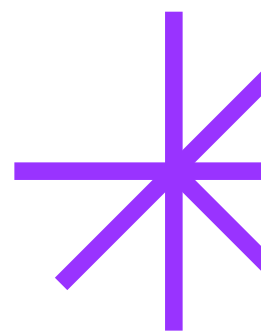
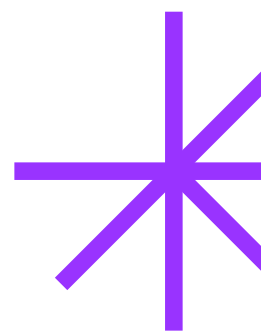


Table 10

Measures against Gender violence

Measures against Gender Violence Table			
Country	Event	Measures implemented	Collaborating entities
Spain	Nightlife area in Sant Cugat	<ul style="list-style-type: none"> There is a municipal protocol for addressing sexual violence in public spaces in Sant Cugat. Cooperation between CRISSCROSS (ABD) and the cooperative "Doble Vía" to strengthen the area. The Information and Care Services for Women (SIAD), offered by the Sant Cugat City Council, were available. Collaboration with the collective "Hora Bruixa" to create an educational project against gender violence. 	"Double Track" Cooperative. Feminist Collective "Hora Bruixa" . Service Information and Care for Women (SIAD), Sant Cugat City Council.
	LGBTQIA+ Dance	<ul style="list-style-type: none"> HSE staff were on hand to provide support in cases of gender-based violence. 	
Ireland	Dance August 2024	<ul style="list-style-type: none"> There was collaboration with medical and police personnel. 	
	Dance August 2024 (2)	<ul style="list-style-type: none"> On-site services. Continuous communication between services. Promote available services. "Ask for Angela" campaign. Push for "Safe concerts in Ireland". The HSE team raised awareness and support. 	
	September Dance	<ul style="list-style-type: none"> HSE provided dissemination to identify cases of concern. HSE video shared with all ticket holders prior to the event. Wellness space for anyone who needs it. 	
	MIL Festival	<ul style="list-style-type: none"> Specific Purple Protocol for each of the festivals. 	
Portugal	Neopop Festival	<ul style="list-style-type: none"> Internal protocol for both staff and the public to raise awareness of: What to do in case of sexualised violence, harassment, anti-LGBTQIA+ hostility, and people experiencing a psychological crisis 	
	Primavera Sound Festival		
	Walking Festival Life		
	ZNA Gathering		



Measures against Gender Violence Table			
Country	Event	Measures implemented	Collaborating entities
Italy	The Magnolia Club	<ul style="list-style-type: none"> The venue promotes inclusion on social media and on-site, emphasises accessibility and a welcoming environment for all people, with special attention to the LGBTQIA+ community. 	
	Tempio del Futuro Perduto	<ul style="list-style-type: none"> A welcoming and gay-friendly environment is promoted, especially during "Techno Sex Education" nights. Condoms and lubricants are provided, along with information from the intersex advocacy organisation "Intersexioni". 	"Intersexions"
	Buka Event	N/A	
	Local Event	N/A	
Luxembourg	Usina 24 Festival	<ul style="list-style-type: none"> The festival was called "Safer Nights Event" and included measures against gender violence, LGBTQIA+ hostility, drug use, and inclusion. Posters and social media posts ahead of the festival on measures against gender-based violence. Implementing a safe space. There was an awareness stand, providing information on issues related to gender violence. An awareness team was established to patrol the festival site. Punto Lila, where anyone can come to speak with professionals about any form of discrimination. 	Rosa Letzebuerg LGBTQIA+ CIGALE Centre PIPAPO CIGALE Gender Equity Dudelange POWER PLANT PIPAPO
	Francofolies Festival	<ul style="list-style-type: none"> Explanatory posters of the rules regarding harassment. Training and instruction on the subject for the "Green Team". Activities and games were offered on stereotypes, promoting solidarity and cultural unity. Collaboration with the PIPAPO team to patrol the festival grounds. Purple Point. 	"Green Team" "Safer"
	e-Lake Festival	<ul style="list-style-type: none"> Warning signs about gender violence and LGBTQIA+ hostility. Pre-volunteer training, in collaboration with CRISSCROSS 4Motion. 	

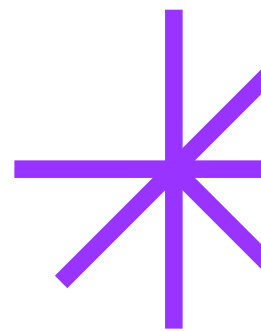
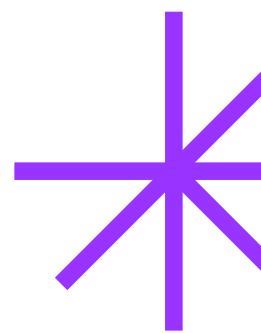


Table 11

Measures against LGBTQIA+ hostility

Measures against LGBTQIA+ hostility-comparative Table		
Country	Event	Measures implemented
Spain	Nightlife area in Sant Cugat	<ul style="list-style-type: none"> The Sant Cugat City Council has offered as a referral resource for incidents of LGBTQIA+ hostility the SAI LGBTQIA+, the "Comprehensive Support for LGTBI people" service, a service that they have made available in cases of LGBTQIA+ hostility, which ABD has received.
Ireland	LGBTQIA+ Dance	<ul style="list-style-type: none"> Specific social networks were created for Pride Week. An inclusive environment was sought.
	Dance August 2024	<ul style="list-style-type: none"> Inclusive material, provided by HSE. Messages about dignity and respect are on the festivals' wellbeing page and the website. Messages shared with all ticket holders before the event. Nightlife messages for everyone are shown on social media and in videos on the event screens.
	Dance August 2024 (2)	
	September Dance	
Portugal	MIL Festival	<ul style="list-style-type: none"> Specific Purple Protocol for each of the festivals, which included an internal protocol for staff and for the attending public: <i>What to do in case of sexualised violence, harassment, anti-LGBTQIA+ hostility, and people experiencing a psychological crisis.</i>
	Neopop Festival	
	Primavera Sound Festival	
	Walking Festival Life	
	ZNA Gathering	
Italy	The Magnolia Club	
	Tempio del Futuro Perduto	
	Buka Event	<ul style="list-style-type: none"> No specific policies were implemented. The general approach is to promote gender diversity, sexual orientation diversity, and diversity in general.
	Local Event	
Luxembourg	Usina 24 Festival	<ul style="list-style-type: none"> No specific training on the subject was provided to the organisers and festival staff. The Gender Equality Department of the city of Dudelange met with the director of the local cultural centre Opderschmelz (organising partner of the Usina24 festival) to ensure that in the event of incidents related to LGBTQIA+ hostility, gender-based violence, etc., the professional teams on site would take measures to de-escalate the situation and take care of any potential victims.



Measures against LGBTQIA+ hostility-comparative Table		
Country	Event	Measures implemented
Luxembourg	Francofolies Festival	<ul style="list-style-type: none"> Warning signs were placed about gender violence and LGBTQIA+ hostility. Training was previously offered to volunteers, in collaboration with 4Motion. An informative meeting was held with the security and emergency teams and young volunteers from the "Green Team".
	e-Lake Festival	<ul style="list-style-type: none"> The venue did not provide any training on the hostility towards LGBTQIA+ people. The venue offered a tent, where a safe space could be created for those who might feel threatened or discriminated against because of their sexual identity. The awareness team handled the tent and equipped with material: posters and leaflets to inform people about the risks associated with nightlife. Despite the lack of training, the 4Motion team was able to interact with the venue staff, police and first aid services, facilitating the exchange of information.

Similarly, measures related to substance use were also collected. Specifically, procedures to promote responsible alcohol consumption prevent alcohol abuse, and strategies to reduce the risks of drug use. The bars, discos, other events, and the different CRISSCROSS teams had specific measures to promote responsible alcohol consumption, such as free water, training for security guards and recommendations for the staff. The CRISSCROSS team carried out the measures to reduce the risks of drug use in most cases, such as providing information and drug testing. In the case of Luxembourg, there was collaboration with the PIPAPO project team to provide information on drug use (see Tables 12 and 13 for a detailed description of the measures).

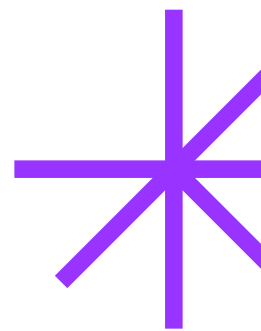


Table 12

Procedures to promote responsible alcohol consumption

Procedures to promote responsible alcohol consumption and prevent excessive consumption - comparative Table		
Country	Event	Procedures to promote responsible alcohol consumption and prevent excessive consumption
Spain	Nightlife area in Sant Cugat	<ul style="list-style-type: none"> Free water. Implementation of the “NITS Q” programme regarding the responsible dispensing of alcohol in leisure venues. ABD intervention to promote responsible alcohol consumption through information and drinking water.
Ireland	LGBTQIA+ Dance	<ul style="list-style-type: none"> Free water.
	Dance August 2024	<ul style="list-style-type: none"> HSE staff at your disposal. Training of security control personnel. Monitoring the event to identify the environment.
	Dance August 2024 (2)	<ul style="list-style-type: none"> “Start small and go slow” messages were spread at campgrounds.
	September Dance	<ul style="list-style-type: none"> Large traffic signs were put up at the event, with health messages such as: “Start small and go slow, be careful with yourself and others”.
Portugal	MIL Festival	<ul style="list-style-type: none"> Festivals in Portugal are formal events, so procedures regarding the regulation of responsible beverage service are followed.
	Neopop Festival	
	Primavera Sound Festival	
	Walking Festival Life	
	ZNA Gathering	
Italy	The Magnolia Club	Promotes designated driver policies.
	Tempio del Futuro Perduto	Bar staff are instructed not to serve alcohol to anyone who appears intoxicated.
	Buka Event	There are no specific measures to promote responsible alcohol consumption.
	Local Event	Free water. “ Chill-Out ” areas with sofas for relaxation.
Luxembourg	Usina 24 Festival	<p>The local youth centre had a stand selling homemade non-alcoholic cocktails.</p> <p>Staff, workers, and partners received a voucher for food and another for non-alcoholic beverages.</p> <p>At the festival, light and non-alcoholic beers were offered.</p>
	Francofolies Festival	<p>Free water.</p> <p>Beers and non-alcoholic soft drinks.</p> <p>They did not serve alcohol to minors under 16 years of age.</p>
	e-Lake Festival	No restrictions on alcohol consumption were announced.

Table 13

Procedures to reduce the risks of drug use

Procedures to reduce the risks of drug use - comparative Table		
Country	Event	Procedures to reduce the risks of drug use
Spain	Nightlife area in Sant Cugat	<ul style="list-style-type: none"> • CRISSCROSS (ABD) team has been a reference agent in providing information regarding the risk of drug use in the intervention space.
Ireland	LGBTQIA+ Dance	<ul style="list-style-type: none"> • HSE staff on site. • Messages shared before the event. • Videos on the main event screen, with messages about the risks associated with drug use. • Internal drug testing is available. • Doctors informed about drug trends. • Messages shared on the website and in the emails of ticket-holding participants. • Collaboration between HSE, laboratory and physicians on wellbeing.
	Dance August 2024	
	Dance August 2024 (2)	
	September Dance	
Portugal	MIL Festival	N/A
	Neopop Festival	<ul style="list-style-type: none"> • In Portugal, drug control services were provided at all festivals through Kosmicare.
	Primavera Sound Festival	
	Walking Festival Life	
	ZNA Gathering	
Italy	The Magnolia Club	<ul style="list-style-type: none"> • According to the venue's policy on substance use, it consists of warning people who openly consume substances and expelling them from the premises if their behaviour persists.
	The " <i>Tempio del Futuro Perduto</i> "	<ul style="list-style-type: none"> • The premises have an internal awareness group with training. • Substance use policy requires that consumption does not occur in visible spaces. • In case of acute poisoning, the awareness group cares for people and, if necessary, contacts the local emergency personnel.
	Buka Club	N/A
	The place	N/A
Luxembourg	Usina 24 Festival	<ul style="list-style-type: none"> • The PIPAPO project team was present with an information stand to raise awareness among festivalgoers about the different substances they may encounter, their effects, risks and safer strategies for use. • Information cards were distributed on the most common drugs used in Luxembourg's nightlife. • Stickers were distributed with messages such as "<i>party safer</i>", "<i>stay high: known risk</i>" etc. • Signs to remind partygoers to drink water and take breaks.
	Francofolies Festival	
	e-Lake Festival	

3.1.2. Critical incidents during intervention and resolution

This section focuses on the occurrence of critical incidents during the intervention period and the type of strategies used to resolve these incidents. Looking at the types of critical incidents that occurred before the start of the CRISSCROSS interventions, the most frequent incidents were those related to LGBTQIA+ hostility (in Spain and Luxembourg) and gender-based aggression (Portugal and Luxembourg) as well as problems related to substance use.

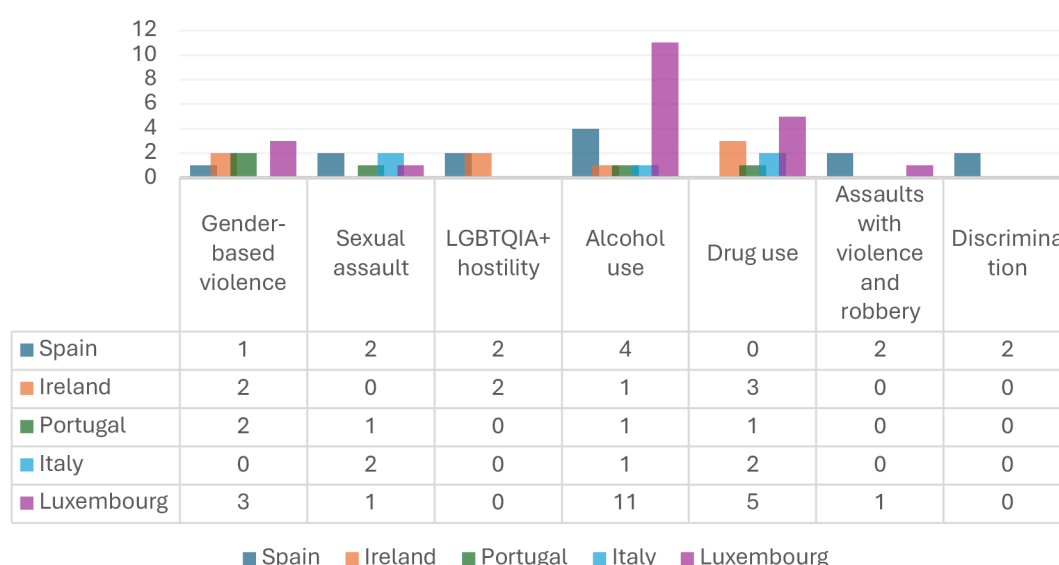
3.1.2.1. Description of the critical incidents that occurred during the intervention

During the intervention period, a total of 52 incidents were recorded (see Figure 1). Luxembourg was the country with the highest number of records ($n = 21$), followed by Spain ($n = 13$), Ireland ($n = 8$) and, finally, Portugal and Italy ($n = 5$ each).

Most of the incidents were caused by substance use ($n = 29$) and assaults based on gender or sexual orientation ($n = 18$). Regarding the type of substances associated with it, the most frequent was alcohol.

Figure 1

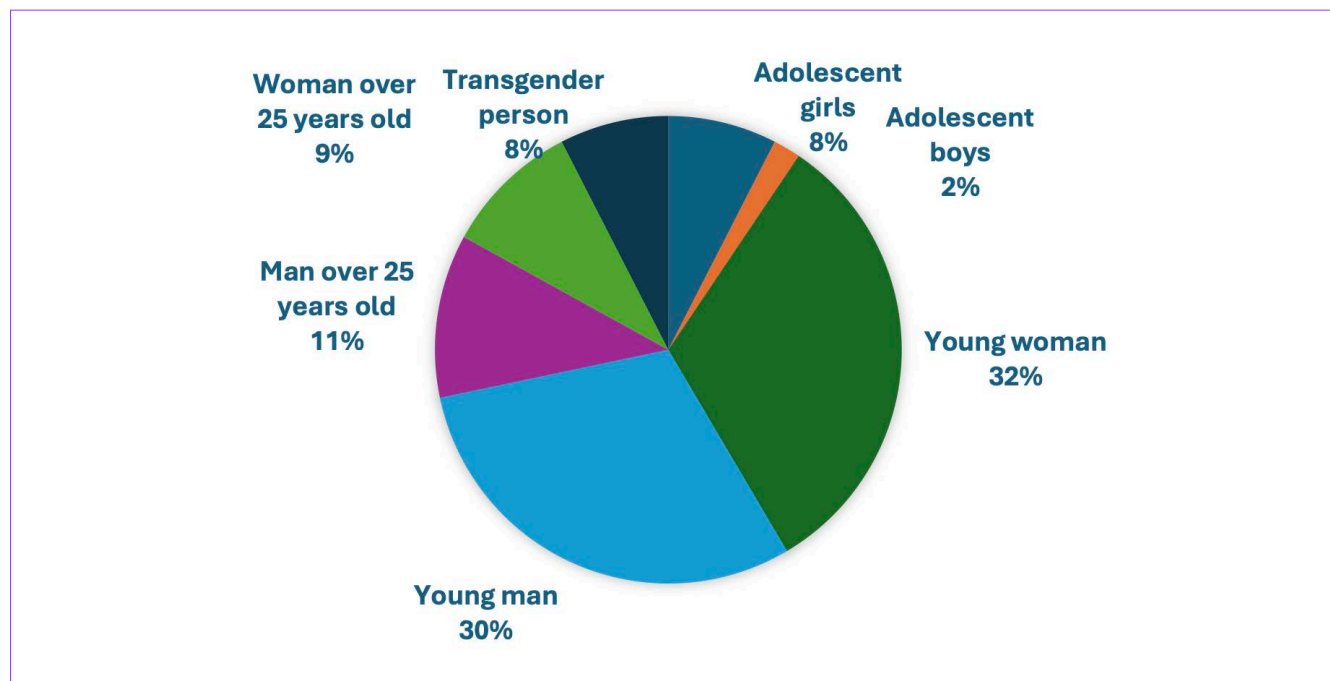
Critical incidents recorded by country (during intervention)



The analysis of people involved in these incidents is presented in Figure 2. According to gender and age, most of them were young men and women between 18 and 24 years old (around 60%).

Figure 2

Gender and age according to people involved in incidents



3.1.2.2. Strategies used to solve the incidents

First, data were collected on how these incidents were identified. Notably, most were identified by CRISSCROSS team members who were conducting the interventions in these areas ($n = 17$). Secondly, in 12 cases, the victim reported the situation. Additionally, organisation members ($n = 6$) and families ($n = 5$) also reported these incidents in some instances.

Regarding the type of resolution, it is noteworthy that most of the incidents were resolved through the implementation of measures and protocols already established in the area ($n = 30$). At the same time, hardly any coordinated actions were conducted ($n = 13$). Ad hoc strategies were also implemented in some cases ($n = 6$), which reflect some flexibility depending on the situation. Luxembourg was the partner where protocols were more often implemented to face these incidents (see Figure 4). On the contrary, Spain implemented more ad hoc strategies, probably because these incidents occurred in public spaces. Coordinated actions were more reported by Ireland.

Finally, regarding the assistance offered to the victim, results show significant variability of strategies, with assisted care ($n = 18$), the creation of safe spaces ($n = 16$) and active listening and dialogue ($n = 16$) being used by all countries. Identification of the perpetrator was another of the most used measures ($n = 8$). See Figure 5.

Figure 3

Person or persons who identify the incident

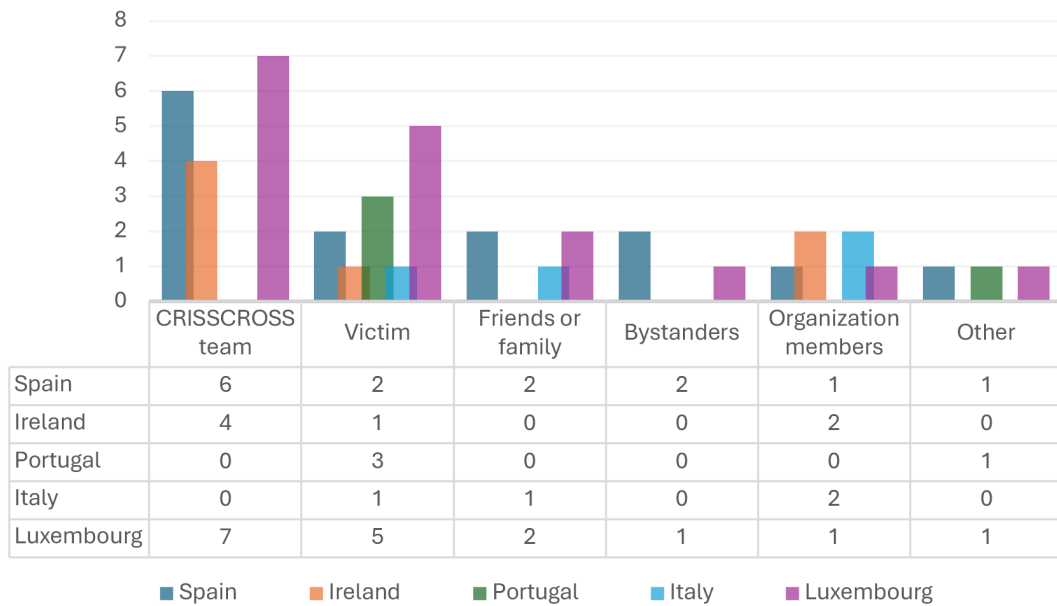


Figure 4

Types of resolution facing critical incidents

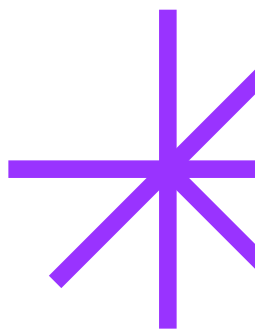
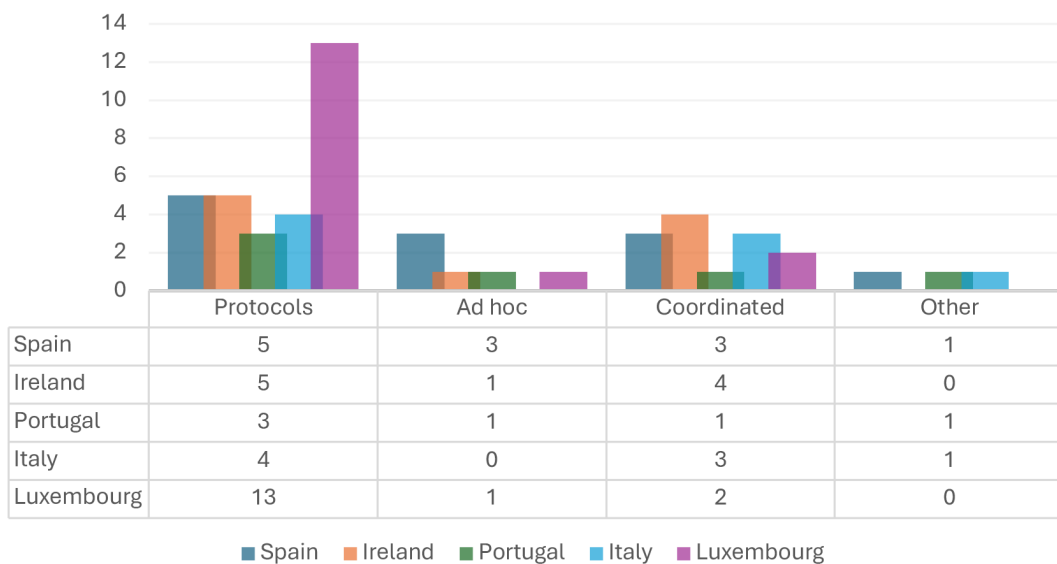
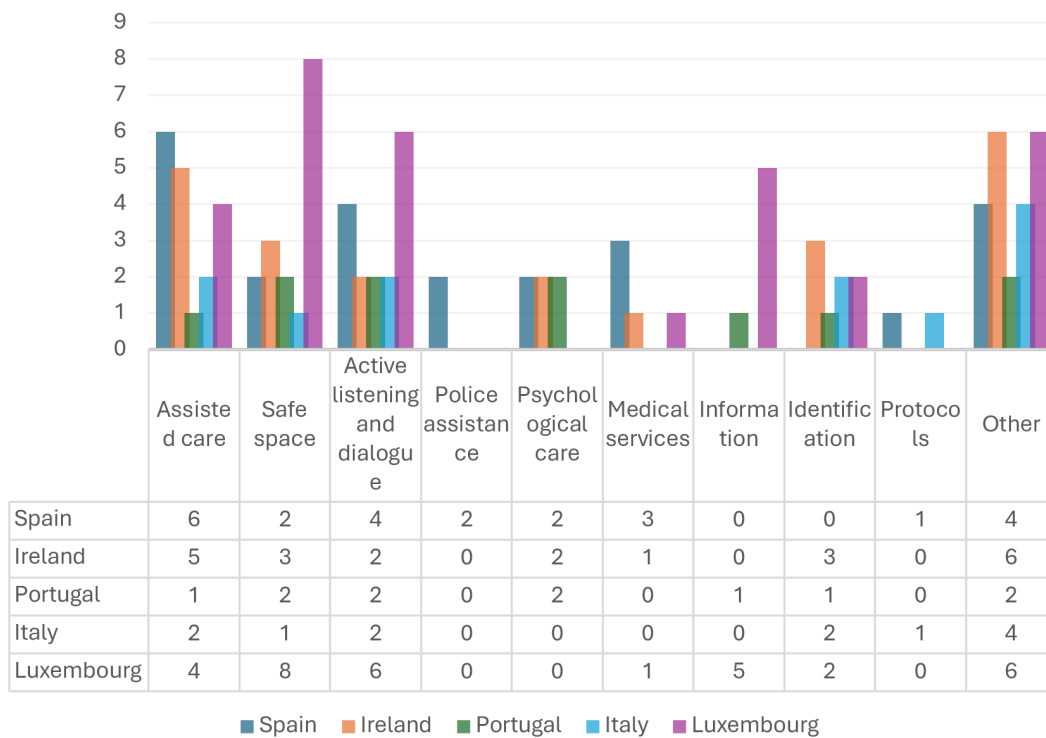


Figure 5

Types of Victim Care



A more detailed description is provided in the following table to facilitate a global understanding of the incidents, characteristics and types of resolution.

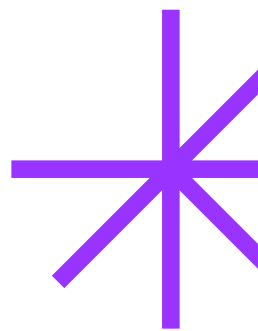


Table 14

Narrative description of critical incidents during the intervention and strategies used to intervene.

Comparative Table of incidents between countries								
Country	Event	Period	Type of incident	The person who identifies the incident	Description	Management	Attention Received	
Spain ABD Team	Nightlife area in Sant Cugat ABD Team	During the post-midnight hours of a Friday in June	LGBTQIA+ hostility	ABD Team	Involved: two young men and one implementer of the team. The boys made homophobic comments and threats to the people at the stand.	Ad hoc	At that moment: The attackers were offered behavioural re-education. The victim received assisted care	Aftercare: Psychological care Establishment of protocols
		During the post-midnight hours of a Friday in Jun	Sexual violence Ethnic discrimination	ABD Team	Involved: a young woman and non-native young man, and a group of the woman's friends. The group of friends annoys and irritates the girl. She tells them that they have the profile of rapists. The girl confesses that she was sexually assaulted in the past by white men with the same attitude. ABD support staff.	ABD team protocol	Assisted care Separation of victim and aggressor Safe environment Effective listening Facilitating dialogue	
		After midnight on a Tuesday in June	Aggression with violence	In charge of access to a nightclub. Victim's circle of friends. Spectators	Involved: a group of young adults in the entrance queue of one of the local nightclubs. One of the boys hit another on the head with a glass bottle although security staff gave a different account. Presence of ambulance and medical personnel from Sant Cugat.	Coordinated by emergency medical services	Emergency medical services: ambulance.	
		During the post-midnight hours of a Wednesday in June	Substance use: Alcohol	Circle of friends of victims 1,2, 4 and 5. Victim 3 sought help from the ABD team	Involved: 5 intoxicated young women arrived at ABD for help overnight. They showed signs of alcohol poisoning in different degrees: weakness, vomiting, drowsiness, etc. Many of them were assisted by a group of friends	ABD team protocol Collaboration with emergency medical services	Assisted care Emergency medical assistance	
		During the post-midnight hours of a Saturday in September	Substance use: Alcohol	Incident reported by spectators	An influx of people affected by alcohol consumption. Involved: a young man and young woman intoxicated with alcohol. Both showed symptoms of alcohol poisoning: drowsiness, vomiting, and possible alcohol coma in the woman. Neither of the two groups of friends and/or acquaintances took responsibility. Presence of ambulance and police at the scene.	ABD Team Protocol Collaboration with Medical Emergency Services	Assisted care Emergency medical assistance Police presence	
		During the post-midnight hours of a Friday in September	Sexual violence	ABD Team	Involved: two young women who approached the stand to talk about contraceptive methods and their first sexual experiences. One of them expresses the fear of being judged as a "slut or whore" and recounts a traumatic experience	ABD team protocol	At that moment: Circle of dialogue. Listening and effective dialogue Safe environment Therapeutic accompaniment	Aftercare: SIAD services and professional support
		During the post-midnight hours of a Friday in October	Substance use: - Alcohol Aggression with violence Ethnic discrimination	ABD Team	Involved: A young man, particularly aggressive, was assaulted by a non-native man of , who placed a knife to his neck. The boy returned to the ABD stand visibly affected. He also expressed his frustration at being discriminated against because of his clothing and ethnicity.	Ad hoc	Listening and active dialogue	
		During the post-midnight hours of a Friday in October	Gender violence	ABD Team	Involved: a young man and ABD stand staff. The ABD staff intervened because the boy made sexually explicit comments to another guy.	Ad hoc	Assistance to the victim Behavioural education for the aggressor	
		During the post-midnight hours of a Friday in October	Attempted robbery with violence	Police	Involved: 4 young men. Presence of two patrol cars at the scene, due to a possible knife robbery, in front of one of the nightclubs	Testimonial	Police presence on site	
		During the post-midnight hours of a Wednesday in October	LGBTQIA+ hostility. Substance consumption: - Alcohol	ABD Team Victim	Involved: Two young adults, while intoxicated, made jokes and ironic comments of a discriminatory nature regarding the victim's homosexuality. ABD team was involved in the incident	ABD team protocol	Assistance for both the victim and the aggressors.	

Comparative Table of incidents between countries								
Country	Event	Period	Type of incident	The person who identifies the incident	Description	Management	Attention Received	
Ireland HSE Team	LTBG+ Dance	A Friday in June	Sexual violence	Victim	An act of sexual violence was reported at the 2023 Pride event. Involved: A person who approached the HSE stand, visibly distressed, recounting the incident that occurred in 2023	HSE Team Protocol	At that moment: Active listening Effective communication in a safe space Emotional support. The staff was given an informative talk.	Aftercare: Post-event care.
	Dance August 2024	A Friday in August	Substance use: Ketamine	Social welfare department staff.	Involved: woman intoxicated with Ketamine, and the Department of Social Welfare who identified the problem.	HSE Team Protocol HSE team coordination management with the wellness team	Victim search resources Effective communication Safe space. Healthcare assistance in strategic locations of the event	
			LGBTQIA+ hostility	HSE Risk Reduction Staff	Involved: Young man, and HSE volunteer. The HSE volunteer was subjected to homophobic verbal abuse by the young man.	HSE Team Protocol	Briefing for HSE staff Event monitoring	
			Gender violence	HSE staff	Involved: young woman, with a suspicious man.	Ad hoc	Identification work Accompaniment in the safety space Healthcare services in areas with high concentrations of people.	
	Dance August 2024 (2)	Weekend in August	Gender violence	HSE staff	Involved: Violence against women by their partners. Police were present at the scene due to the incident.	Collaboration with the police	Care and support.	
			Substance use: MDMA Drugs in general		Involved: Several people alone, after drug use, during the weekend. Medical emergencies: People who experienced seizures after MDMA use. Mental health reactions: mainly hallucinations, after consumption of psychedelics and vaping	HSE staff, in collaboration with other teams	Medical assistance Support for single people, family and friends Psychological support	
	September Dance	A Saturday in September	Substance use: Alcohol MDMA	HSE staff	Involved: several single people in a drunken state. People with seizures and/or fainting caused by MDMA use Presence of health personnel, due to medical emergencies, which involved the consumption of MDMA, among the people	HSE staff in coordination with other teams	At that moment: Care for lonely people Accompanying sick people Aid interventions Identification of medications associated with medical cases.	Aftercare: Accompanying sick people to social assistance or medical appointments.

Comparative Table of incidents between countries									
Country	Event	Period	Type of incident	The person who identifies the incident	Description	Management	Attention Received		
Portugal Kosmicare	MIL Festival	No record of incidents							
	Neopop Festival	No record of incidents							
	Primavera Sound Festival		Substance use: Alcohol Cannabis	Victim Kosmicare Team	Involved: young woman, suspected of having been drugged, in an altered state She came with a friend	Ad hoc	Caregiving. Safe space Circle of dialogue and active listening		
			Gender violence	Victim Kosmicare Team	Involved: A young woman is requesting the festival's active protocol. The young woman said she had experienced violence in a past relationship and that her ex-boyfriend was at the festival.	Protocol member of the Kosmicare team	Safe space Explanation of the protocol Contact information Possibility of complaint		
	Walking Festival Life	No record of incidents							
	ZNA Gathering		Gender violence	Victim Kosmicare Team	Involved: A woman of approximately 35 years old indicated that she felt unsafe during the festival because of her ex-boyfriend. She felt exploited, alone and pressured due to gaslighting, which was done to her in front of her friends.	Kosmicare team	Safe space Psychological care Contact information Possibility of complaint Effective dialogue with the aggressor		
				Sexual violence: Psychotic State	The non-native family , through the missing person's report	Involved: A young woman, alone in a psychotic state, was discovered during the festival. All search teams were activated to find the girl, who was known to be hiding in the camping area. Her family in her country had reported her missing; it was known that she was alone, without money and without identification.	Kosmicare team Coordination with different agents: Psychiatric Police station Collaboration between Portuguese and Spanish entities	At that moment: the activation of search and identification resources	Aftercare: Contact psychiatric services and police stations. Psychological counselling Activating Internet Search Resources
Italy Team Lotta	The Magnolia Club	During the post-midnight hours of a Friday in September	Substance use: Cocaine	Security personnel on the premises	Involved: An agitated person was escorted by the premises' security personnel. It was learned that this person had snorted an illegal substance after being warned by security personnel.	Local protocol Strict venue policies	Escort Management Effective dialogue		
	Tempio del Futuro Perduto	During the post-midnight hours of a Thursday in October	Sexual violence Substance use. Alcohol MDMA	Security personnel on the premises	Involved: young woman, escorted by members of the internal awareness group, and the premises' security staff. Ambulance presence at the scene. The woman had consumed a large amount of MDMA with alcohol and was feeling unwell. Then we see how the security members remove a man from the premises, who was responsible for giving the substance to the woman, with her prior consent.	Protocol of the place Coordination with agents from the internal awareness group and local security personnel.	Escort Management Evaluative attention to the situation		
	Buka Event	Before midnight of a Saturday in September	Sexual violence	Victim	Involved: A 25-year-old woman suffering from a panic attack approached the team to report a sexual assault that had occurred outside the event fence. An unknown young man touched the woman inappropriately.	Cooperation with the event security staff	At that moment: Healthcare attention Effective active listening Possibility of complaint Search and identification of the aggressor	Post-assistance: adaptation of the pilot project protocols by the premises.	
	Local Event	During the post-midnight hours of a Saturday in November	Substance use: Alcohol THC	Circle of Friends	Involved: 25-year-old man, with signs of alcohol poisoning: difficulty standing, vomiting. It was later learned that he had consumed high levels of alcohol along with THC.	Lotta team protocol	Assisted care and symptom monitoring Effective accompaniment Safe space		

Comparative Table of incidents between countries							
Country	Event	Period	Type of incident	The person who identifies the incident	Description	Management	Attention Received
Luxembourg 4Motion	Usina 24 Festival	No record of incidents					
	Francofolies Festival	A Tuesday in August	Substance use: Alcohol	Victim	Involved: 25 -year-old non-native woman, with a situation of stress, tachycardia, anxiety and emotional shock. alcohol consumption	Protocolary	Safe space Effective active listening
		Tuesday in August	Substance use: Speed	Circle of friends of the victim	Involved: 30-year-old non-native man, intoxicated by Speed. He was exercising to stay active, aware and cared for by his group of friends.	Ad hoc	Healthcare care
		Tuesday in August	Substance use	Members of the festival organisation	Involved: man between 40 and 50 years old, found unconscious on the ground, next to his wife.	Collaboration with organisers and medical staff	Medical attention Support and collaboration with the organisers
		Tuesday in August	Substance use: Alcohol	4Motion Awareness Team	Involved: man, aged 22, with visible effects of alcohol. He was in a state of anxiety and panic due to the crowd Sweating and conscious.	Protocolary	Effective accompaniment Safe space Resources for searching for friends and/or family.
		On a Tuesday afternoon in August	Gender violence	Mother of the victims Victims	Involved: Two female teenagers aged 11 and 13 and their mother approached the stand. They were looking for information about gender violence and fatphobia in schools and to share experiences.	Protocolary	Effective active listening Circle of Dialogue Safe space Raising awareness about empowerment and effective measures for possible situations of violence.
		On a Tuesday night in August	Substance use	Through the spectators	Involved: A French-speaking woman, aged between 20 and 25, was identified as having difficulty staying conscious, along with her partner.	Protocolary	Activation of search and identification resources Purple Point Service Information PIPAPO Services Information
		On a Tuesday night in August	Substance use: Alcohol	4Motion Awareness Team	Involved: 40-year-old non-native woman, carried in the arms of her companion. The woman showed visible effects of alcohol consumption: unable to stand and disoriented.	Protocolary	4Motion Service Information
		On a Tuesday night in August	Substance use: Alcohol	4Motion Team	Involved: 23-year-old man, with visible effects of alcohol consumption: drowsiness He was in the company of friends	protocolary	Awareness Services Information Safe space Information on Punto Lila services
		On a Tuesday night in August	Substance use: Alcohol Cannabis	4Motion Team	Involved: a man over 50 years old, with visible effects of alcohol. It was learned that he had also consumed cannabis. He was sleepy, conscious and unable to make decisions.	Protocolary Collaboration with healthcare personnel	Emergency medical care Healthcare attention Safe space
		On a Tuesday night in August	Unsafe conditions	4Motion Team	Involved: 20-year-old non-native woman. She was sleepy and showing signs of weakness, with a noticeably low temperature.	Protocolary	Safe space Healthcare care
		On a Tuesday night in August	Using Safe Space: Purple Point	Applicants	Involved: A man and a woman, 30 years old, approached Punto Lila so that she could express her homosexuality	Protocolary	Circle of Dialogue Effective active listening Safe space

Comparative Table of incidents between countries							
Country	Event	Period	Type of incident	The person who identifies the incident	Description	Management	Attention Received
Luxembourg 4Motion	e-Lake Festival	On a Sunday night in September	Gender violence Substance abuse: Alcohol	4Motion Team	Involved: woman, victim of gender violence by her boyfriend. The man yelled at her and grabbed her by the neck for not bringing him a drink when he asked her to.	Protocolary	Effective intervention Separation of victim and aggressor Effective active listening Safe space
		On a Sunday night in September	Gender violence	Victims	Involved: Two young female teenagers, aged 16, came looking for pins. After an explanation, it was learned that they were escaping from a young man from school, who would not leave them alone.	Protocolary	Using the Purple Dot Safe space Effective active listening Intervention with the aggressor
		On a Sunday night in September	Substance use: Alcohol	Victim	Involved: young man, 16-year-old teenager. She approached Punto Lila to ask for help; she was fighting the adverse effects of alcohol consumption and exhaustion from the festival.	Protocolary	Safe space Healthcare care Effective accompaniment
		On a Sunday night in September	Substance use: LSD Alcohol	Victim	Involved: 50-year-old man, consumption of LSD and alcohol. The man was found in an anxiety crisis, needing help to manage the situation.	Protocolary	Healthcare care Safe space Effective accompaniment Active and effective listening
		On a Sunday night in September	Substance use: Alcohol Drugs	4Motion Team	Involved: The 4Motion team found a 22-year-old German man with obvious signs of alcohol poisoning lying on the ground, covered in saliva and vomit.	Protocolary	Healthcare care Safe and controlled space Effective active listening.

3.2) THE CHARACTERISTICS OF INTERVENTIONS

This section outlines the characteristics of the intervention based on the information provided by the implementers. First, the most frequent aims, duration and number of the micro-interventions are presented. Next, a description of the dimensions, functions and strategies of each intervention is provided. Finally, the completion of micro-interventions and the perceived quality are discussed.

3.2.1. Aims of the micro-interventions

As presented in subsection 2.1.1. of this report, interventions were designed to address four aims or objectives:

1. Aim 1: consent.
2. Aim 2: LGBTQIA+ hostility.
3. Aim 3: bystander behaviour.
4. Aim 4: substance use.

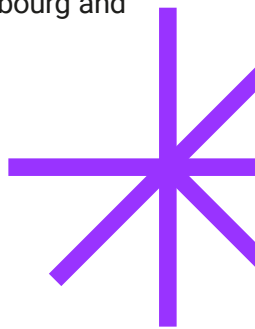
In terms of the frequency with which each aim has been addressed, the data are as follows:

1. Aim 1: 23.3% ($n = 157$)
2. Aim 2: 31.1% ($n = 209$)
3. Aim 3: 12.2% ($n = 82$)
4. Aim 4: 33.4% ($n = 225$)

Therefore, aims 2 (LGBTQIA+ hostility) and 4 (substance use) were the most frequent, according to the implementers. However, the four aims were covered during the implementation of the CRISSCROSS project. Even considering these results, it is important to note that each micro-intervention could cover more than one aim. Descriptive data showed that the mean number of aims per intervention was 1.16, with a standard deviation of 0.45. This result means that, on average, just over one aim per intervention was implemented in each micro-intervention.

3.2.2. Number and duration of the micro-interventions

A total of 578 micro-interventions have been collected and registered. Of the total, 48.3% ($n = 279$) came from Spain, 26.6% ($n = 154$) from Portugal, 15.4% ($n = 89$) from Italy, 6.9% ($n = 40$) from Luxembourg and 0.9% ($n = 5$) from Ireland. Finally, 1.9% ($n = 11$) have no country registration.

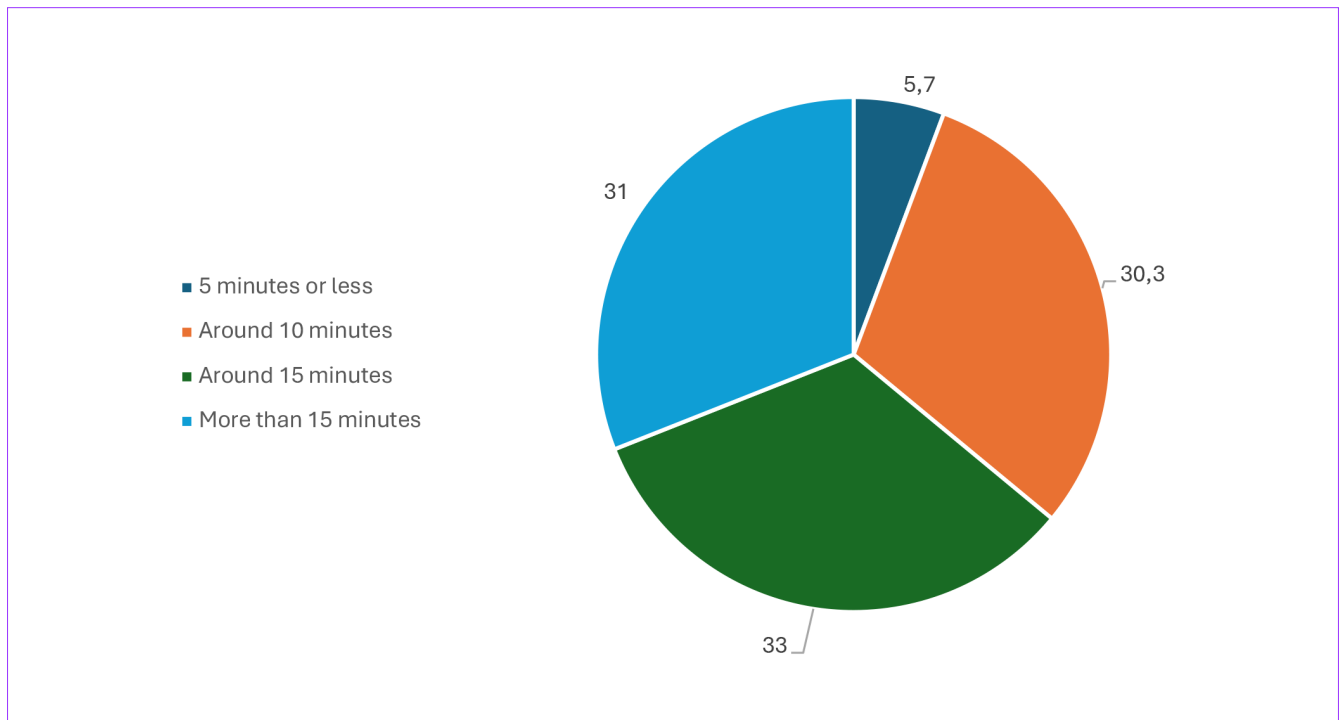


The mean number of people attended by micro-intervention was 5.04 ($SD = 5.35$). Projecting the average number of persons who received each micro-intervention by the total number of interventions reported ($n = 578$), it can be extrapolated that for the aims of this report, more than 3,000 people received at least one micro-intervention.

As for the length of the interventions, the mean duration was 15.56 minutes ($SD = 7.22$), which indicates a moderate variability in the duration of the interventions. When exploring the descriptive values of the micro-interventions, 5.7% ($n = 23$) had a duration of 5 minutes or less, 30.3% ($n = 122$) were in the range of around 10 minutes, 33.0% ($n = 133$) had a response time of around 15 minutes, and 31.0% ($n = 125$) indicated a length of more than 15 minutes.

Figure 6

Total duration of the micro-interventions



An analysis was conducted to explore whether the duration of the micro-interventions depended on the number of aims addressed. The average duration for interventions focused on one aim was 15.07 minutes ($SD = 7.69$), while those implementers who focus on two aims spent an average of 17.19 minutes ($SD = 5.38$), and those on three aims spent an average of 16.25 minutes ($SD = 3.54$). The ANOVA test (see Table 15) indicated that there were significant differences ($F = 3.05, p = .049$), with a small effect size ($\eta^2 = 0.015$).

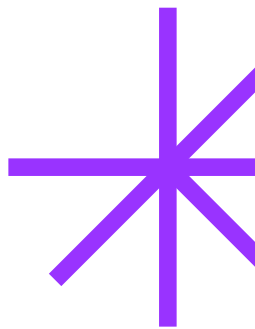


Table 15

Comparison between the intervention length (in minutes) and the number of aims worked on

Aims by intervention (number of records)	<i>M</i> (<i>SD</i>)	<i>F</i>	Effect size
One aim (306)	15.07 (7.69)	3.05*	.015 (small)
Two aims (89)	17.19 (5.38)		
Three aims (8)	16.25 (3.54)		
Note: SD standard deviation. ^{NS} Not significant, ⁺ tendency (<i>p</i> <.10), * Significant (<i>p</i> <.05) y ** Highly significant (<i>p</i> <.01)			

Specifically, the difference in the duration of the interventions was significant between the interventions focused on one aim versus two aims, with a mean difference of 2.13 minutes ($p = .039$). No significant differences were found between one aim and three aims (mean difference = 1.18, $p = .890$), nor between two aims and three aims (mean difference = 0.94, $p = .933$). These results suggest that the duration of the micro-interventions increases significantly when working on two aims, but there is no noticeable difference when increasing from two to three aims. In terms of cost-benefits, these results indicate that it could be feasible to work on three aims in one micro-intervention because the increase in time is minimal in comparison to two aims.

Table 16

Comparison between the intervention duration (in minutes) and the number of aims. Post-hoc contrast (pairwise comparison)

Comparison values		Post-hoc contrast	
		Mean difference	p
One aim	Two aims	2.13*	.039
	Three aims	1.18 ^{NS}	.890
Two aims	Three aims	.94 ^{NS}	.933
^{NS} Not significant, ⁺ tendency ($p < .10$), * Significant ($p < .05$) y ** Highly significant ($p < .01$)			

When exploring whether the duration of the interventions depended on the aim (see Table 17), the analyses showed that the duration of the interventions varied significantly according to the aim of the micro-interventions ($F = 5.22$, $p = .002$) with a small effect size ($\eta^2 = .049$). Descriptively, the ^{first} aim (Consent) required the least amount of time, with a mean of 12.10 minutes ($SD = 3.76$), while the ^{second} aim (LGBTQIA+ hostility) and ^{fourth} aim (Substance use) had a mean duration of 14.67 minutes ($SD = 6.57$) and 15.59 minutes ($SD = 7.95$), respectively. The ^{third} aim (Bystander Behaviour) took the most extended duration, with a mean of 18.55 minutes ($SD = 11.57$).

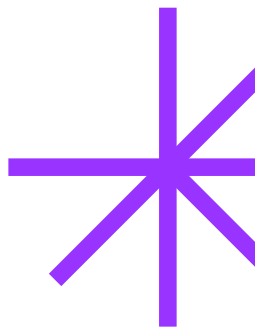


Table 17

Comparison between the duration (in minutes) of the intervention and the aim worked on

Aims worked on (number of records)	<i>M</i> (<i>SD</i>)	<i>F</i>	Effect size
<i>Aim 1. Consent (50)</i>	12.10 (3.76)	5.22**	.049 (Small)
<i>Aim 2. LGBTQIA+ hostility (90)</i>	14.67 (6.57)		
<i>Aim 3. Bystander Behaviour (33)</i>	18.55 (11.57)		
<i>Aim 4. Substance use (133)</i>	15.59 (7.95)		
<i>Note: SD standard deviation.</i>			
<i>NS Not significant, † tendency (p<.10), * Significant (p<.05) y ** Highly significant (p<.01)</i>			

Post-hoc analysis revealed that the differences in duration were highly significant between the 1st aim and the 3rd aim, with a mean difference of -6.45 minutes ($p < .001$), as well as between the 1st aim and the fourth aim, with a difference of -3.49 minutes ($p = .029$). No other significant comparisons were found (Table 18). These results suggest that the aims related to bystander behaviour require more time, probably because their contents require not only the sensitisation of the participants regarding gender-based violence or substance use but also the training on specific skills.

Table 18

Comparison between the duration (in minutes) of the intervention per each aim. Post-hoc contrast (pairwise comparison)

Aim comparison		Post-hoc contrast	
		Mean difference	p
1	2	-2.57	.218
	3	-6.45**	<.001
	4	-3.49*	.029
2	3	-3.88†	.058
	4	-.92	.808
3	4	2.96	.184
NS Not significant, † tendency ($p < .10$), * Significant ($p < .05$) y ** Highly significant ($p < .01$)			

3.2.3. Dimensions, functions and strategies used in the micro-interventions

In terms of the dimensions of the micro-interventions, the vast majority (94.2%, $n = 359$) focused on capability. The rest, motivation (61.9%, $n = 156$) and opportunity (62.3%, $n = 157$) were used similarly in

more than half of the interventions. These results indicate that the micro-interventions provided information and knowledge to participants in almost all cases, being used almost twice as motivation and opportunity. In terms of functions, and according to the dimensions, the most used function was education (79.3%, $n = 230$), followed by persuasion (55.1%, $n = 130$) and environmental restructuring (34.3%, $n = 79$). Training was used in only 23.8% of the micro-interventions ($n = 57$).

The strategies used during the micro-interventions varied. Communication (44%, $n = 121$) was the most used, followed by services provision (34.6%, $n = 92$) and guidelines (27.1%, $n = 41$).

3.2.3.1. Dimensions, functions and strategies of interventions by aims

It was analysed whether the dimensions, functions, and strategies used varied according to the aims on which each micro-intervention focused (see Figure 7).

In all four aims, the most frequent dimension was capability. After that, motivation and opportunity were used almost equally, with some minor differences between aims. For example, opportunity was used more frequently for aim 2, while motivation was used more for aims 1 and 2.

In terms of functions, education was the primary function of all four aims. The use of training and persuasion differed according to the aim. Thus, persuasion was used more for aims 1, 2 and 4, while training was used more for aim 3, for bystander behaviour. This result is aligned with the duration of the interventions. Because training requires more time than education, the duration of the micro-interventions that focused on Aim 3 was the longest. Moreover, using these functions for these specific aims reflects that the implementers' focus differed (see Figure 8). In aims 1, 2, and 4, persuasion, that is, the use of communication to induce positive or negative feelings or simulate action can be more effective in facilitating new behaviours; meanwhile, for aim 3, the use of training can model skills by means of providing an example for people to aspire to or imitate. Finally, the results showed that the use of environmental restructuring, that is, changing the physical or social context, was irregular among the aims, being more frequent in aims 1 and 2.

The analyses of the strategies provided a more detailed explanation of the ways in which each function was achieved. As presented in Figure 9, the results showed that the use of guidelines, that is, the use of documents that recommend or mandate practice, was more frequent in aims 2 and 3. However, these guidelines were hardly used for aims 1 and 4. For this 4th aim together with aim 3, communication, i.e., print documents, videos, etc., was the primary choice. Finally, services provision was used with a frequency between 28.7% (aim 1) and 34.1% (aim 4). This result is significant, considering that service provision favours direct interventions. In our case, these strategies describe direct interventions related to substance use and consent, which is directly related to gender-based violence and LGBTQIA+ hostility.

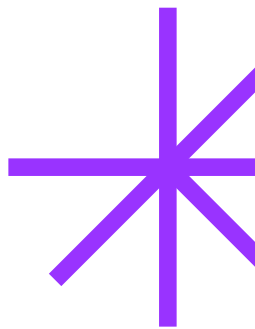


Figure 7

Dimensions by aims of the micro-interventions

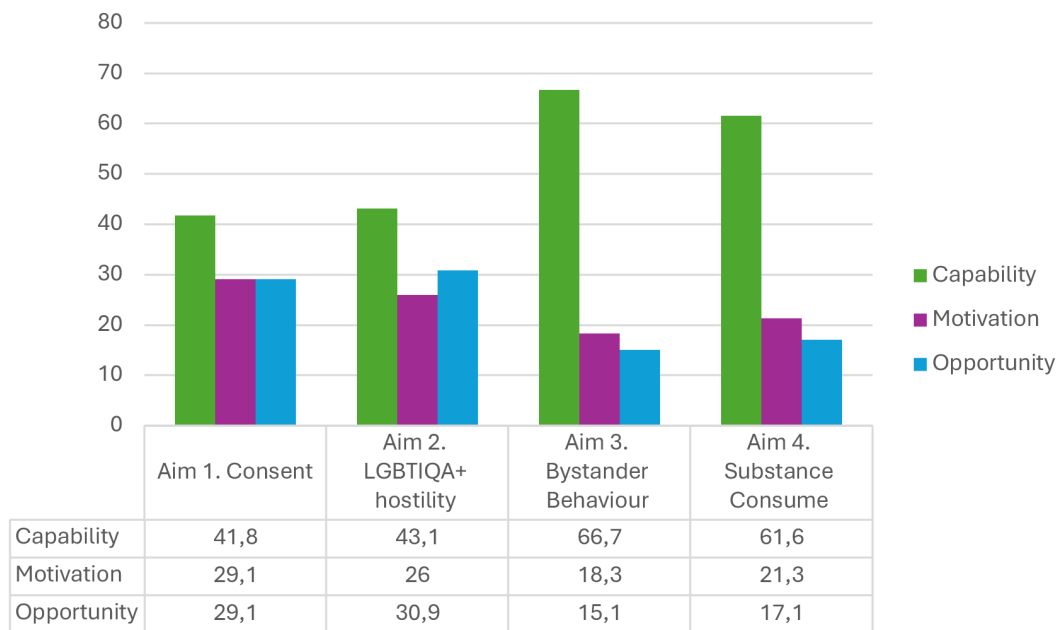


Figure 8

Functions by aims

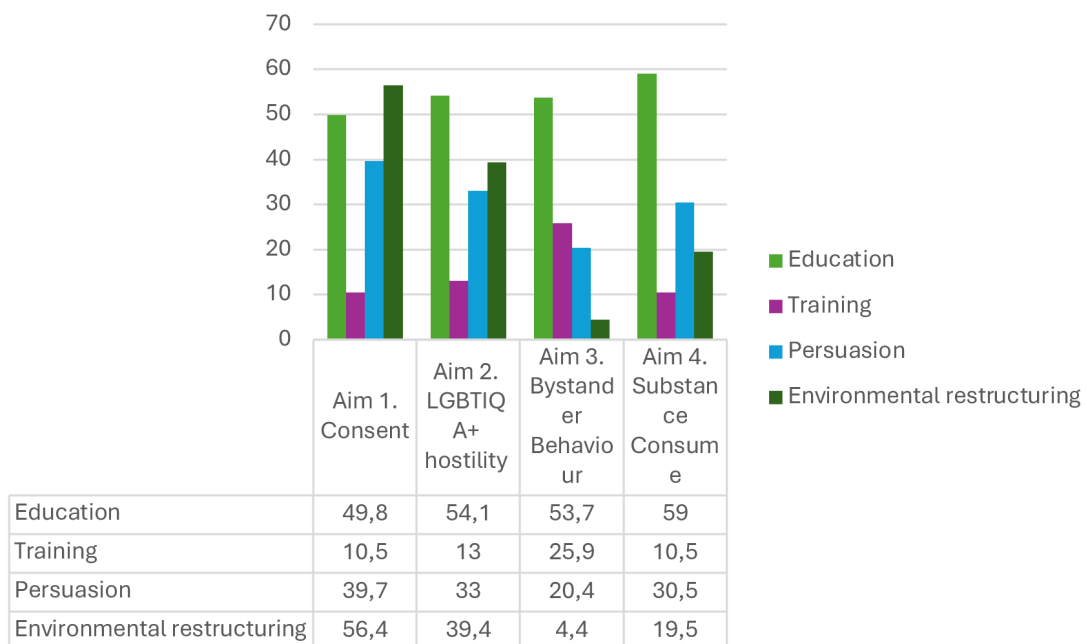
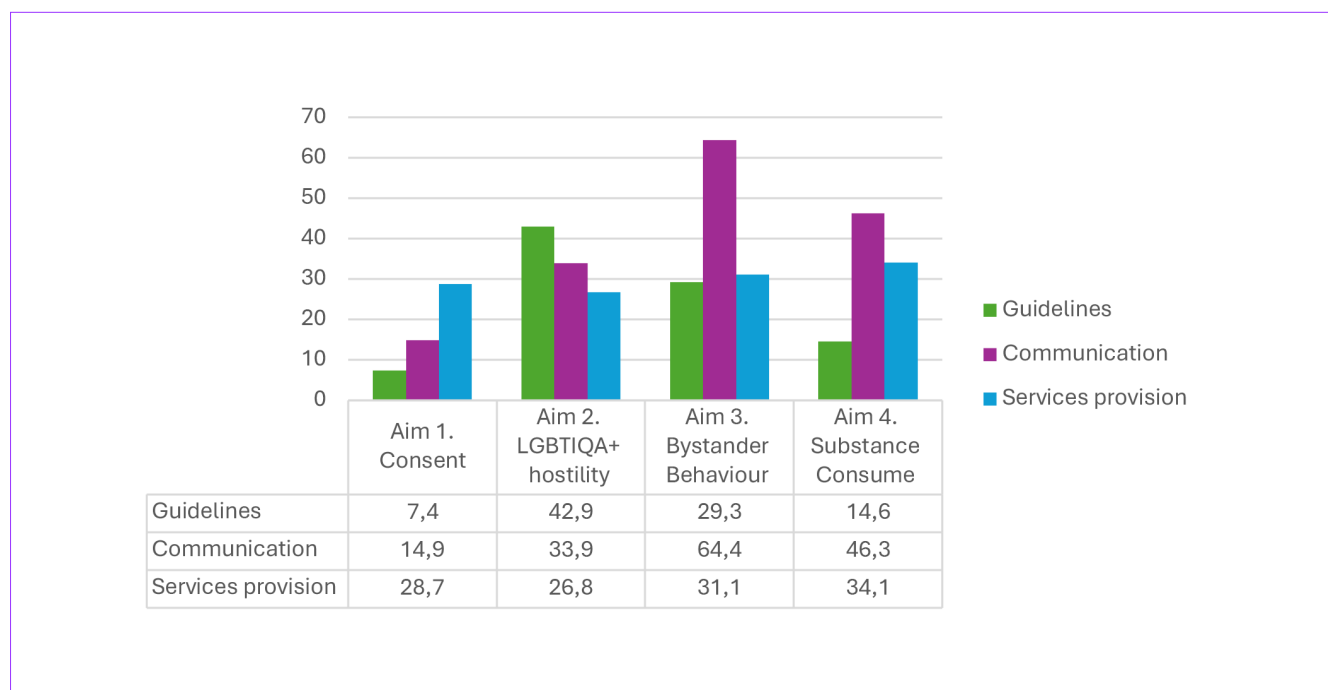


Figure 9

Strategies by aims



3.2.4. Fidelity and perceived quality

Of the total, 96.4% ($n = 432$) of the micro-interventions were successfully completed according to the deliverers, while 3.6% ($n = 16$) were not completed. Overall, this result indicates a very high rate of fidelity of the micro-interventions.

The quality perceived by the implementers was very high, with a mean of 4.42 out of 5 ($SD = 0.92$). Specifically, 60.7% ($n = 111$) of the implementers perceived that the aim had been fully met with very high quality, giving the maximum score of 5 points; 28.4% ($n = 52$) scored their intervention with a high-quality score of 4. Only in above 11% of the micro-interventions the implementers were not completely satisfied with their work.

Table 19

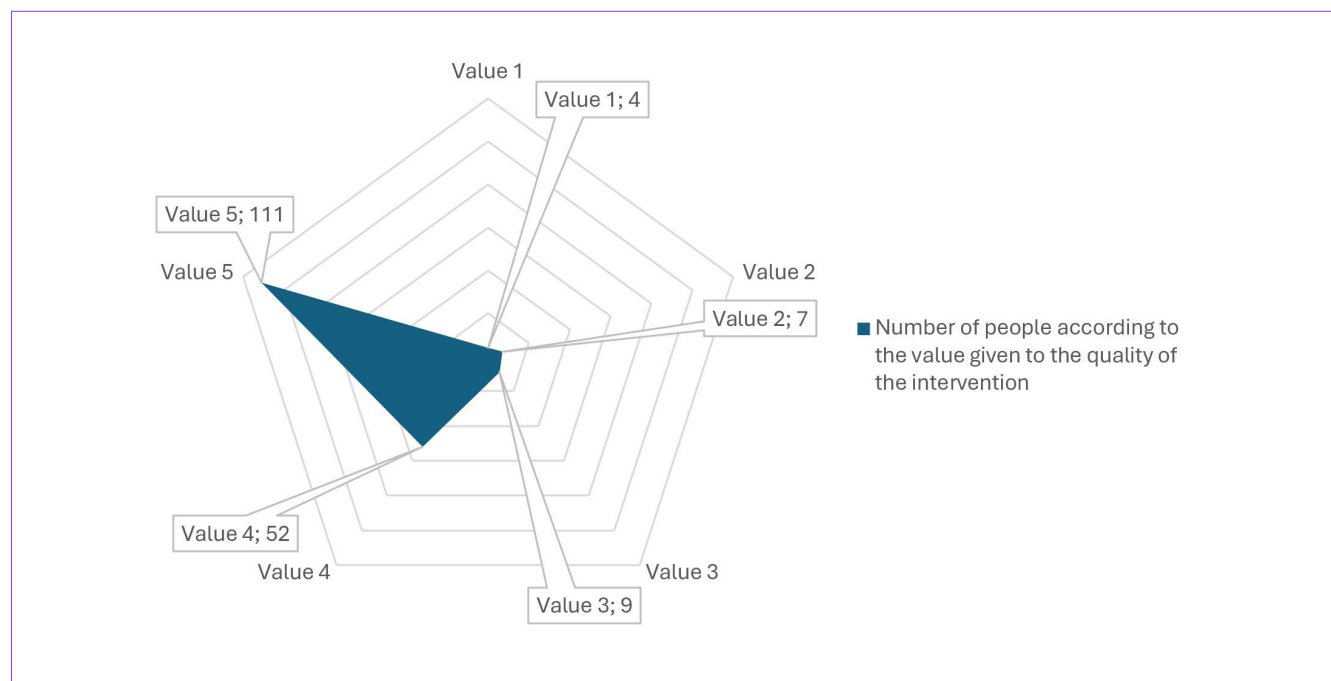
Frequency of the perceived quality by implementers

Degree of perceived quality of the intervention carried out	%
Value 1 (minimum quality)	2.2%
Value 2	3.8%
Value 3	4.9%
Value 4	28.4%
Value 5 (maximum quality)	60.7%

Figure 10 visually represents how more than half of the implementers were satisfied with the micro-intervention they developed.

Figure 10

Number of implementers according to their perceived quality (n)



3.3) SATISFACTION OF THE PARTICIPANTS

This section details the information related to the recruited participants who received the interventions conducted in the leisure areas.

3.3.1. Sociodemographic characteristics of the participants

Information was recorded for a total of 390 participants, that is, 10% of the estimated participants who received the intervention. By gender, 50.6% of the participants were men ($n = 196$), while 40.1% were women ($n = 155$) and 4.4% were non-binary ($n = 17$). The rest were transwomen (1.8%, $n = 7$) and 0.3% other gender ($n = 1$). 1.6% of participants ($n = 6$) preferred not to answer this question.

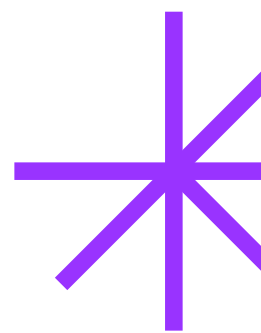
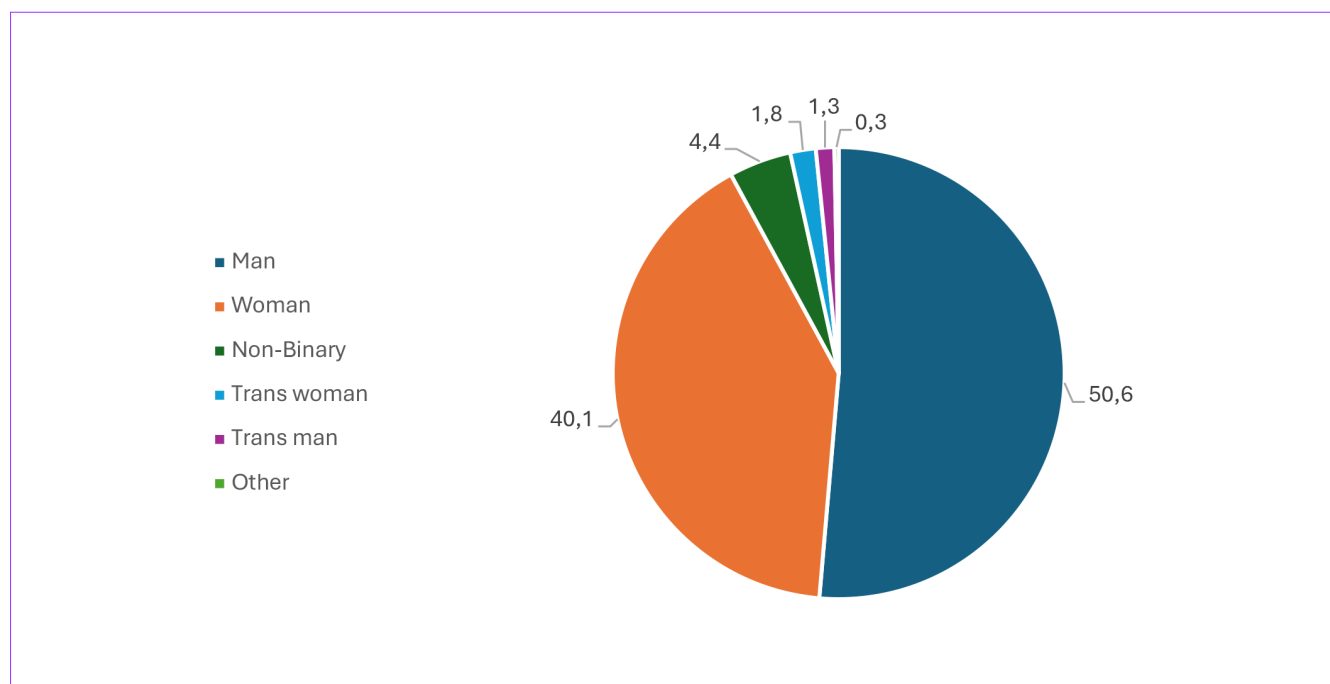


Figure 11

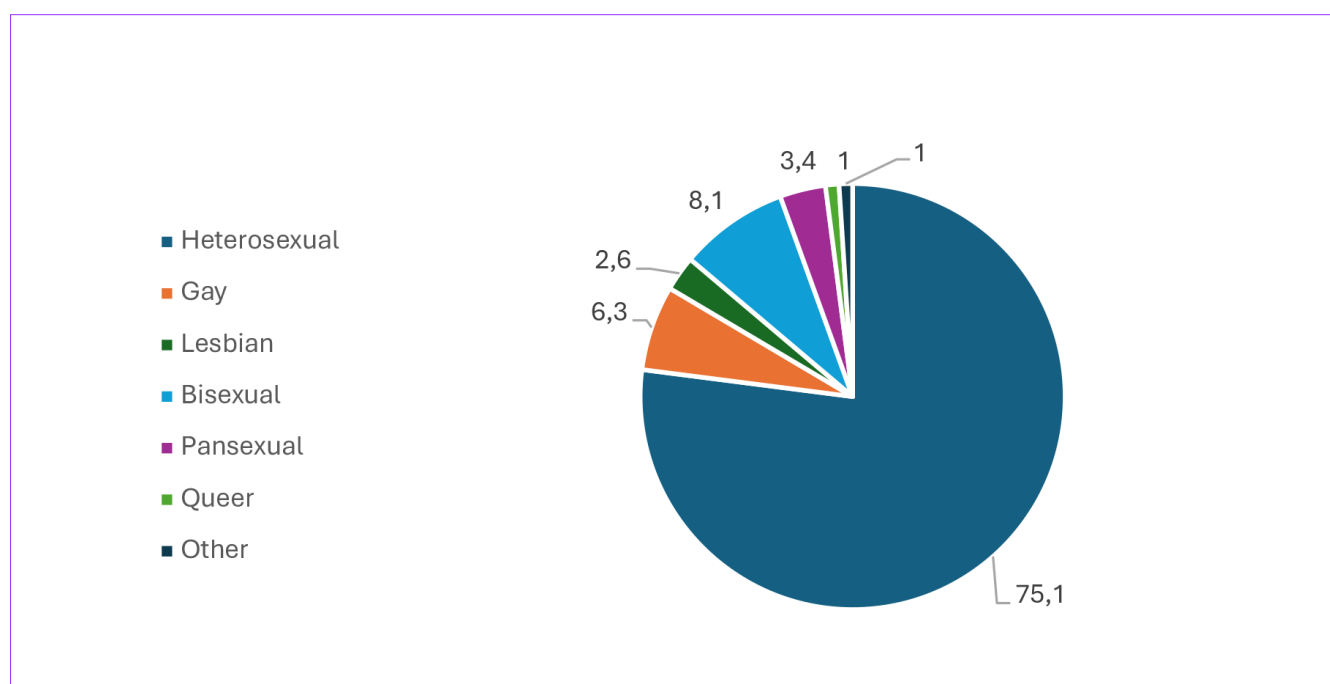
Description of participants' gender (%)



For sexual orientation, 75.1% of the participants identified themselves as heterosexual ($n = 286$), followed by bisexual (8.1%, $n = 31$) and gay (6.3%, $n = 24$). The rest of the categories were pansexual (3.4%, $n = 13$), and queer and other, 1% ($n = 4$). Finally, 2.4% of the participants preferred not to answer the question.

Figure 12

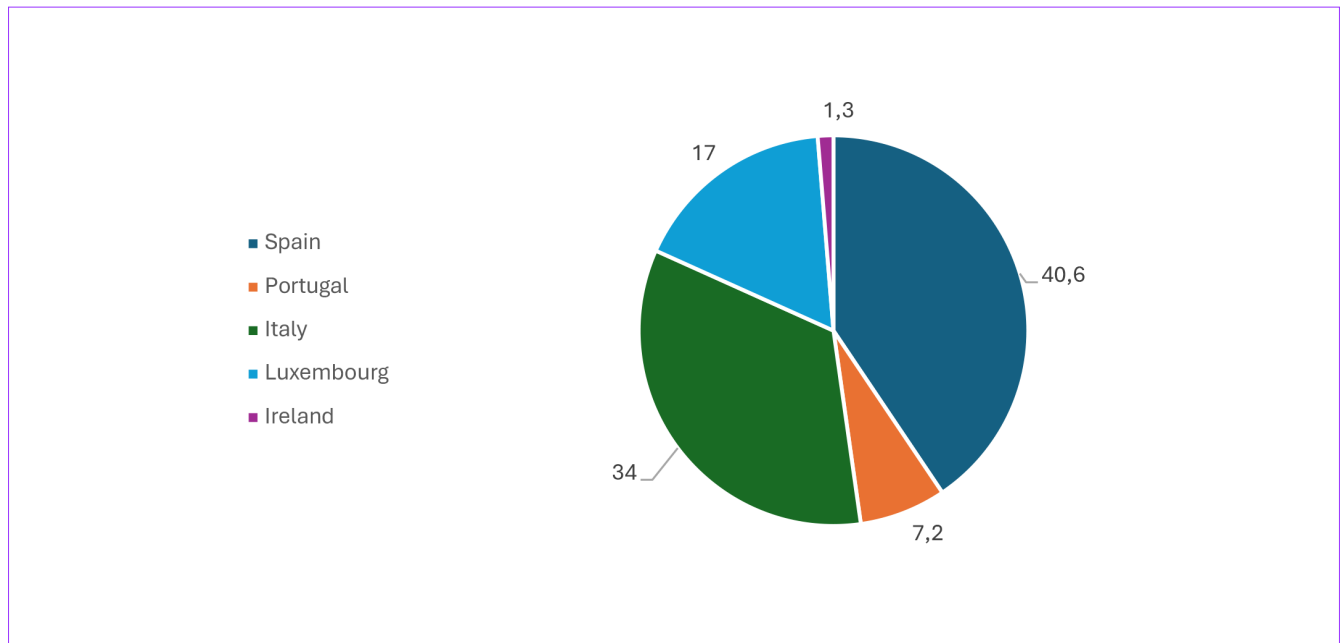
Description of participants' sexual orientation (%)



Spain registered 40.6% of the participants, followed by Italy, with 34%. Luxembourg was represented by 17% of the participants, and Portugal with 7.2%. The country with the fewest registrations was Ireland, which had only 1.3%.

Figure 13

Description of participants' country (%)

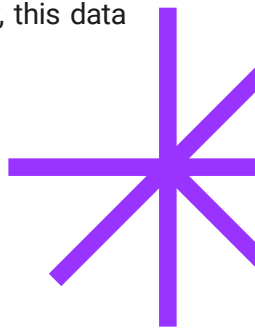


3.3.2. Content of the micro-interventions according to participants

In registering the participants' satisfaction with the micro-interventions, we followed the same structure as the implementer's questionnaires. In the first part, we registered the content of the interventions that participants received considering the four global aims of this project:

- Aim/content 1: consent.
- Aim/content 2: LGBTQIA+ hostility.
- Aim/content 3: bystander behaviour.
- Aim/content 4: substance use.

Participants reported that the intervention they received covered more than one aim. Specifically, the data indicated that, on average, each participant received an intervention covering 2.54 aims. Considering the number of participants recruited to assess the quality of interventions according to their view, this data

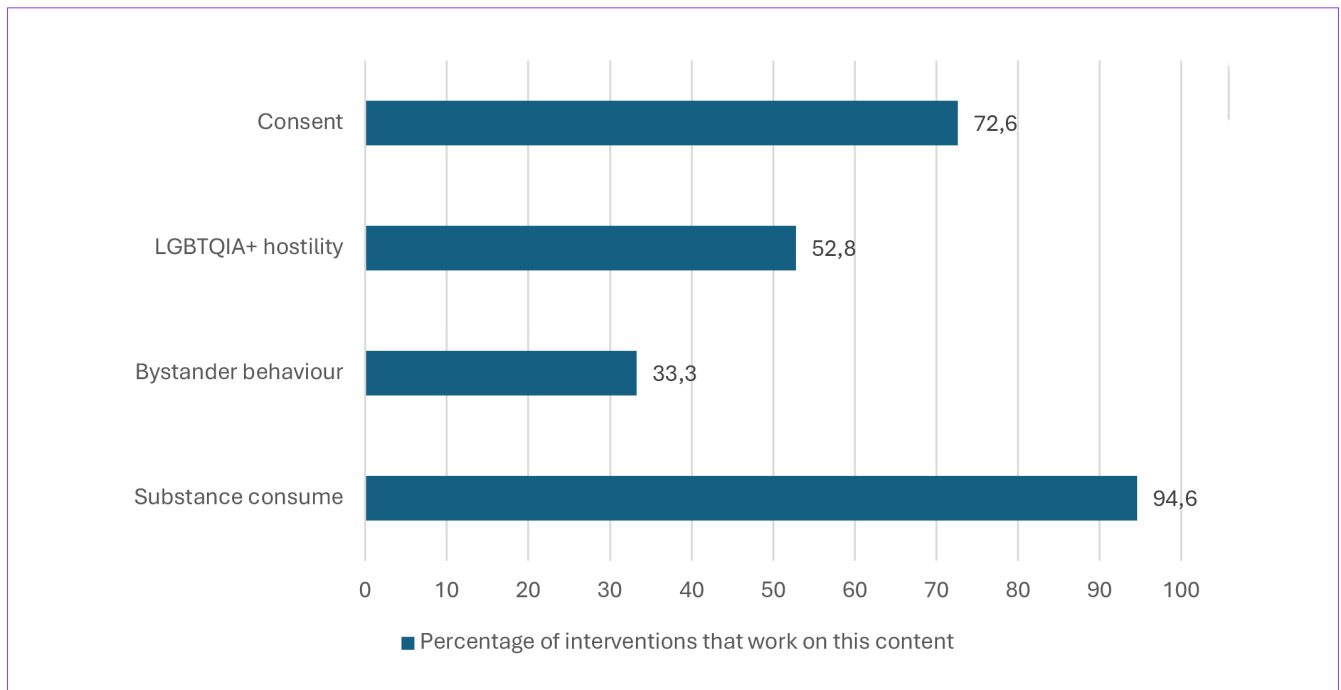


gives a total of close to 990 aims covered by the implementers. This result is obtained by multiplying the average number of content/aims by the total number of participants.

Focusing on the aims (see Figure 14), the interventions covered mainly Aim 4, substance use (94.6%, $n = 369$), followed by Aim 1, consent (72.6%, $n = 283$). Content linked to LGBTQIA+ hostility (Aim 2) received attention in half of the interventions (52.8%, $n = 206$). According to the participants, bystanders' behaviour (Aim 3) was the content less frequent (33.3%, $n = 130$).

Figure 14

Content of the interventions according to the participants

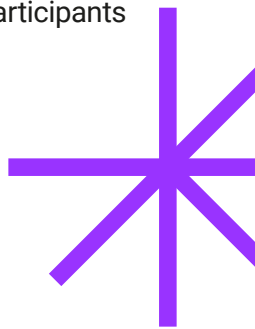


The results showed that, according to participants, they received interventions mainly focused on substance use and consent. Again, the area of bystander behaviour, although present, demands greater attention in future interventions.

3.3.2.1. Content of the interventions by gender

This subsection details whether there is any difference between the type of content received in the interventions according to the gender and sexual orientation of the participants. Chi-square test analyses were performed on gender and sexual orientation.

Gender was regrouped into three groups: men ($n = 196$), women ($n = 155$), and non-binary/trans ($n = 30$). The analyses showed that there were no differences in the type of content required by the participants



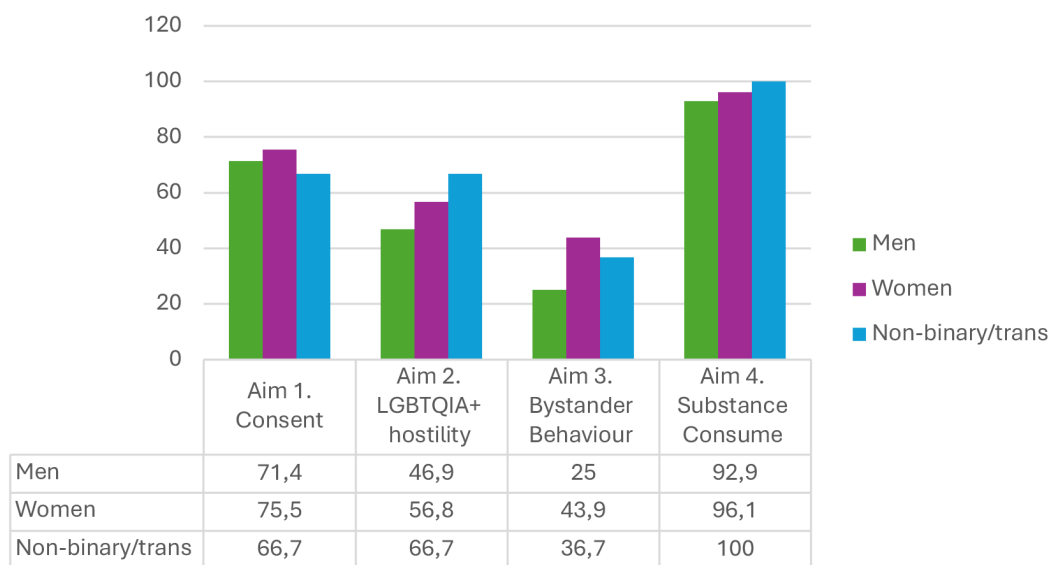
according to gender for two of the aims: consent ($\chi^2 = 1.32, p = .518, V = 0.06$) and substance use ($\chi^2 = 3.67, p = .160, V = 0.10$).

However, differences were found for the other two aims: LGBTQIA+ hostility ($\chi^2 = 5.98, p = .049, V = 0.13$), and bystander behaviour ($\chi^2 = 13.95, p < .001, V = 0.19$). Results indicate that women (56.8%) and non-binary/trans (66.7%) participants received more interventions about LGBTQIA+ hostility than men (46.9%). Cramer's V value indicated a small but relevant effect, suggesting that gender moderately impacted the micro-intervention content according to the participants. Regarding bystander behaviour, men (25%) received this content in a smaller proportion compared to women (43.9%) and non-binary/trans (36.7%) participants.

In summary, gender had a significant impact only on two of the four types of content: LGBTQIA+ hostility and bystander behaviour. In both cases, women and non-binary/trans participants showed greater participation.

Figure 15

Content received by gender of the participants



3.1.2.2. Content of the interventions by sexual orientation

Because some of the categories were underrepresented, the participants' sexual orientation was regrouped into two molar groups: heterosexual ($n = 286$) and LGTBQIA+ ($n = 86$).

The analyses showed that there were no differences in the type of content required by the participants according to their sexual orientation for any of the aims: consent ($\chi^2 = 0.89, p = .346, V = 0.05$), LGBTQIA+ hostility ($\chi^2 = 1.81, p = .179, V = 0.07$), bystander behaviour ($\chi^2 = 2.73, p = .098, V = 0.09$), and substance use ($\chi^2 = 0.05, p = .826, V = 0.01$).

Looking at the percentages, LGBTQIA+ participants searched more for content related to LGBTQIA+ hostility and bystander behaviour. However, these differences were not statistically significant, so both heterosexual and LGBTQIA+ participants received similar micro-intervention content.

Figure 16

Content of the micro-intervention by sexual orientation of the participants



3.3.3. Satisfaction with the intervention received

Satisfaction with the intervention received was evaluated following a three-point Likert scale where 1 was the lowest and 3 was the highest.

In general, participants showed high satisfaction with the intervention received, with averages above 2 in all cases: consent ($M = 2.45$, $SD = 0.64$), LGBTQIA+ hostility ($M = 2.37$, $SD = 0.67$), bystander behaviour ($M = 2.36$, $SD = 0.62$), and substance use ($M = 2.46$, $SD = 0.62$).

In conclusion, there is a general trend of high satisfaction among participants regarding the interventions on the topics covered. Information on substance use was particularly well received, with a very high percentage of responses indicating that the information exceeded expectations (see Figure 17).

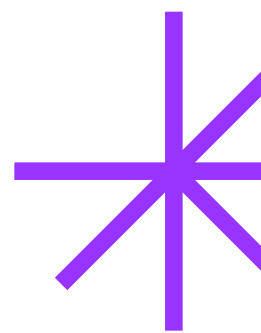
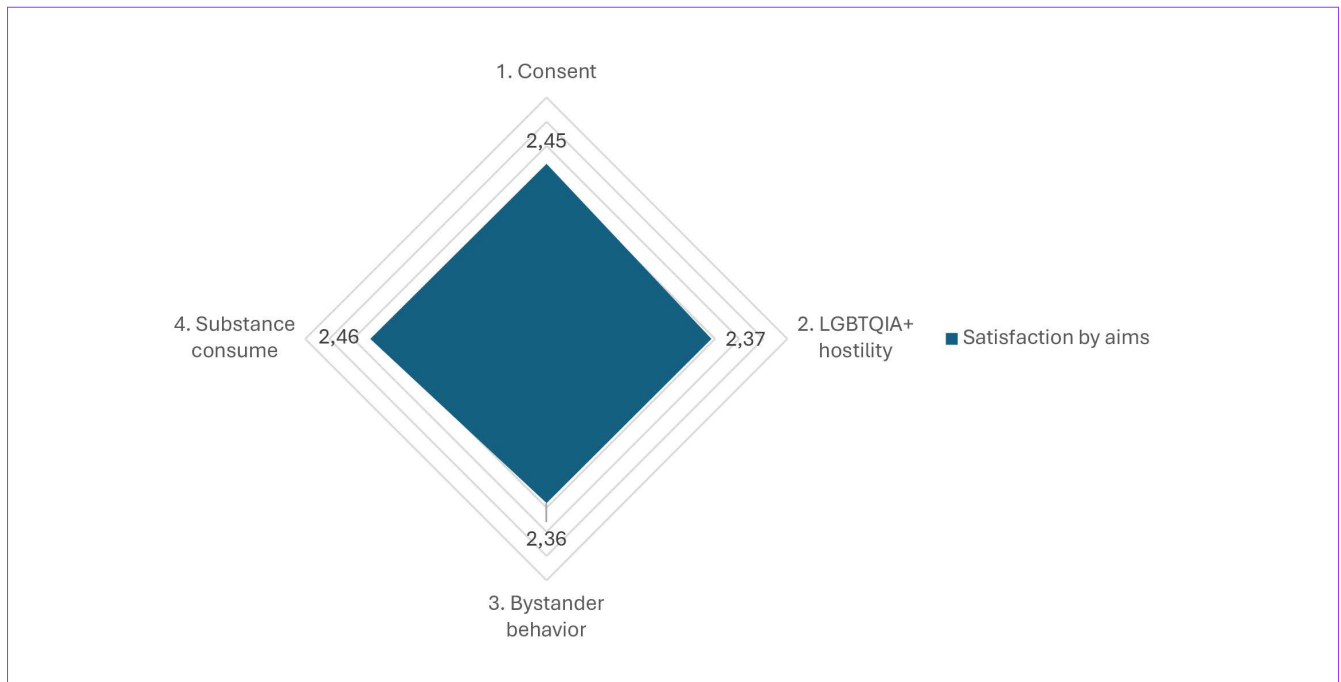


Figure 17

Satisfaction with the intervention received



3.3.3.1. Satisfaction with the intervention received by gender

This section details whether there was any difference between the satisfaction with the intervention received according to the gender of the participants. To do so, one-way ANOVA analyses were performed on gender, considering men, women, and non-binary/trans participants.

- Satisfaction with aim 1. Consent**

Analysis of satisfaction values with aim one by gender showed no significant differences between the three groups. The ANOVA results revealed a value of $F(2, 340) = 0.79, p = .452, \eta^2 = 0.01$, indicating that the means of the three groups did not differ statistically.

- Satisfaction with aim 2. LGBTQIA+ hostility**

Regarding satisfaction related to LGBTQIA+ hostility, significant differences were observed between the three groups. The ANOVA showed a value of $F(2, 310) = 3.10, p = 0.04, \eta^2 = 0.02$, indicating a significant difference in the perceptions of the participants according to their gender.

The post-hoc analysis revealed a significant difference between men and women. The difference in means between these groups was -0.20, with a p -value of .036, indicating that men ($M = 2.28$) reported significantly lower satisfaction than women ($M = 2.48$) for content related to LGBTQIA+ hostility.

• Satisfaction with aim 3. Bystander behaviour

Analysis of satisfaction with the bystander behaviour also showed significant differences between the three groups. The ANOVA value was $F(2, 208) = 3.39$, $p = .036$, $\eta^2 = 0.03$, reflecting that satisfaction varied significantly by gender.

The post-hoc analysis showed a nearly significant difference between the men and women groups. The mean difference was -0.20, with a p -value of .060, suggesting that men ($M = 2.24$) reported slightly lower satisfaction compared to women ($M = 2.44$). However, the difference did not reach the statistical significance threshold of 0.05.

• Satisfaction with aim 4. Substance use

Finally, satisfaction related to the risks associated with alcohol and substances also showed significant differences between groups. The ANOVA showed a value of $F(2, 353) = 4.03$, $p = .019$, $\eta^2 = 0.02$, indicating that there were statistical differences in the satisfaction between men, women and non-binary/trans participants.

The post-hoc analysis revealed a significant difference between men and non-binary/trans participants (mean difference = -0.32, $p = .021$), with men ($M = 2.39$) reporting lower satisfaction compared to non-binary/trans participants ($M = 2.72$). No differences between non-binary/trans and women were found.

Table 20

Satisfaction with the intervention according to gender

	Gender <i>M</i> (<i>SD</i>)			<i>F</i>	Effect size
	Men	Women	Non-binary/ trans		
<i>Consent</i>	2.41 (0.66)	2.47 (0.63)	2.56 (0.51)	0.79 ^{NS}	.005
<i>LGBTQIA+ hostility</i>	2.28 (0.72)	2.48 (0.63)	2.36 (0.57)	3.10*	.020 (Small)
<i>Bystander behaviour</i>	2.24 (0.66)	2.44 (0.56)	2.53 (0.51)	3.39*	.032 (Small)
<i>Substance use</i>	2.39 (0.63)	2.50 (0.63)	2.72 (0.41)	4.03*	.022 (Small)

Note: *SD* standard deviation.

^{NS} Not significant, [†] tendency ($p < .10$), * Significant ($p < .05$) y ** Highly significant ($p < .01$)

In summary, the results indicated that, in terms of perceived satisfaction, gender had a significant impact on three of the four dimensions analysed (LGBTQIA+ hostility, bystander behaviour, and substance use). Men were less satisfied with the micro-interventions received. However, in terms of effect size, the magnitude of

the differences was small in all cases, suggesting that, although statistically significant, the differences are not of great magnitude.

Table 21

Satisfaction with the micro-intervention according to gender. Post-hoc contrast (pairwise comparison)

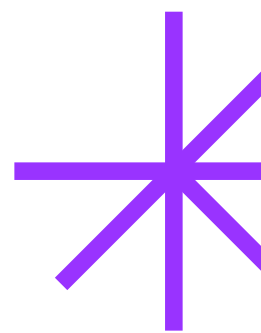
Comparison values		Post-hoc contrast	
		Mean difference	p
Consent			
Men	Women	-.06 ^{NS}	.665
	Non-binary/trans	-.15 ^{NS}	.520
Women	Non-binary/trans	-.09 ^{NS}	.811
LGBTIQA+ hostility			
Men	Women	-.20*	.036
	Non-binary/trans	-.08 ^{NS}	.836
Women	Non-binary/trans	.12 ^{NS}	.709
Bystander behaviour			
Men	Women	-.20 [†]	.060
	Non-binary/trans	-.29 ^{NS}	.175
Women	Non-binary/trans	-.08 ^{NS}	.859
Substance use			
Men	Women	-.11 ^{NS}	.259
	Non-binary/trans	-.32*	.021
Women	Non-binary/trans	-.22 ^{NS}	.185
^{NS} Not significant, [†] tendency (p<.10), * Significant (p<.05) y ** Highly significant (p<.01)			

3.3.3.2. Satisfaction with the intervention by sexual orientation

The effect of sexual orientation on satisfaction with the intervention was explored by means of T-test analyses. As in the previous section, sexual orientation was categorised into two general categories: heterosexual and LGTBQIA+.

- Satisfaction with aim 1. Consent**

Analysis of satisfaction with consent by sexual orientation showed no significant differences between the two groups. The student's *t*-test results revealed a value of $t(333) = 0.17$, $p = .865$, $d = 0.02$, indicating that satisfaction with consent was practically identical between both groups.



• Satisfaction with aim 2. LGBTQIA+ hostility

Regarding satisfaction related to LGBTQIA+ hostility, the results also show no significant differences between the two groups ($t(304) = 0.73, p = .465, d = 0.10$). This result suggests that the sexual orientation of the participants did not influence their level of satisfaction regarding this second aim.

• Satisfaction with aim 3. Bystander behaviour

Analysis of satisfaction with the bystander's behaviour also showed no significant differences between heterosexual and LGBTQIA+ participants. The student t-test yielded a value of $t(200) = 1.23, p = .221, d = 0.20$, indicating that the differences between the groups are not statistically significant.

• Satisfaction with aim 4. Substance use

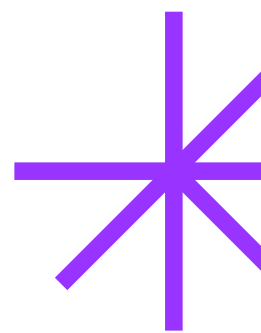
Unlike the other content, the comparison on substance use showed a significant difference between the heterosexual ($M = 2.42, SD = 0.64$) and LGBTQIA+ ($M = 2.61, SD = 0.50$) participants. The t value (345) = $2.43, p = 0.016, d = .31$, indicated that this difference was statistically significant, suggesting that LGBTQIA+ participants reported greater satisfaction in this aspect compared to heterosexual participants (with a small effect size).

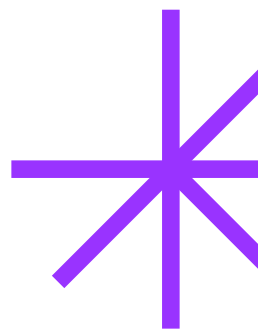
Table 22

Satisfaction with the intervention according to sexual orientation

	Sexual orientation <i>M (SD)</i>		<i>t</i>	Effect size
	Heterosexual	LGBTQIA+		
<i>Consent</i>	2.46 (0.68)	2.47 (0.62)	0.17 ^{NS}	.022
<i>LGBTQIA+ hostility</i>	2.39 (0.69)	2.32 (0.67)	0.73 ^{NS}	.099
<i>Bystander behaviour</i>	2.32 (0.62)	2.44 (0.61)	1.23 ^{NS}	.200
<i>Substance use</i>	2.42 (0.64)	2.61 (0.50)	2.43*	.310 (Small)
Note: SD standard deviation. ^{NS} Not significant, [*] tendency ($p < .10$), [*] Significant ($p < .05$) y ^{**} Highly significant ($p < .01$)				

In summary, the results indicated that, in terms of perceived satisfaction, sexual orientation had no significant impact on three of the four dimensions analysed, except for substance use where LGBTQIA+ participants were more satisfied with the intervention they received.





4) Conclusiones

Development of the evaluation and impact results of the “CRISSCROSS. Intervention program in nightlife, leisure and socialisation venues to raise awareness and prevent GBV behaviours - including LGBTIphobia - linked to sexual violence and substance use.” (ref: 10109670) during the years 2023-2025.



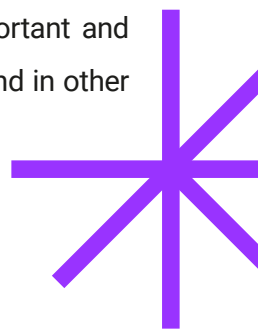
This impact evaluation report has sought to reflect the characteristics and type of intervention carried out in the framework of the CRISSCROSS project, developed and implemented in five diverse cultural contexts. Based on the Behaviour Change Wheel Model (BCW), the importance of bystander models as “agents of change” and a harm reduction approach, this programme focused on the prevention of gender-based violence and LGBTQIA+ hostility among young people in nightlife contexts.

The complexity of performing interventions in nightlife contexts, considering the diversity of the cross-national settings, makes it challenging to gather information to portray the impact of these interventions. The CRISSCROSS team members have made a great effort to provide information about the contexts where these interventions were developed and registered data from approximately 500 micro-interventions delivered to around 3,000 people. This information is very valuable, offers learning opportunities, and raises awareness on the topics of the programme. Overall, the results are very positive and consistent with the theoretical framework, highlighting that when evidence-based strategies are integrated into nightlife venues, it is possible to impact and transform these environments into safer and more equitable places.

The data provided by the implementers of the CRISSCROSS programme provides valuable information about the content of the intervention and the implementation process. It has shown that the prototype micro-intervention is around 15 minutes long and focuses on one of the aims. These micro-interventions covered all the aims, although the most frequent interventions were those focused on substance use and LGBTQIA+ hostility. Micro-interventions related to bystander behaviour were less frequent than the others. However, they were also the longest, reflecting that enhancing bystander behaviour requires more time for implementers, probably because the functions and strategies they have to use are different.

The analysis of dimensions, functions, and strategies confirms that implementers use them in different ways depending on the aims. Overall, deliverers oriented their interventions in providing capability, that is, to offer knowledge about the topic through education using communication strategies, because these spaces are very appropriate to generate awareness and change attitudes.

However, even when education was the most frequent function, training and modelling were more used when the content of the intervention was bystander behaviour. At the same time, persuasion and provision of services were more used for consent and substance use. These functions and strategies could be more closely related to indicated intervention, mainly whether the micro-interventions occurred after gender-based assaults or substance abuse incidents. As reported in the first part of this report, CRISSCROSS implementers were one of the leading agents who reported and intervened when critical incidents occurred. According to the participants, substance use was also the most frequent content of the micro-interventions they received, and bystander behaviour was the least. These data inform us about two key ideas. First, it confirms that substance use is an important topic for young adults. Second, it provides information about our approach to addressing substance use. The harm reduction approach becomes an important and secure source of information about alcohol and drug use that young people probably do not find in other



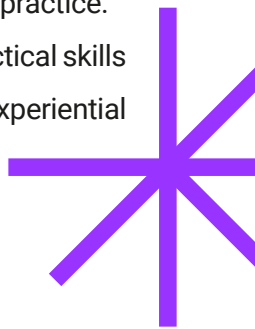
contexts. We have not controlled whether participants proactively sought the micro-interventions and their reasons, or, in contrast, were the implementers who actively approached participants. It could be measured in future interventions.

Participants' gender moderated the type of interventions they received. Women and non-binary/trans participants received more information about LGBTQIA+ hostility and bystander behaviour, which is evidence of a greater level of awareness towards these issues among the groups affected mainly by structural violence. Nevertheless, it is a positive sign that both men and women sought information on substance use and consent contents, which are closely linked to sexual and gender-based violence. However, there were fewer men who received information on LGBTQIA+ and proactive behaviour as a bystander, and they were also, in general terms, the group that presented lower levels of satisfaction with the intervention compared to women and non-binary/trans participants. These results could indicate a certain reluctance on the part of the men to participate in these types of interventions. In consequence, innovative approaches are needed to minimise its resistance to these interventions and to strengthen the work on male co-responsibility in the face of gender-based violence, discrimination, and bystander behaviour to break with the generalised idea that safety in nightlife is only a problem of some people (generally female victims and LGBTQIA+ people) and not a social problem as a whole. It is recommended to increase interventions aimed at raising men's awareness of gender-based violence and developing skills as bystanders.

In spite of this less satisfaction on the part of the men, participants and implementers were very satisfied with the programme. Micro-interventions were rated as high quality, above the previous expectations, which means that interventions in nightlife contexts are appreciated and valued by all the agents. This high rating reflects the meaning that these actions have for young people. These interventions are carried out in real contexts where they spend an important part of their free time, which provides them with a sense of security and support that undoubtedly contributes to the transformation of these nightlife spaces into environments that are increasingly more egalitarian, respectful of diversity, healthy and free of violence.

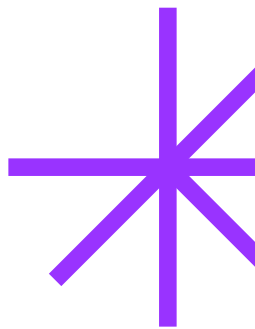
Overall, the development of this programme implicitly granted a real opportunity to motivate and put into practice what has been learnt. However, some recommendations would be provided to increase the impact of the CRISSCROSS programme. Following the Change-Well Model that sustains this project, it also must be remarked that:

1. **Capability.** Key information and tools were provided to identify risk situations, foster safe interactions, and promote inclusive spaces in nightlife contexts. In addition to facilitating decision-making in situations of harassment and discrimination, the interventions contributed to building dynamics of mutual care and respect. However, training remains a weakness, as most interventions were based on education and persuasion rather than training on active practice.
 - a) **Further recommendations.** Strengthening proactive learning strategies and practical skills training is essential to consolidate behaviour change. Situational practice and experiential



learning improve risk intervention capacity and reinforce competencies related to respect and inclusion.

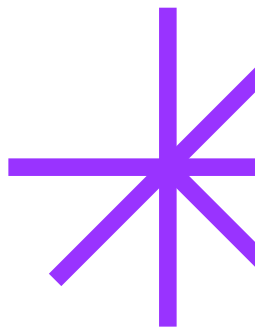
2. **Opportunity.** On-site intervention and adaptive (ad hoc) strategies facilitated immediate responses to critical incidents and promoted spaces for dialogue and co-responsibility in nightlife. This proximity to the nightlife context is central to raising awareness and transforming power dynamics in these spaces, promoting more egalitarian and respectful relationship models.
 - a) **Further recommendations.** The use of protocols and action guides should be complemented with practical training in decision-making and conflict resolution. In addition, these interventions should foster autonomy to recognise, prevent and respond consciously and effectively to situations of harassment, discrimination or vulnerability in nightlife settings.
3. **Motivation.** The high participation of women and LGBTQIA+ people evidence the need for awareness-raising spaces. However, the lower participation of cisgender men reflects the importance of developing more inclusive and innovative strategies for their active involvement in promoting safety, equality and respect.
 - a) **Further recommendations.** To incorporate motivational narratives that challenge traditional discourses on masculinity and encourage co-responsibility in nightlife. Using role models, where cisgender men can share experiences of their role in building safe and respectful nightlife spaces, is recommended.



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6) Annexes

Development of the evaluation and impact results of the “CRISSCROSS. Intervention program in nightlife, leisure and socialisation venues to raise awareness and prevent GBV behaviours - including LGBTIphobia - linked to sexual violence and substance use.” (ref: 10109670) during the years 2023-2025.

ANNEX 1. CRITICAL INCIDENTS' INSTRUMENT

Critical Incidents Log Sheet

This venue takes place in (mark with an x):

- _ Spain
- _ Ireland
- _ Portugal
- _ Italy
- _ Luxembourg

Role of the key informant:

Information collection phase (before, during, after):

Section 1. Nightlife venue characteristics.

General characteristics

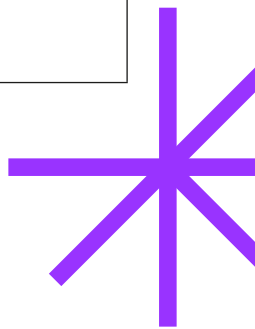
Please describe the venue's physical layout (the arrangement of the bar layout, dance areas, seating areas, etc.), hours of operation, capacity limits, perceived ambience, venue's location, including its surrounding environment and accessibility, and sociodemographic profile of the clientele.

General security and emergency measures

Please describe if there is any presence of security personnel, surveillance cameras, staff training in security and emergency procedures, access controls, crowd management, or collaboration with local emergency services.

Measures against sexual assault: Has there been any measure against sexual harassment?

Please describe if any training was provided to staff, if there are any disciplinary actions to proceed towards sexual violence, or even if the venue has any disciplinary protocol to follow in case of sexual assault (promotion of safe environments, collaboration with external entities, reporting and support procedures, etc.)



Measures against gender-based violence: Has there been any measure against gender-based violence?

Please describe if any training was provided to staff, if there are any disciplinary actions to proceed towards gender-based violence, or even if the venue has any disciplinary protocol to follow in case of this type of violence (promotion of safe environments, collaboration with external entities, reporting and support procedures, etc.)

Measures against LGBTQIA+ hostility. Has there been any measure against LGBTQIA+ hostility?

Please describe if any training was provided to the staff or if there are any disciplinary actions to proceed towards LGBTQIA+ hostility, or even if the venue has any disciplinary protocol to follow in case of this type of violence (promotion of inclusive environments, collaboration with external entities, reporting and support procedures, etc....)

Procedures for promoting responsible alcohol consumption and preventing excessive drinking:

Please describe if there were displayed staff training initiatives, promotion of non-alcoholic alternatives, or the prohibition of serving visibly intoxicated individuals.

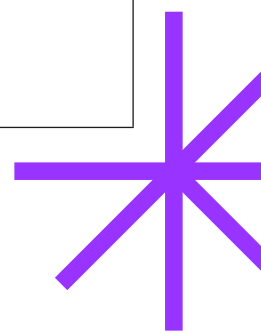
Procedures to reduce the risks associated with drug use:

Please describe if there were displayed staff training initiatives, security and access control measures, collaboration with authorities and health services, and promotion of responsibility strategies.

Other measures for inclusive nightlife spaces

Incident History

Please make a summary of previous incidents, if available



Section 2. Incident

Date:

Time:

Incident Type (select one or more):

☐ Gender-based violence

☐ Sexual violence

☐ LGBTQIA+ hostility

☐ Harm associated with substance use

Description:

Please provide details of the incident, including what happened, how it started, the duration, and who was involved (victim, aggressor, witness, staff).

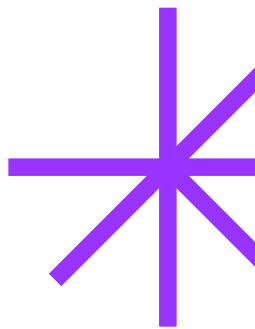
Resolution:

Description of actions taken by establishment staff or any other individuals involved in the incident, including if police, ambulance, or any other persons external to staff were contacted and involved.

Observations:

Any relevant additional comments.

Thank you for your participation!



ANNEX 2. INSTRUCTIONS FOR KEY INFORMANTS

Guidelines for Critical Incidents in Nightlife Contexts

Instructions for collecting critical incidents in Nightlife Contexts

A critical incident in the nightlife context refers to any situation or event involving the following:

1. Gender-based violence: Any incident involving physical, verbal, or psychological violence towards a person based on their gender.
2. Sexual violence: incidents of sexual assault, sexual harassment, or any form of unwanted sexual conduct.
3. LGBTQIA+ hostility: situations where a person is subjected to discrimination, harassment, or violence due to their sexual orientation, gender identity, or gender expression.
4. Harm associated with substance use: incidents resulting from or related to the consumption of alcohol and drugs, such as intoxications, overdose, accidents, or violent situations.

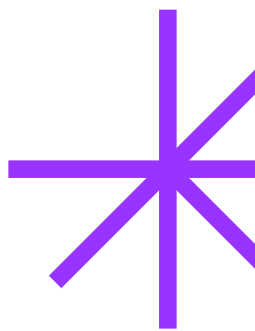
What information will be gathered from critical incidents? To collect this data, we have a template divided into two sections. The first part covers general details about the nightlife venue where the incident occurred. This information only needs to be recorded once per venue but can be updated before, during or after the intervention. It is important to describe the context where the interventions occurred, such as clubs, nightclubs, discos, festivals, pubs, etc. We assume this part is challenging to complete when the interventions occur in open spaces. If any sections cannot be filled, you can mark them as 'Does not proceed' (For example, in open spaces, it is difficult to know if the staff has received any training). The second part captures detailed information about each incident, including its description and the actions taken to resolve it. It is important to fill out the second part for each critical incident that could occur during the data collection.

Who will collect the information? The professionals implementing the local project initiatives.

What is the role of the key informant? The key informant refers to the person you are interviewing (For example, health professionals, security staff, police, witnesses, etc.)

How will this information be collected? There are two methods:

1. Formal interviews with the staff responsible for the nightlife venues (clubs, pubs, or wherever the intervention is taking place) (venue manager). It is important that they understand the aims of this interview.

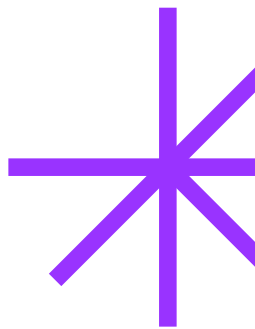


2. Informal interviews with key informants (for example, waiters, security, health personnel or witnesses). The template will help select questions for each informant. Additionally, observations or available records can supplement the interviews.

How will this information be coded? For instance, you can collect this information in a paper-pencil format, through voice recording, or even online. The most important thing to consider is that this information, whichever method you use to collect it, must be later coded into the Google form file in English.

When will this information be collected? Ideally, data will be collected three times: over one month before the intervention, during the intervention, and over the course of one month after the intervention. Adjustments may be made based on context, but efforts will be made to gather data during these three periods to assess the effects of the intervention. It would be possible that the information cannot be collected before or after the intervention. In this case, continuous collection throughout the intervention is recommended to track the progression of incidents (their incidence and attention) during the planned pilot intervention activities. Exhaustively documenting every incident is also unnecessary, but it is enough to monitor their progression.

You can find the Google forms sheet of the Critical Incident in this link: <https://forms.gle/GYzNhTb6FXRmyzyL6>



ANNEX 3. FIDELITY QUESTIONNAIRE, FOR DELIVERERS.

Deliverers Questionnaire

From the University of Seville, we are evaluating this project to show the change of attitudes and the prevention of gender violence behaviours, including LGTBIQ phobia, linked to sexual violence and substance use.

Below is a series of questions about the CRISSCROSS programme and its contents. The questionnaires are confidential, so we ask you to answer honestly. In addition, no one will know who you are.

By ticking the box at the bottom, you confirm that: You have received and read the information about this project. You have received enough information to choose to participate in this project. You have been able to ask questions and answer your doubts. You have been informed that all data in this study will be kept confidential and will be treated following Regulation (EU)2016/679 of the European Parliament and of the Council of 27 April 2016 on the protection of individuals about the processing of personal data and the free movement of such data (GDPR), in addition to the Organic Law 3/2018, of 5 December, on the Protection of Personal Data and guarantee of digital rights, the guidelines for the processing of personal data in research activities of the University of Seville, besides the Protection of personal data of the University of Seville and the good practice guide on Transparency and Data Protection (Edited by CRUE). You have been informed that the information obtained will only be used to evaluate this project. You understand that the data obtained from the research may be published or disseminated for scientific purposes. You understand that you can withdraw from study at any time, without having to give explanations, without any negative repercussions.

If you have understood this and agree to participate, please make an X in the following box ☐

Deliverer's name:				Date:		Intervention Time:		Country <input type="checkbox"/> Spain <input type="checkbox"/> Ireland <input type="checkbox"/> Portugal <input type="checkbox"/> Italy <input type="checkbox"/> Luxembourg		
Please fill in as many times/interventions as you did today. For each aim, please mark the dimension you worked, the function, and the strategy you used (you can fill as many sheets as necessary)										
Dimension				Function				Strategy		
Aim <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	Capability <input type="checkbox"/>	Motivation <input type="checkbox"/>	Opportunity <input type="checkbox"/>	Education <input type="checkbox"/>	Training & modelling <input type="checkbox"/>	Persuasion <input type="checkbox"/>	Environmental Restructuring <input type="checkbox"/>	Comunicación <input type="checkbox"/>	Prestación de servicios <input type="checkbox"/>	Guías <input type="checkbox"/>
	Number of guests:	Duration of the inter-vention:		Did you finish the intervention you planned? <input type="checkbox"/> Yes <input type="checkbox"/> No Why?				Did you get the aim you planned? Rate from 1 (absolutely no) to 5 (yes, completely) 1 2 3 4 5		

THANK YOU FOR YOUR PARTICIPATION!

ANNEX 4. INSTRUCTIONS FOR DELIVERERS

Guidelines to assess Fidelity and Intervention content.

Who will collect the information? The pilot intervention deliverers must fill out this questionnaire. The aim of this evaluation is to assess the fidelity of the deliverers, the content and frequency of the intervention, and the number of young people who receive the intervention.

How will this information be collected? Deliverers must fill out one questionnaire per intervention. We understand that it can be difficult when you are in an intervention context. You can use different methods to gather information.

1. Paper-pencil format: After each intervention (when possible), deliverers must fill out the sheet regarding the aim of the intervention, the dimension they focused on, the function and the strategy used. The functions sheet can be handy for deliverers to understand what they are doing in each intervention. If you can fill out the sheet in paper-pencil format, do not forget to bring it with you.
2. Online format: You can use the Google Forms questionnaire sheet or another online setting tool that you develop that contains the questionnaire. It takes no more than two minutes to fill out the questionnaire.
3. You can audio-record your intervention by describing the aim, dimension, function, number of people, etc.

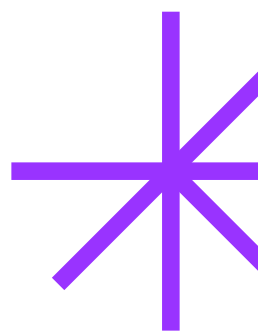
You can combine the methods. You can choose the method that suits you better.

How will this information be coded? If you fill out the online questionnaire, the information will be coded automatically. If you decide to register your interventions using paper, pencil, or audio recording, you should code your fidelity questionnaires into the Google form later. Remember, you must code as many Google forms as interventions you did.

When will this information be collected? Deliverers should register their interventions in real-time as much as they can.

Remarks: Sometimes, the interventions focus on different aims. Remember to fill in as many questionnaires as needed (one per aim) if this is the case. When you find it difficult to decide the aim, you should prioritise one (the most remarkable, for example, or the one you worked on the most during the intervention).

You can find the Google Forms sheet of the Deliverers Questionnaire in the link: <https://forms.gle/fWYVzHqAT6Pd4g7o6>



ANNEX 5. INSTRUMENT OF PARTICIPANT’S SATISFACTION

Satisfaction Questionnaire

From the University of Seville, we are carrying out the evaluation of the CRISSCROSS project, aimed to change the attitudes towards gender violence and the prevention of gender violence behaviours, including LGTBIQ phobia, linked to sexual violence and substance use.

Below is a series of questions about the CRISSCROSS programme and its contents. The aim of this questionnaire is to assess satisfaction with the information received. The questionnaires are anonymous, so we ask you to answer honestly.

By ticking the box at the bottom, you confirm that: You have received the information about this project. You have received enough information to choose to participate in this project. You have been able to ask questions and answer your doubts. You have been informed that all data in this study will be kept confidential and will be treated following Regulation (EU)2016/679 of the European Parliament and of the Council of 27 April 2016 on the protection of individuals about the processing of personal data and on the free movement of such data (GDPR), in addition to the Organic Law 3/2018, of 5 December, on the Protection of Personal Data and guarantee of digital rights, the guidelines for the processing of personal data in research activities of the University of Seville, besides the Protection of personal data of the University of Seville and the good practice guide on Transparency and Data Protection (Edited by CRUE). You have been informed that the information obtained will only be used for the evaluation of this project. You understand that the data obtained from the research may be published or disseminated for scientific purposes. You understand that you can withdraw from the study at any time, without explanations and without any negative repercussions.

If you have understood this and agree to participate, please make an X in the following box ☐

Date		Time	
Sex	<input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Intersex <input type="checkbox"/> I prefer not to answer		
Gender	<input type="checkbox"/> Woman <input type="checkbox"/> Man <input type="checkbox"/> Non-Binary <input type="checkbox"/> Trans-W <input type="checkbox"/> Trans-M <input type="checkbox"/> Other: Specify..... <input type="checkbox"/> Prefiero no responder		
Sexual orientation	<input type="checkbox"/> Gay <input type="checkbox"/> Lesbian <input type="checkbox"/> Bisexual <input type="checkbox"/> Heterosexual <input type="checkbox"/> Pansexual <input type="checkbox"/> Queer <input type="checkbox"/> Otro: Specify..... <input type="checkbox"/> Prefiero no responder		
Country	<input type="checkbox"/> Spain <input type="checkbox"/> Ireland <input type="checkbox"/> Portugal <input type="checkbox"/> Italy <input type="checkbox"/> Luxembourg		

Do you think this venue is an inclusive space (everybody is accepted and feels accepted as they are)?

Not at all

More or less

Yes, it is

☐
☐
☐

How often do you come to this bar/club/disco/venue...?

It is my first time here

Once a month approx.

Twice a month approx.

Every week

☐
☐
☐
☐

Please answer the following questions about the information received.

I was interested in receiving information/advice on (check as many options as necessary):

- ☐ Deciding and expressing whether I want to engage in sexual activity or not.
- ☐ Dealing with situations where someone is mistreated for who they are (LGBTQIA+ hostility)
- ☐ Recognising and responding to abusive situations (gender-based violence).
- ☐ How to act if I notice someone in trouble or danger (bystander intervention).
- ☐ Understanding the problems of drinking alcohol and substance use (risks related to substance use)
- ☐ I do not know

My satisfaction with the information received has been (check as many options as necessary):

Deciding and expressing whether I want to engage in sexual activity or not.

Low. I expected more.	According to what I expected.	High. The information has exceeded my expectations.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Safe and inclusive nightlife spaces: LGBTQIA+ hostility and gender-based violence

Low. I expected more.	According to what I expected.	High. The information has exceeded my expectations.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

How to act if I notice someone in trouble or danger (bystander intervention)

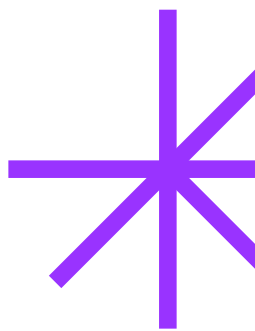
Low. I expected more.	According to what I expected.	High. The information has exceeded my expectations.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Risk behaviours related to substance use

Low. I expected more.	According to what I expected.	High. The information has exceeded my expectations.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

I think the information I have received will help me (or it will be helpful for me) in the future:

Completely disagree	Somewhat disagree	More or less	Somewhat agree	Completely agree
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



ANNEX 6. INSTRUCTIONS FOR PARTICIPANTS

Guidelines for Participants of the Pilot Intervention

Who will collect the information? We have included a satisfaction questionnaire for the participants to evaluate the pilot's intervention. It is a short questionnaire aimed to be filled out by each person who has received any orientation from the intervention. It is important that the implementer reminds each participant to do such a questionnaire, which takes no longer than a minute to complete.

How will this information be collected? Participants can complete the questionnaire using two different methods:

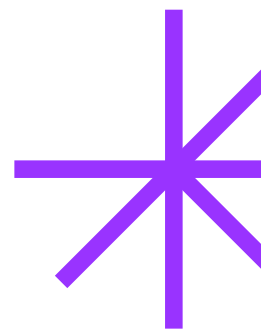
1. Paper-pencil format: To do so, the implementers must bring with them printed samples of this questionnaire. Make sure that you have pencils, markers, etc. to collect this data.
2. Online format: You can use the Google Forms questionnaire sheet or another online setting tool that you develop that contains the questionnaire.
3. You can combine both methods. You can choose the method that suits you better, but please notify us when you have made your choice.

How will this information be coded? The information will be coded automatically if participants fill out the online questionnaire. If not, the participant's questionnaire must be coded later. The easiest way is to fill in one Google form per participant.

Another option available is to scan each paper-pencil questionnaire and send it to us (make sure that your translated questionnaires maintain the order of the items as in the English version we sent you).

When will this information be collected? Implementors must ask participants to fill in this satisfaction questionnaire at the end of each session.

You can find the Google Forms sheet of the Participants Satisfaction Questionnaire at this link: <https://forms.gle/VG93uWEf2ycGK1377>



ANNEX 7. SATISFACTION QUESTIONNAIRE, DESIGNED FOR STAFF

Satisfaction Questionnaire

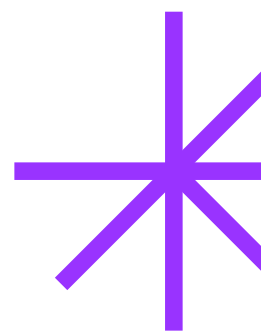
From the University of Seville, we are carrying out the evaluation of the CRISSCROSS project, aimed to change the attitudes towards gender violence and the prevention of gender violence behaviours, including LGBTIQ phobia, linked to sexual violence and substance use.

Below is a series of questions about the CRISSCROSS programme and its contents. This questionnaire aims to assess satisfaction with the information received. The questionnaires are anonymous, so we ask you to answer honestly.

By ticking the box at the bottom, you confirm that: You have received the information about this project. You have received enough information to choose to participate in this project. You have been able to ask questions and answer your doubts. You have been informed that all data in this study will be kept confidential and will be treated following Regulation (EU)2016/679 of the European Parliament and of the Council of 27 April 2016 on the protection of individuals about the processing of personal data and the free movement of such data (GDPR), in addition to the Organic Law 3/2018, of 5 December, on the Protection of Personal Data and guarantee of digital rights, the guidelines for the processing of personal data in research activities of the University of Seville, besides the Protection of personal data of the University of Seville and the good practice guide on Transparency and Data Protection (Edited by CRUE). You have been informed that the information obtained will only be used for the evaluation of this project. You understand that the data obtained from the research may be published or disseminated for scientific purposes. You understand that you can withdraw from the study at any time, without explanations and without any negative repercussions.

If you have understood this and agree to participate, please make an X in the following box ☐

Date		Time	
Age			
Sex	<input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Intersex <input type="checkbox"/> I prefer not to answer		
Gender	<input type="checkbox"/> Woman <input type="checkbox"/> Man <input type="checkbox"/> Non-Binary <input type="checkbox"/> Trans-W <input type="checkbox"/> Trans-M <input type="checkbox"/> Other: Specify..... <input type="checkbox"/> I prefer not to answer		
Sexual orientation	<input type="checkbox"/> Gay <input type="checkbox"/> Lesbian <input type="checkbox"/> Bisexual <input type="checkbox"/> Heterosexual <input type="checkbox"/> Pansexual <input type="checkbox"/> Queer <input type="checkbox"/> Other: Specify..... <input type="checkbox"/> I prefer not to answer		



Please mark with an X the type of role you developed in this venue (*I have worked as a/an...*)

- ☐ Nightclub promoter
- ☐ Underground nightlife event organiser
- ☐ Bar staff
- ☐ Security staff
- ☐ DJ
- ☐ Youth worker
- ☐ Sexual health outreach service provider
- ☐ Nightlife monitor
- ☐ Other (Specify): _____

Please answer the following questions about the training received

In the training, I received information about (check as many options as necessary):

- ☐ Consent. Voluntary and explicit agreement to engage in sexual activity.
- ☐ LGBTQIA+ hostility.
- ☐ Gender-based violence.
- ☐ Bystander response.
- ☐ Risk behaviours related to substance use.

My satisfaction with the training received has been (check as many options as necessary):

Consent

Low. I expected more.	According to what I expected.	High. The information has exceeded my expectations.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Inclusive nightlife spaces: LGBTQIA+ hostility and gender-based violence

Low. I expected more.	According to what I expected.	High. The information has exceeded my expectations.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

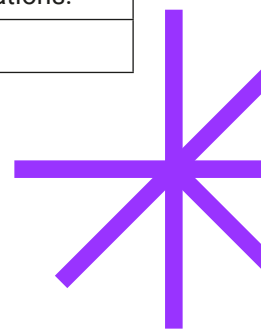
Bystander response

Low. I expected more.	According to what I expected.	High. The information has exceeded my expectations.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Risk behaviours related to substance use

Low. I expected more.	According to what I expected.	High. The information has exceeded my expectations.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Thank you for your participation!!



ANNEX 8. INSTRUCTIONS FOR STAFF

Guidelines for Participants of the Pilot Intervention (Staff)

Who will collect the information? We have included a satisfaction questionnaire for the participants to evaluate the pilot's intervention. It is a short questionnaire aimed to be filled out for each person who has received any orientation from the intervention. It is important that the implementer reminds each participant to do such a questionnaire, which takes no longer than a minute to complete.

How will this information be collected? Participants can complete the questionnaire using two different methods:

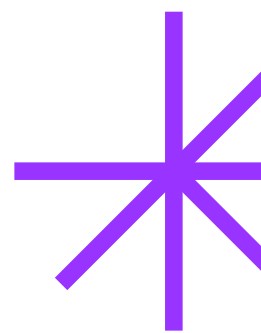
1. Paper-pencil format: To do so, the implementers must bring with them printed samples of this questionnaire. Make sure that you have pencils, markers, etc. to collect this data.
2. Online format: You can use the Google Forms questionnaire sheet or another online setting tool that you develop that contains the questionnaire.
3. You can combine both methods. You can choose the method that suits you better, but please notify us about your choice.

How will this information be coded? The information will be coded automatically if participants fill out the online questionnaire. If not, the participant's questionnaire must be coded later. The easiest way for you is to fill in one Google form per participant.

Another option available is to scan each paper-pencil questionnaire and send it to us (make sure that your translated questionnaires maintain the order of the items as in the English version we sent you).

When will this information be collected? Implementors must ask participants to fill in this satisfaction questionnaire at the end of each session.

You can find the Google Forms sheet of the Participants Satisfaction Questionnaire at this link: <https://forms.gle/ce7BwmtjYzt7Wd6t8>





Intervention program in nightlife,
leisure and socialization venues to raise awareness
and prevent GBV behaviours – including LGBTIphobia –
linked to sexual violence and substance use



Co-funded by
the European Union



COOPERATIVA LOTTA
CONTRO L'EMARGINAZIONE

