

# Response to Disclosures and Support for People Affected by Gender-Based Violence at Post-Secondary Institutions in Canada: Guidelines for an Evaluation Framework

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## **LAND ACKNOWLEDGEMENT:**

We would like to begin by acknowledging that this work is taking place on and across the traditional territories of many Indigenous nations. We recognize that gender-based violence is one form of violence caused by colonialism that is used to marginalize and dispossess Indigenous peoples from their lands and waters. Our work on campuses and in our communities must centre this truth as we strive to end gender-based violence. We commit to continuing to learn and grow and to take an anti-colonial and inclusive approach to the work we engage with. It is our intention to honour this responsibility.

## **DEDICATION:**

We would like to dedicate this tool to all of the people who have come forward to share their stories and knowledge, allowing us to walk with them during such a difficult time. Thank you for your courage in seeking support and demanding better.

## **AUTHOR:**

Ana Iervolino.

## **CONTRIBUTOR:**

Zanab Jafry.

## **FRONTLINE GENDER-BASED VIOLENCE CAMPUS WORKERS COMMUNITY OF PRACTICE:**

Meaghan Ross, Eileen Conboy, Caroline Larocque, Émilie Marcotte, Nicole Leeson, Lynn Thera, Heather Blackburn, Robyn Ocean, Colleen Wirth, Paula Sheppard Thibeau, Meagan Simon, and Carla Bertsch.

## **PEER REVIEWERS:**

Farrah Khan, Jesmen Mendoza, Zanab Jafry, Hilary Swan, Anoodth Naushan, Carina Gabriele, Amna Siddiqui, Sunand Sharma, Erin Kordich, Leandra Keren, Perminder Flora, and Radhika Gupta.

## ABOUT POSSIBILITY SEEDS:

We are a leading project management and policy development social purpose enterprise that works alongside communities, organizations, and institutions to cultivate gender equity. Courage to Act, a national initiative to address and prevent gender-based violence at Canadian post-secondary institutions, is led by Possibility Seeds, a social purpose enterprise that works alongside clients to create, connect and cultivate gender justice. Learn more about our work at [www.possibilityseeds.ca](http://www.possibilityseeds.ca).

## PHASE 2 COURAGE TO ACT PROJECT TEAM:

Farrah Khan (Co-Director), CJ Rowe (Co-Director), Anoodth Naushan (Project Manager), Carina Gabriele (Communities of Practice Coordinator), Andréanne St-Gelais (Francophone Community of Practice Coordinator), Emily Allan (Communications Coordinator), Darshana Patel (Research Assistant), Kelly Prevett (Administrative Coordinator), Jackie Diaz (Graphic Designer) and Stacey Johnstone (Graphic Designer) with design elements by Michelle Campos Castillo.

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# Glossary

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## **ACTIVITIES:**

Actions taken to enable an intervention. For example: meeting preparation; office preparation; creation of evaluation tools; update in list of resources available.

## **APPROPRIATENESS:**

Conditions that are considered to be met and are important for an intervention to succeed. For example: There are stakeholders willing to work towards strengthening the institutional response system to disclosures of GBV at the PSIs if they have engagement opportunities; There are student-led centres and local community organizations that are willing to collaborate to provide coordinated support to survivors.

## **DATA COLLECTION TOOLS:**

Instruments employed to collect data for monitoring/evaluation purposes. For example: surveys; stats collection forms.

## **DATA SOURCE:**

Where data can be found. In evaluation, it can be the person or department who has the information needed, the place or system where this information is stored, or data collection tools applied to obtain it. For example: statistical collection forms; Student Support Services, surveys, intake forms.

## **EFFECTIVENESS:**

Assessment of the value of the intervention or to what extent an intervention or an aspect of it is successful. For example: to what degree the support services offered are considered of value by served survivors.

## **EFFICIENCY:**

Assessment of to what extent the expected outputs are delivered or the intervention progress occurs, considering the resources mobilized. For example: cost-benefit ratio. For this tool, we will focus on measuring to what extent the outputs were delivered with the resources available.

## **EVALUATION DOMAINS:**

Areas or criteria of investigation that integrate the evaluation field. For example: Appropriateness; Efficiency; Effectiveness; Impact.

## **EVALUATION QUESTIONS:**

Questions that provide guidance and focus for an M&E framework. For example: To what extent does the program address, and meaningfully respond to, the needs of people affected by GBV?

## **EVALUATION:**

Processes and practices that mobilize research methods to study how and to what extent the intervention achieves its objectives. Evaluation will also yield conclusions and recommendations to inform strategic decision-making.

## **EXTERNAL FACTORS:**

Any factors that come from outside the intervention but may influence its implementation or outcomes. For example: Legislation.

## **FORMATIVE PURPOSE:**

Evaluation purpose that aims to improve local processes, programs, and activities.

## **GOAL:**

Brief description of the direction taken by the intervention for the purpose of solving the issue mentioned by the Problem Statement. For example: To create learning and work environments that provide care and appropriate support to people affected by GBV.

**INDICATOR:**

Measurable information that relates to a specific metric, which is used to assess the progress of the intervention. For example: Number of referrals provided overall, and distribution per type (internal/external) and per service.

**INPUTS:**

Resources needed to enable an intervention. For example: Infrastructure.

**MONITORING & EVALUATION FRAMEWORK:**

A document that provides guidance for the monitoring and evaluation processes of an intervention.

**MONITORING & EVALUATION PLAN:**

A document that summarizes the methods, data sources and timelines for collecting and analyzing data to answer evaluation questions.

**MONITORING:**

Processes and practices that mobilize research methods to track implementation and progress of an intervention, thereby supporting management decisions and providing accountability to stakeholders.

**OUTCOMES:**

Changes that occur due to an intervention (see Short-, Medium- and Long-Term Outcomes for examples).

**OUTPUTS:**

Tasks undertaken during the course of an intervention. For example: Policy assessed; number of consultations delivered by the central office to people affected by GBV.

# Annex I – Indicator Information Boxes

This section presents summary information about each of the indicators mentioned in the integrated Monitoring and Evaluation Plan.

# Annex 2 – Compendium of Data Collection Tools

The conversations among members of the Community of Practice demonstrated that some Frontline GBV Workers already have in place data collection tools such as an intake form, a follow-up form, and/or a stats collection system. The next sections present suggestions of questions or fields to grab data needed for the indicators and evaluation discussions as presented in the Integrated Monitoring and Evaluation Plan. Additional information about how to work with the collected data is also presented.

# Simulation

Xavier University is a mid-sized urban institution settled in South Western Ontario. With a population of 30 000, Xavier University established its very first Sexual Violence Response Office (SVRO) consisting of 3 full-time staff members 5 years ago.

# Intake Forms



## TOOL DESCRIPTION:

The tool recommends standardized questions for intake forms adopted by GBV Frontline Workers to collect data according to the indicators mentioned in the Integrated Monitoring and Evaluation Plan.

## ISSUES TO CONSIDER:

Questions that might identify individuals or small groups should not be adopted. The decision to include or not each question should be taken by the GBV Frontline Worker in consultation with key stakeholders, considering the limits of confidentiality according to the local context of each PSI. The questions recommended in the tool address what is needed for monitoring and evaluation purposes. Additional questions that are relevant for service delivery must also be included in the Intake Forms.

## WHEN TO USE:

Every time a new disclosure is received from survivors. It should not be used in cases in which support is being offered to people who have caused harm.

## ADMINISTRATION:

Questions can either be answered directly by the person presenting the disclosure, if the procedure in place is providing a printed or online form, or by the Frontline GBV Worker while asking the questions orally. Persons who bring disclosures must be ensured that they are free to provide as much information as they would like to. It is highly recommended that GBV Frontline Workers explain that answering each of the questions is optional, and we always want to respect people's safety and that answers will be kept confidential and aggregated to be analyzed for project monitoring and evaluation purposes.

## RELATED INDICATORS:

- Indicator 1a
  - Indicator 1b (Recommended Question 1)
  - Indicator 1c (Recommended Question 2)
  - Indicator 1d (Recommended Question 3)
  - Indicator 1e (Recommended Question 4)
  - Indicator 1f (Recommended Question 11)
  - Indicator 1g (Recommended Question 12)
  - Indicator 1h (Recommended Question 13)
  - Indicator 2e
  - Indicator 4e (Recommended Question 5)
  - Indicator 4f (Recommended Question 6)
  - Indicator 4g (Recommended Question 7)
  - Indicator 4h (Recommended Question 8)
  - Indicator 4i (Recommended Question 9)
  - Indicator 4k (Recommended Question 10)
- 

## **ADDITIONAL NOTES:**

It is important to match intake forms and program stats entries. This can be done by including a unique number or code in the intake form. There are different ways to do that. One possibility is using pre-existent identifiers (e.g., student number, worker number). If Frontline GBV Workers are not necessarily supposed to obtain this information during the disclosure, the creation of a random coding system or a simple numerical sequential order would work. In addition to the questions to collect data directly connected to the mentioned indicators, the intake form should also have an optional question asking for an email address and if the person feels comfortable being contacted by email. This information will be important to collect data through a follow-up form.



# Follow-up Forms



## TOOL DESCRIPTION:

The tool recommends standardized questions for follow-up forms to be electronically sent to a sample of survivors who were supported within a determinate period in order to collect data according to the indicators mentioned in the Integrated Monitoring and Evaluation Plan.

## ISSUES TO CONSIDER:

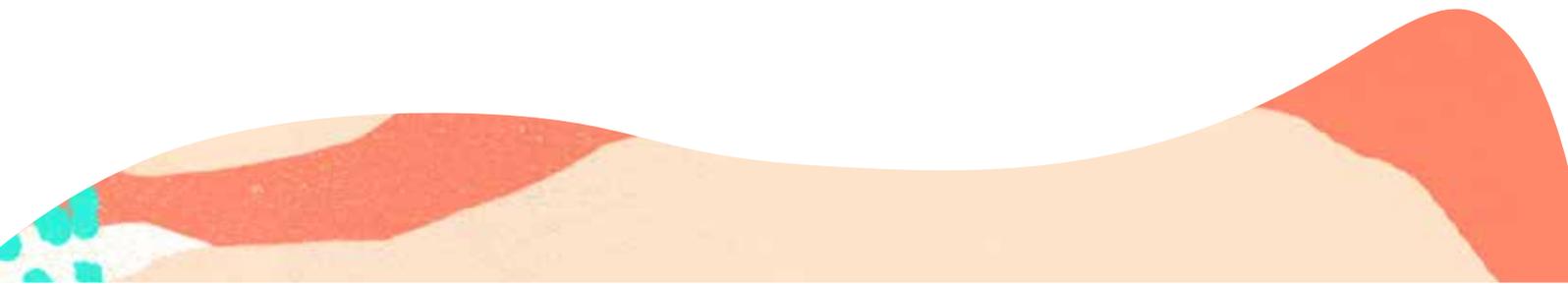
Questions 1-14 focus on feedback about services provided directly from Frontline GBV Workers or their approaches. Depending on the local context of each PSI, it might make sense to replace the term “Frontline GBV Worker(s)” with another word or expression that is more helpful to identify these professionals, for example, if this professional (or these professionals) are known more for their formal positions than the general term “Frontline GBV Worker(s).” If there is a Central Office or a Department that is responsible for supporting survivors, the sentences can be rephrased in a way that the name of this body can be used. On the other hand, if there is only one Frontline GBV Worker who is responsible for supporting survivors, the sentences can include their name and not their position.

## WHEN TO USE:

The form should be sent out once a year, according to the timeline discussed among key stakeholders. Discussions should avoid exam periods or the end of the school year to prioritize engagement with students. Also, the internal capacity and the period needed to analyze the information received for discussions with key stakeholders must be considered.

## ADMINISTRATION:

An invitation to provide feedback about the services received by completing an online follow-up form is sent by email to the sample of survivors who indicated at intake that they were comfortable receiving the follow-up questionnaire. The survey should be open during a period from 2-4 weeks, according to what is decided by key stakeholders, providing recipients enough time to consider providing feedback and, if they decide to do so, to complete the questions. The electronic form must ensure total confidentiality of the survey participants. A disclaimer must integrate the introduction to complete the follow-up form, explaining that participation is optional and anonymous. This should also include that data collected will be aggregated to be analyzed for monitoring and evaluation purposes, and individual responses will not be shared. To ensure confidentiality, the follow-up form must be administered in an online platform that does not collect identifying information (e.g., not tracking IPs) and must not ask questions about any personal information.

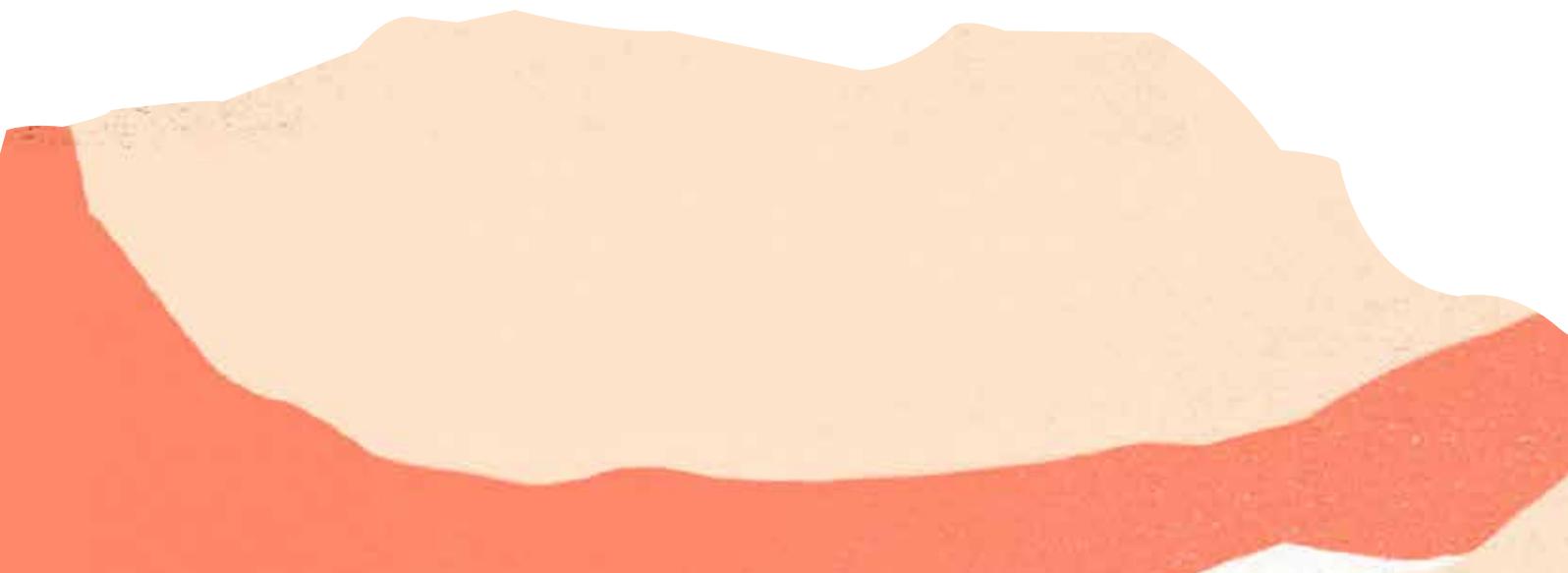


## **RELATED INDICATORS:**

- Indicator 1j (Recommended Question 1)
- Indicator 1k (Recommended Question 14)
- Indicator 4a (Recommended Question 2)
- Indicator 4b (Recommended Question 3)
- Indicator 4c (Recommended Question 4)
- Indicator 4d (Recommended Question 5)
- Indicator 4j (Recommended Question 13)
- Indicator 4l (Recommended Question 6)
- Indicator 4m (Recommended Question 7)
- Indicator 4n (Recommended Question 8)
- Indicator 6b (Recommended Question 9, 10 & 11)
- Indicator 6c (Recommended Question 12)

## **ADDITIONAL NOTES:**

Only survivors who have provided their email addresses and indicated in their intake forms that they felt comfortable being contacted by email should be included in the sample.



# Priority Identification Tool for Frontline GBV Workers



## **TOOL DESCRIPTION:**

The tool offers GBV workers a list of suggested areas for discussion to support the identification of priorities to address trauma exposure.

## **ISSUES TO CONSIDER:**

Some questions that could arise are: Do you have access to clinical supervision if needed? Is your position permanent? Are you part of a network of frontline workers? Could you be if you feel the need to join one? Is there funding available for professional development of the frontline worker? Do you have a sustainable workload that allows you to balance individual and community work? Do you have enough opportunities for leadership and collaboration with colleagues and influence in decision making? Do you have access to time off in a way that supports self and community care? What are other ways to mitigate vicarious trauma available? Were there any advances in the reported period? What are the next steps?

## **WHEN TO USE:**

Once a Year.

## **ADMINISTRATION:**

During discussion among GBV frontline workers.

## **RELATED INDICATORS:**

- Indicator 4p

## **ADDITIONAL NOTES:**

Based on the Courage to Act Report (Khan et al., 2019, pp. 71). Other topics should be added based on needs.



## **EACH YEAR THE SVRO STAFF DELIVER A REPORT TO THEIR BOARD THAT DESCRIBES THE FOLLOWING INFORMATION:**

- 1) The amount of programming they have conducted
- 2) The kind of programming they have conducted
- 3) The number of disclosures they have received
- 4) The number of students they have supported
- 5) The kind of supports they have provided
- 6) The number of supports they have provided

This report spans the events, activities and work completed each academic year, from May 1st-April 30th.

Their Board consists of administrators that determine the university's operating budget, students from the university community, as well as the directors that oversee the SVRO.

While the SVRO staff have been recognized for their accomplishments in the volume of programming they conduct each semester, as well as the number of students they've supported, a number of questions remain unanswered about the SVRO's work.

In light of recent media attention on Xavier University's insufficient culture of mental health and wellness and gaps in education relating to diversity and inclusivity, Students from the Board want to know if those receiving the office's services feel adequately and appropriately supported by the work carried out by SVRO.

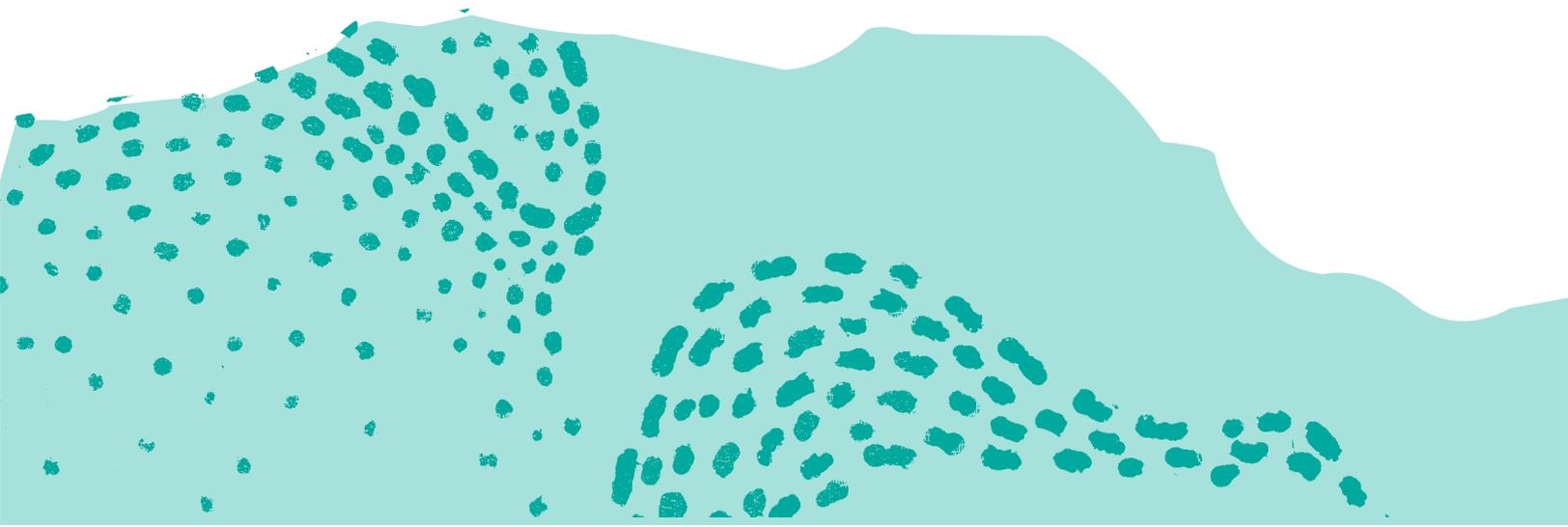
### **IN PARTICULAR, THE STUDENTS OF THE BOARD WANT TO KNOW THE FOLLOWING:**

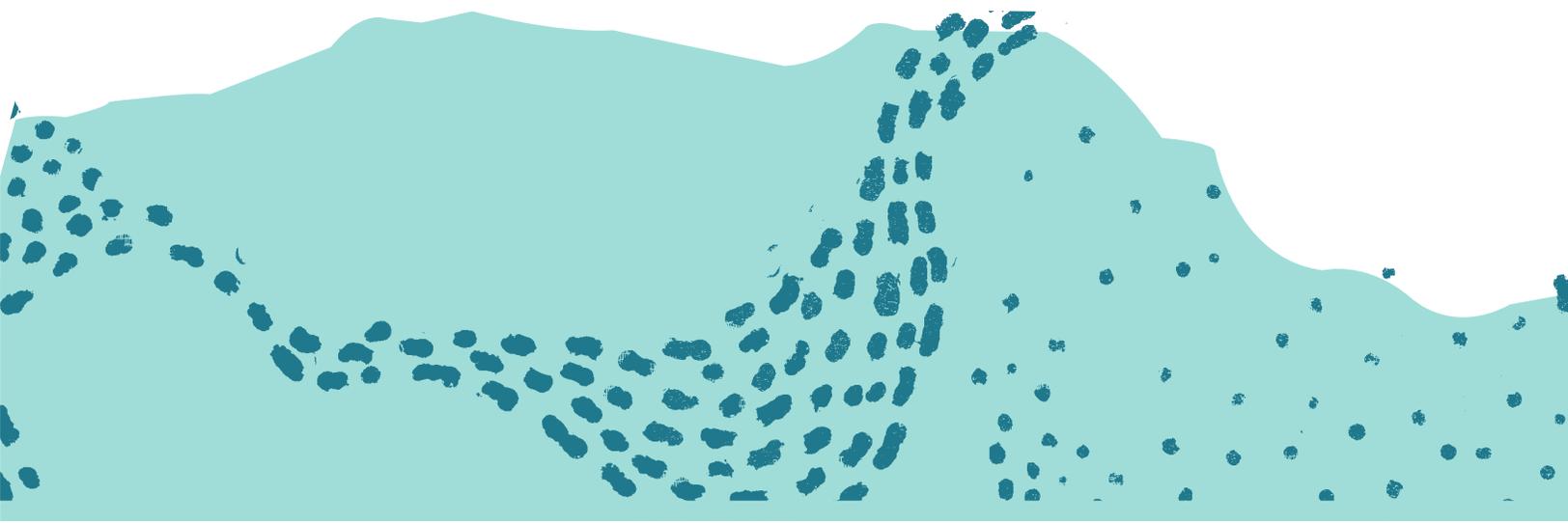
- 1) Is the support being administered by the SVRO appropriate to the needs of the survivors that they're servicing?
- 2) Are the survivors receiving trauma-informed and culturally sensitive support from the SVRO?
- 3) Are the supports survivor-centric and based in informed consent?
- 4) Are the SVRO staff respectful of students' ethnocultural and gender identities?
- 5) Finally, is the support provided by the SVRO impactful in helping survivors move on from their trauma?

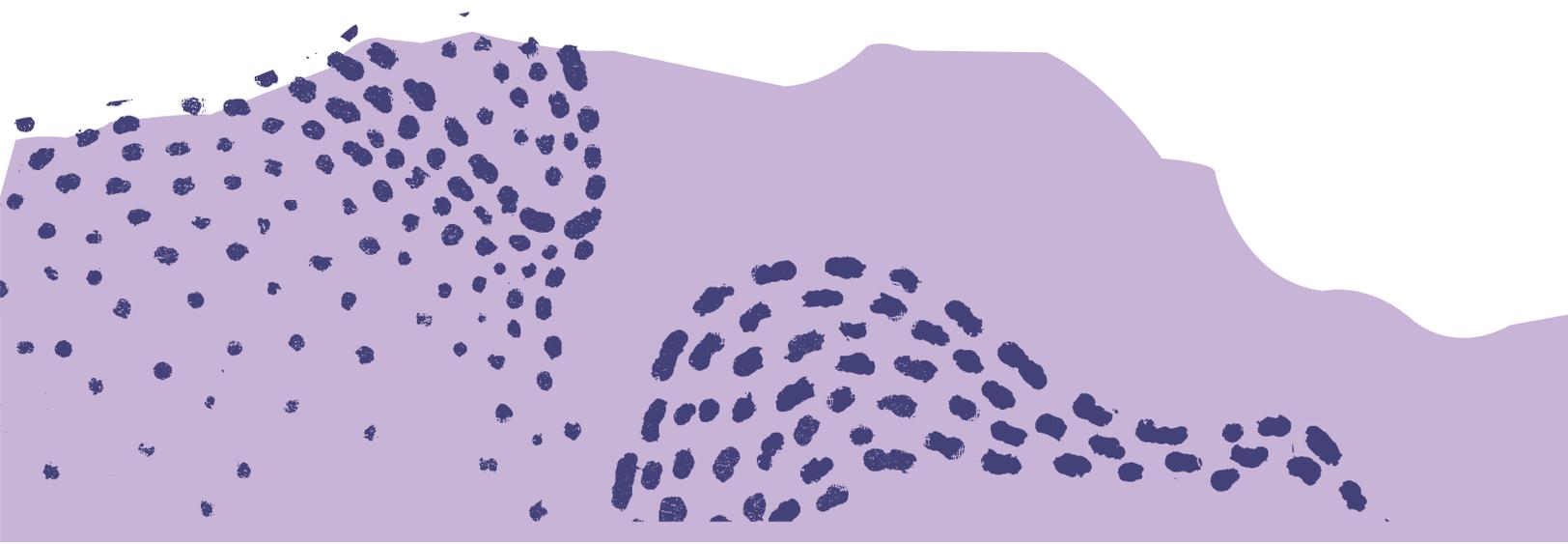
While the SVRO staff have collected a number of positive testimonies, they don't have data to present to the board which demonstrates that students feel adequately supported by their services or are having their needs met.













# Acronyms

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**CP:** COMMUNITY OF PRACTICE

**GBV:** GENDER-BASED VIOLENCE

**M&E:** MONITORING AND EVALUATION

**MoA:** MEMORANDUM OF AGREEMENT

**MoU:** MEMORANDUM OF UNDERSTANDING

**PSI:** POST-SECONDARY INSTITUTION

## **PROBLEM STATEMENT:**

Brief sentence presenting the issue that the intervention is aimed to address or the problem it was designed to solve. For example: Inappropriate responses to disclosures of GBV and lack of proper support for people affected by GBV are harmful.

## **PROGRAM LOGIC:**

Representation of the strategies adopted to reach the expected changes specified in the Program Theory. It is usually a diagram that connects components such as inputs, activities, outputs, and outcomes.

## **PROGRAM THEORY:**

Representation of changes expected to occur due to the intervention, which will then be evaluated.

## **RATIONALES:**

Explanations of how the expected changes occur or the mechanisms involved. For example: excerpts of research proving that comprehensive GBV policies contribute to a better response to GBV in PSIs.

## **STAKEHOLDERS:**

People or organizations that affect or are affected by the intervention. For example: survivors of GBV; community-based organizations that address GBV; student-led organizations; organizations that offer support services to survivors.

## **SUMMATIVE PURPOSE:**

Evaluation purpose that aims to provide comprehensive conclusions or recommendations, thereby promoting accountability among stakeholders.