

# **Lessons from the COVID-19 Pandemic: A National Survey of Gender-Based Violence Services at Canada's Post-Secondary Institutions**



**COURAGETOACT.CA**  
#IHaveTheCourageToAct

# Land Acknowledgement

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 colonization that is still used today to marginalize and dispossess Indigenous peoples from their lands and waters. Our work on campuses and in our communities must center 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 by actively incorporating into our work the [Calls for Justice within Reclaiming Power and Place: The Final Report of the National Inquiry into Missing and Murdered Indigenous Women and Girls](#).

## Dedication

We thank all survey participants for their contributions, leadership, and tireless work to address and prevent gender-based violence on campuses across Canada.

## About Possibility Seeds

[Courage to Act](#), is a national initiative to address and prevent gender-based violence at Canadian post-secondary institutions. It is led by Possibility Seeds, a social change consultancy dedicated to gender justice, equity, and inclusion. We believe safe, equitable workplaces, organizations and institutions are possible. Learn more about our work at [www.possibilityseeds.ca](http://www.possibilityseeds.ca).

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## Executive Summary

The COVID-19 pandemic was described as an “unprecedented time” for post-secondary institutions (PSIs) across Canada. Campus closures, the pivot to virtual classrooms, and new health and safety measures have left a significant mark on campus life. While the impacts of COVID-19 on learning and research were often the focus of campus measures, less attention has been paid to how the pandemic affected the work to address and prevent sexual and gender-based violence (GBV) at PSIs. Yet we know that GBV is a global problem that has been categorized as a “shadow” pandemic by the UN, and that PSIs have a significant role to play in GBV prevention education, response, and policy/research leadership on this issue.

To help bring more attention to the impacts of COVID-19 on GBV education and response efforts at PSIs, the Courage to Act project initiated a national survey of GBV frontline workers and others involved in GBV efforts at PSIs. Courage to Act is a national initiative focused on addressing and preventing GBV at PSIs in Canada. Leveraging our network of 3500 stakeholders and over 170 of Canada’s top GBV experts and advocates, Courage to Act conducted two surveys, one in 2021 and 2022. Both surveys invited participants to comment on the impacts of COVID-19, as well as innovations and priorities for addressing and preventing GBV at PSIs moving forward. A total of 104 participants responded, mostly frontline GBV workers on campus, but also administrators and students involved in this work.

While the results of this community-based research study were not representative of all campus communities, there were important themes that emerged in our analysis. We extrapolated from these themes to identify six major “lessons from the pandemic” for PSIs to consider. These lessons provide insight into how the movement to end campus GBV can build back the momentum for preventing and addressing GBV that was lost due to COVID-19.

**Lesson 1:** When the pandemic emerged in 2020, many PSIs lost momentum on the work to prevent and respond to GBV.

**Lesson 2:** GBV campus workers have important expertise on GBV and COVID-19 to bring to the table.

**Lesson 3:** Campus GBV workers identified emerging trends in GBV prevention and response during COVID-19.

**Lesson 4:** Building a “just” recovery from COVID-19 presents an opportunity to listen & learn from GBV campus workers, survivors, students and advocates.

**Lesson 5:** Moving forward, there is a strong need for prioritization and capacity-building for GBV prevention and intervention at PSIs.

**Lesson 6:** GBV campus workers and advocates cannot do this work alone.


## **Lesson 1: When the pandemic emerged in 2020, many PSIs lost momentum on the work to prevent and respond to GBV**

When we asked participants about the impacts of COVID-19 on prevention and intervention work, 71% agreed or strongly agreed that it has been more challenging to provide GBV services during the pandemic (with 18% neutral). Likewise, 58% thought their PSI lost momentum on previous plans for addressing GBV on campus (with 10% neutral).

There was also a strong sense among qualitative responses that the pandemic became a priority for PSIs, but not its impacts on GBV. Sometimes this gap was structural, where budgets and allocation of staffing resources were re-directed towards pandemic-related response measures. As one participant explained:

*“Supporting survivors has not traditionally been a priority of PSIs. Given the extent of the pandemic, all available resources and attention were directed towards risk management for COVID-19, not considering the unique risk for survivors. Funding and budgets were cut in all areas of the university, including GBV prevention, to account for increased spending on sanitization.”*





Not only was GBV not adequately prioritized, but participants often described a lack of understanding or awareness of the connection between COVID-19 and GBV among pandemic response measures. As one participant explained: “While there was an awareness that the pandemic impacted mental health adversely for everyone, there was little to no awareness about the specific effects for GBV survivors.”

One exception to this loss of momentum were cases where there was active leadership on the issue: one participant noted, for example, how the Government of Alberta’s recent requirement for a “review of sexual violence (SV) policies” and the provision of “campus grants” worked to increase activity on sexual violence, bringing back some momentum to the issue in the pandemic’s second year.

## **Lesson 2: GBV campus workers have important expertise on GBV and COVID-19 to bring to the table**

It was clear from the survey data that GBV campus workers brought important expertise and knowledge to the table on the connections between COVID-19 and GBV.

For instance, the recognition that “home is not always a safe place” for survivors of domestic and family violence was emphasized by many participants as a serious oversight of campus lockdowns and stay-at-home measures. Frontline workers have access to first-hand experience of how GBV has been happening during COVID-19, and they can inform the university of best practices to address this “shadow pandemic” and help ensure the safety of the campus community. Frontline GBV workers on campus ought to be supported with sustainable funding to ensure they can continue to do their vital work.

Further, because PSIs have “a mix of international, national, and local communities,” these effects were uniquely challenging. One participant pointed out how, for international students, moving back to one’s home country could present “jurisdictional challenges” not sufficiently accounted for in response measures.

While frontline GBV services pivoted to a virtual environment initially, to help ensure continuity of services, the frontline workers in our sample used their knowledge of GBV to also highlight the limitations of Zoom and other virtual platforms. Many described how virtual platforms can foster isolation for some survivors, who may be less likely to establish the level of trust and safety needed for GBV disclosures. As one participant noted: “Students were disclosing less due to the more impersonal nature of online courses (less

trust between students and employees who may receive those disclosures).” While participants noted the limitations of virtual services, it was not a simple matter of returning to in-person modalities: rather, having a range of options was often highlighted by participants to accommodate a diversity of survivors’ needs and preferences.


Survey participants also described the importance of their connections with GBV sector organizations and groups outside of their PSIs, including several mentions of the Courage to Act project and related resources. Importantly, the shift to virtual helped facilitate knowledge-sharing and relationship-building with other GBV educators and stakeholders. Frontline campus workers and other campus advocates were thus able to bring that knowledge into their campus communities as important interlocutors.

### **Lesson 3: Campus GBV workers identified emerging trends in GBV prevention and response during COVID-19**

Not only did frontline GBV campus workers and advocates bring important knowledge about GBV to the table during COVID-19, but they were also in a position to observe emerging trends in GBV prevention and response at their PSIs and more broadly. As we noted in qualitative responses to our survey, there was no single story of how COVID-19 impacted survivors of GBV. While some highlighted how stay-at-home measures increased risks of violence for some, others noted how campus closures may have led to a drop in forms of on-campus violence. This observation was confirmed when rates of on-campus incidents began to rise with the return to in-class learning. As one participant explained: “Less in-person contact led to less GBV incidents on campus... As some classes moved back in person... we did see a rise in investigations/reports, but still under pre-COVID-19 levels...”

At the same time, forms of online GBV such as cyber-sexual violence increased, as did rates of GBV in relationships, or intimate partner violence. Some people also experienced a re-emergence of traumatic issues from past experiences. One participant explained the “complexity” of emerging trends as follows:

*“I think the pandemic, and the social isolation that came with lockdown, forced people to go inward and in many cases relive traumatic memories. There was also a marked increase in GBV in relationships. In my role, I saw many students struggling with past experiences and/or current realities, and needing accommodations such as withdrawals from courses.”*



Overall, what these observations suggest is that GBV educators and advocates on campus are uniquely positioned to gather critical information about emerging trends in forms and rates of GBV, both on campus and online. While these trends may align with rates of violence in the broader community, PSI campuses provide unique institutional contexts for violence prevention and response efforts (i.e., formal reports on campus that require interim measures related to housing in dorms, classroom attendance, and access to other campus spaces).

Fast forward to 2022, and what is needed to regain lost momentum and build towards a more “just” recovery? Lessons #4, #5, and #6 all focus on recommendations for the present and future work of GBV prevention and education at PSIs.

#### **Lesson 4: Building a “just” recovery from COVID-19 presents an opportunity to listen and learn from GBV campus workers, survivors, students and advocates**

Given the lost momentum on GBV prevention and education efforts, our survey findings suggest that this is an opportunity to listen and learn from people leading GBV prevention and response efforts. In other words, PSIs must ensure that people doing GBV work on campus have a “seat at the table” in building towards a more just recovery from COVID-19.

By centering the knowledge and observations of this group, PSIs can help deepen our understanding of the connections between GBV and the COVID-19 pandemic both within and beyond the campus.

Indeed, in a context where PSIs are increasingly turning towards hybrid education, the expertise of GBV response services should not be overlooked. Findings from our survey suggest that frontline campus workers and GBV advocates developed useful strategies for delivering virtual and in-person services using a trauma-informed lens. What some may describe as “finding tender ways to work with people in crisis” is beneficial for campus services and educational spaces well-beyond GBV support.


### Highlights of the strategies and observations shared in the survey include:

- Recognizing and adapting services in response to Zoom fatigue
- Finding tangible ways to break feelings of isolation during campus closures, such as mail-outs and loot bags
- Paying attention to online safety and accessibility
- Accessing GBV sector expertise and resources within and beyond PSIs
- Involving survivors in shaping or informing the design of new tools and resources

### Lesson 5: Moving forward, there is a strong need for prioritization and capacity-building for GBV prevention and intervention at PSIs

When we asked participants to identify 1-2 important steps that their PSI as well as all levels of government could do to help to improve its overall handling of GBV moving forward, the responses echoed the same thing: there needs to be increased prioritization and capacity-building. Despite the complexities for addressing GBV that educators and advocates have been facing, the majority of survey participants reported inadequate funding to address these issues. Participants noted that there have been increased demands related to education and service provision yet in many cases attempts to meet these demands are being addressed amidst staffing reductions due to the prioritization of broader pandemic response.

If those working at PSIs are to effectively support survivors and foster campus safety they need funding support from PSIs and not statements of support that are—as one participant described—“just paying lip service.” For PSI staff to meet the old and new demands of supporting survivors and promoting consent culture, resources are required, particularly to innovate. 82% of those who responded to the survey said that in order to adapt to the demands of the pandemic they drew on the resources of other anti-GBV teams or organizations. While inter-organization resource sharing is positive, context-specific innovation can be crucial given the unique needs of each campus. Participants called for PSIs to respond to GBV in a way that involves committing more resources to innovation and



capacity-building so that PSI staff can effectively support survivors and help prevent further violence on their respective campuses.

## **Lesson 6: GBV campus workers and advocates cannot do this work alone**

The final lesson from the pandemic that came through in our data was that GBV workers and advocates on campus can't do this work alone. Rather, the work of ending GBV requires leadership and support from government and PSIs.

Indeed, our data suggested an increasing “patchwork” of GBV response and support capacity across different regions and institutions, depending on variations in government leadership and PSIs' approaches. For instance, while a majority of survey participants reported that the funding for GBV services were inadequate to respond to the demands of COVID-19, a smaller yet significant contingent did report adequate resourcing. This may have been the result of short-term, emergency funding. However, it may also suggest growing disparities across different regions or jurisdictions. Future research may want to examine such disparities more closely as we approach the 3-year anniversary of the pandemic in Canada.

## Introduction


The COVID-19 pandemic has deeply impacted GBV intervention and prevention efforts in Canada. It has exacerbated pre-existing challenges while also inspiring adaptation to, and innovation in, service provision.

Courage to Act was curious to know more about the impact of the pandemic on efforts to prevent and address GBV at PSIs in Canada. In January 2021, and then again in March 2022, we invited frontline workers, educators, student leaders, and administrators at PSIs in Canada with an interest in and knowledge of GBV intervention and prevention on campus to participate in an online survey. It was important to include the PSI sector's sexual violence and gender-based violence offices in particular as they're often left out of mainstream movements to address GBV.

During COVID-19, the UN declared that there was a "shadow pandemic" of GBV, and this was inclusive of GBV on campus. The issue of campus GBV became more complex through COVID-19 and yet it was already a dire issue. Research has demonstrated alarming statistics about campus GBV, such that 71% of students at Canadian post-secondary institutions in 2019 either witnessed or experienced unwanted sexualized behaviours in a post-secondary setting (Statistics Canada), and that 41% of all reported incidents of sexual assault in Canada were reported by students (Statistics Canada, 2017). We hope the lessons shared in this report will help support the work of learning from the pandemic and building more just campuses moving forward into the future. This report is for all those interested in ending campus GBV, including those at PSIs who are staff, faculty, or students, as well as those off campus who are policy makers and community-based workers since addressing campus GBV involves broader efforts from government and community organizations.

## What we did, and why

We conducted two surveys, one in 2021 and 2022, and we invited administrators, frontline workers, educators, and student leaders at PSIs in Canada to tell us about GBV prevention and intervention efforts on their campuses. Both surveys invited participants to comment on the impacts of COVID-19 on campus services and supports, as well as innovations and priorities for preventing and addressing GBV at PSIs moving forward. Information about the



survey and the survey link was shared via our [website](#), social media platforms, [e-newsletter](#), and the Courage to Act network.

The online survey included both quantitative and qualitative measures (see Appendix 1). While the year 1 (Y1) survey was administered in English, the year 2 (Y2) survey was administered in both English and French. The researchers also made slight modifications to the Y2 survey based on data collected in Y1. A total of 104 participants completed the survey across the two years (51 and 53 respondents respectively). Researchers with expertise in GBV analyzed the data using thematic analysis, through which an intersectional lens was applied. Findings were then grouped by theme across 3 categories: (1) impacts of COVID-19, (2) innovations and adaptations, and (3) participants' recommendations.

While the results of this community-based research study were not representative of all campus communities, there were important themes that emerged in our analysis. We extrapolated from these themes to identify six major “lessons from the pandemic” for PSIs to consider, as outlined in the executive summary. These lessons provide insight into how the movement to end campus GBV can build back momentum that was lost due to COVID-19 for preventing and addressing GBV.

## Outline of the report

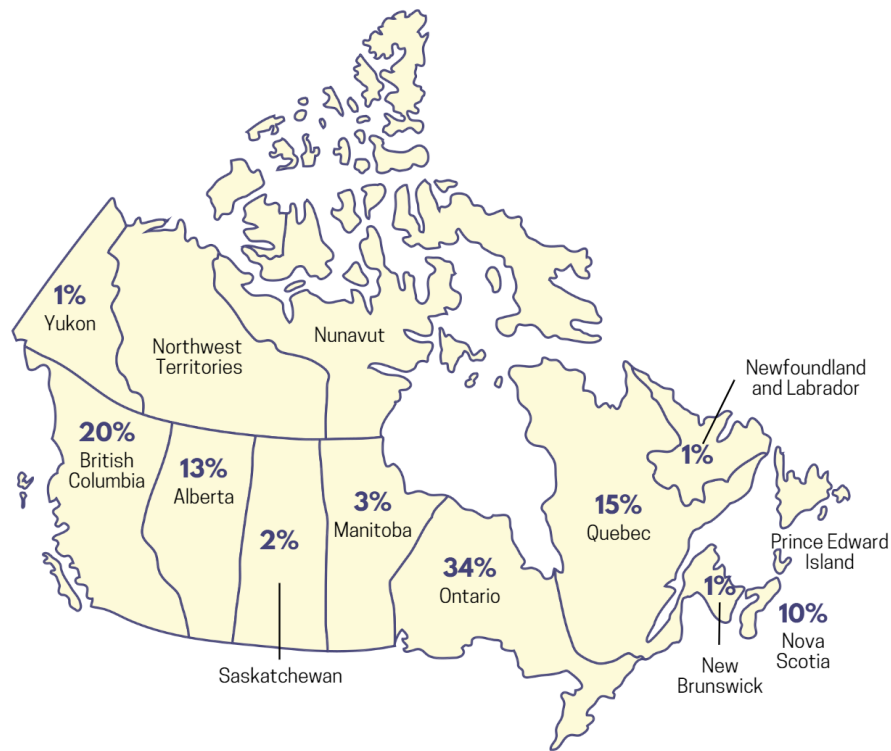
The report opens with a brief overview of our sample by region, campus roles, and range of services. We then outline the survey findings focusing on three key areas. First, we outline the impacts of COVID-19 on campus GBV efforts. Then, we turn to the examples of adaptation and innovation that participants shared with us. We close with the major recommendations that participants shared, which centered upon the importance of education, intersectional approaches, and funding/capacity building for a more “just” pandemic recovery.

# 1. Demographic Profile of Participants

## Who is in the sample?

### A multi-provincial survey

While this was a national survey, the sample is better described as multi-provincial. Across both years of the survey, 34% were from Ontario, with representation from BC (20%), Quebec (15%), and Alberta (13%).



We did see a shift in survey participants between Y1 and Y2, since the survey was translated into both official languages.

- Most Y2 participants were from 4 provinces: BC and Quebec were about a quarter of the sample each, followed by Ontario at 23% and Alberta at 15%.
- There was some representation from Nova Scotia (6%) and about 2% each from Manitoba, Saskatchewan, Yukon, and “Multiple Provinces”.



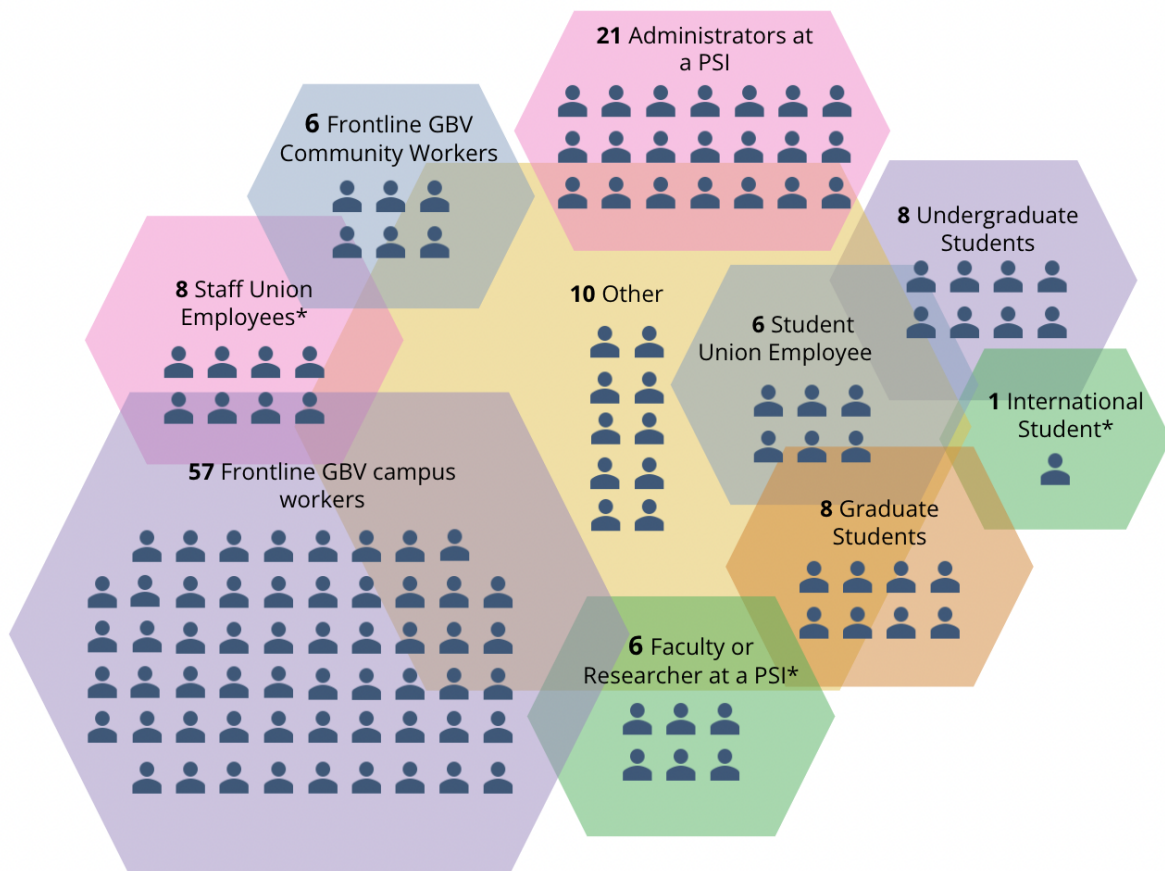
## A range of roles

A majority of the participants in our sample identified as frontline GBV campus workers (55%).

Participants could identify multiple roles. And we added a few new roles in the Y2 survey, based on responses from the Y1 survey.

As a result, there were a range of other roles represented in the sample. The next highest were administrators (20%) with the remainder falling between 6-8%. If we group graduate and undergraduate students together, then students made up 16% of the sample.

### Roles of Survey Participants

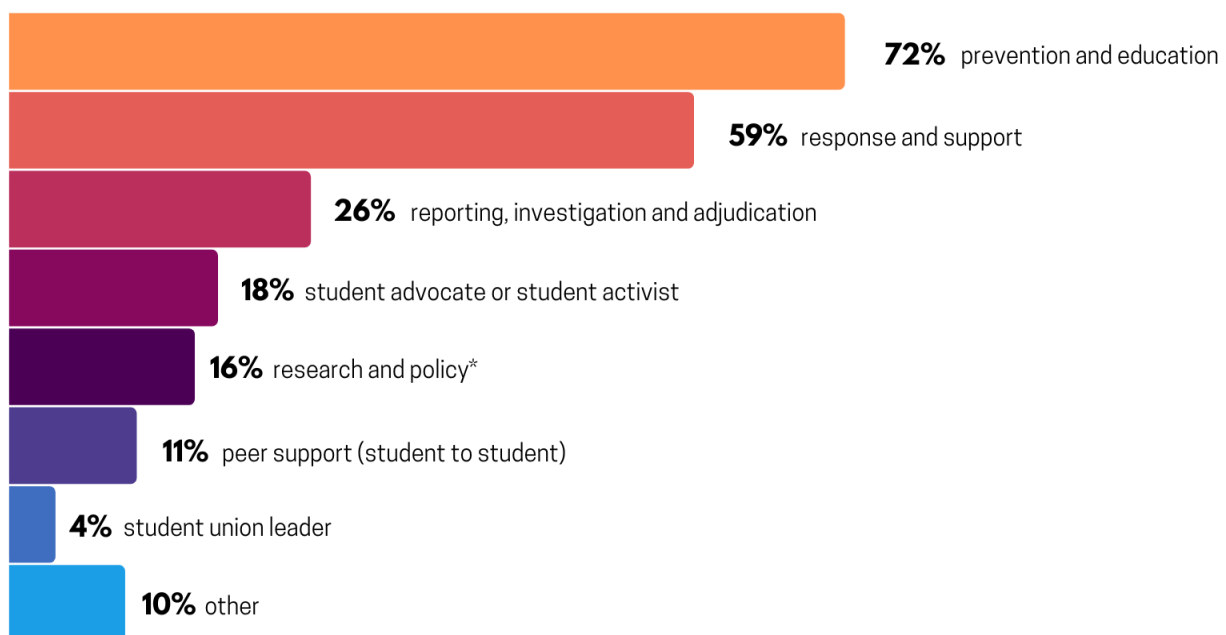


\*categories that were added to the Y2 survey, based on responses from the Y1 survey.

## A range of services

The chart below presents the percentage of participants (%) according to the types of services provided by them. Participants could select multiple services that they provide in their current role. We added a new service (research and policy) in the Y2 survey, based on responses from the Y1 survey.

### Services Provided by Survey Participants



\*category that was added to the Y2 survey, based on responses from the Y1 survey.

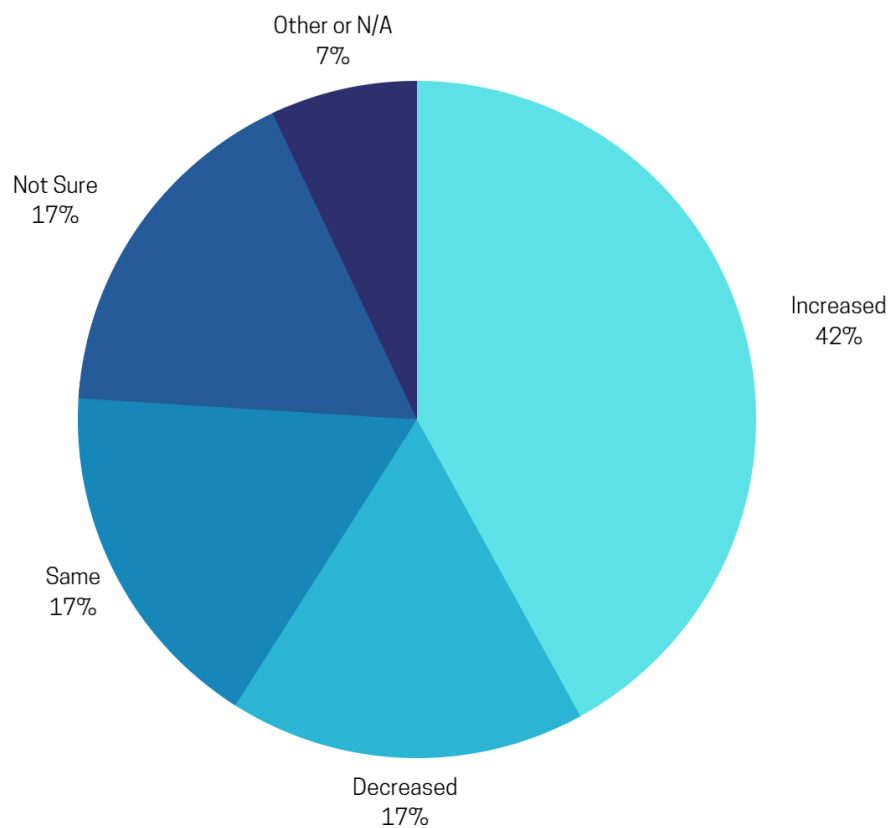
## 2. Impacts of the Pandemic

### How did demand for services change over the pandemic?

Demand for services *increased* over the pandemic for the majority of participants in our sample. This was consistent across both years of our survey. 37% reported an increase in demand in Y1 compared to 42% in Y2.

Though most participants reported an increase in services there were 17% that saw a decrease, while 17% said it remained the same/ stayed constant. Notably, participants in Y2 were more likely to report a *decrease* in demand (17%) compared to Y1 (7%).

### Changes in Demand for Services (Y2)



We asked participants to share their interpretation of changes in demand (Y2 survey only). There were a number of common themes that emerged.

Increased Demand	Decreased Demand
<ul style="list-style-type: none"><li>• Higher risks of gender-based violence</li><li>• Virtual access to services</li><li>• Culture change</li></ul>	<ul style="list-style-type: none"><li>• Closed campuses</li><li>• Zoom fatigue and virtual services as a barrier</li><li>• Pandemic prioritization</li></ul>

### Higher risks of GBV

For some, demand increased because there were higher risks of GBV that came with the pandemic. The reasons for this were “complex” as one participant described. It had to do with increased isolation and mental health effects of the pandemic, which both created conditions for escalated violence in relationships but also may have brought up past experiences or reduced capacity for coping.

Campus closures also added to this complexity. Another participant described how the “usual avenues” for support were suddenly not there. They noted that there was “a general increase of stress and mental health challenges. Something that might feel manageable in ‘normal times’ is now exacerbated and usual avenues for support are not available.”


### Virtual access to services

Demand for services also increased when more services were made accessible online. As one participant explained, barriers were “lower” when “campus community members were able to attend appointments and drop-in sessions virtually” rather than solely in-person/on-campus.

### Culture change

One participant noted a change in culture around talking about GBV due to high profile incidents that happened in their locale, leading to an increase in demand for services.

*“Whether directly related to the pandemic, locally our city experienced high profile impacts of anonymous survivor disclosures via social media which we believe has normalized and legitimized survivors seeking support.”*



When we asked participants to share their interpretation of decreases in demand (Y2 survey only), a number of common themes emerged, some that stood in tension with the findings explored above.

### Closed campuses

One participant suggested that closed campuses decreased GBV incidents on campus, thereby leading to reduced demand for services. They noted how, with the return to in-class learning, they saw some shifts in this trend. As they explained:

*“Less in-person contact led to less GBV incidents on campus, which was not offset by what was occurring in the living environments or historical disclosures. As some classes moved back in person from Oct 21 - Jan 22, we did see a rise in investigations/reports, but still under pre-COVID levels. That said, emergency shelter/funding supports related to GBV are trending upward.”*

### Zoom fatigue and virtual services as a barrier

While the shift online opened up access for some, it also came with significant barriers for others. One participant noted how survivors may have less trust in online environments and, as a result, may have been less likely to disclose GBV. In some cases this had to do with the impersonal nature of zoom classrooms: “Students were disclosing less due to the more impersonal nature of online courses (less trust between students and employees who may receive those disclosures).” Survivors may also be in an unsafe environment or lack privacy, contributing to a lack of trust.

Zoom fatigue was another common theme, leading some services to become more popular while others became less popular. As one survey participant explained: “requests for our standard intro presentation dropped dramatically, while requests for more tailored workshops increased. This may be because people are more precious about their virtual meeting time and there's an acknowledgment that students don't want to be lectured at over Zoom any more than they have to!”

### Pandemic prioritization

There was a strong sense among survey participants that PSIs prioritized certain aspects of the pandemic, without adequate consideration of the needs of survivors (e.g. prioritizing health and safety, testing, vaccines, PPE, work-from-home and virtual classrooms). Some

linked this lack of consideration to a drop in demand for services, because survivors may have felt more isolated and invisible in the pandemic response. As one participant explained:

*“La demande de service était pratiquement inexistante puisqu'on dirait que nous nous sommes insensibilisés à la question des VACS pendant la pandémie. Je pense que ça a invisibilisé le vécu et isolé beaucoup de personnes étudiantes qui auraient eu besoin de savoir qu'il existe des ressources.”*

*(English translation: “The demand for services was barely existent as we seem to have overlooked the issue of sexual violence during the pandemic. I think it made the experience of survivors invisible and isolated students who would have needed access to such resources.”)*

## How did COVID-19 impact the work of GBV prevention and response at PSIs?

COVID-19 made the work of GBV prevention more challenging for PSI staff. 71% of the sample agreed or strongly agreed that “It has been more challenging to provide GBV services during the pandemic” (18% neutral, 12% disagree, not including those who skipped or said “not applicable”). Among those who disagreed, one survey participant provided an interesting explanation, showing how local government leadership fostered a different scenario: “The Alberta government has recently required review of SV policies and provided campus grants, so activity around SV has actually increased.” That said, most participants faced increased challenges due to COVID-19. We have described these challenges in order of ranking by survey participants.

### Negative impacts of COVID-19 on GBV prevention and response:

- **71%** said it has been more challenging to provide GBV services during the pandemic
- **64%** reported negative impacts of zoom fatigue or on-line fatigue on staff
- **58%** said that their PSIs had lost momentum on anti-GBV work because of COVID-19
- **38%** thought there was good awareness of COVID-19's adverse effects on survivors
- **0%** of French survey participants thought COVID-19 protocols did a good job considering the needs of survivors

## Zoom fatigue or online fatigue

64% thought there were negative impacts of this on staff providing GBV services (with 24% neutral and 12% disagreeing). This number may even be higher with a larger sample. Among those who disagreed with this indicator, one person commented that the phrase “zoom fatigue” was perhaps too narrow a way of describing the problem. As they explained: “The pandemic itself, staff vacancies and constantly adapting services for an online/remote/hybrid environment had more of an impact on staff than zoom/online fatigue per se.”

## Lost momentum


There was a sense among some survey participants that their PSIs lost momentum on good anti-GBV work that was already happening. 58% of our sample agreed or strongly agreed that “Because of the pandemic, my PSI lost momentum on its previous plans for addressing GBV on campus.” One participant explained the lost momentum as partly a structural issue in how GBV services often get packaged with other campus services. As they described:

*“GBV services saw a decline during the pandemic and there was a significant reduction in momentum. The office that predominantly handles GBV services also handles academic misconduct issues, and due to the transition to online learning, there was a significant increase in the number of plagiarism complaints and academic misconduct cases launched by faculty. This overwhelmed the department, likely resulting in less resourcing for essential GBV services.”*

## Lack of awareness or consideration of GBV

Some participants reported how there was a real lack of awareness at their PSIs about the adverse effects of the pandemic for GBV survivors. This translated into a failure to consider the needs of GBV survivors in COVID-19 protocols. For example, 44% disagreed or strongly disagreed that there is strong awareness about the adverse effects of the pandemic for GBV survivors at their PSI (38% thought there was strong awareness - so the results were a bit more split; 19% were neutral). 44% disagreed or strongly disagreed that COVID-19 protocols had done a good job of considering the needs of GBV survivors (25% thought there was good consideration; 31% were neutral).

This indicator about COVID-19 protocols adequately considering the needs of survivors was more pronounced among the French survey sample, with **57%** disagreeing or strongly



disagreeing that protocols were adequate and **0%** agreeing that protocols were adequate (29% neutral, 14% not applicable).

Some of the split may have come from a strong awareness of mental health impacts of COVID-19, but without awareness of the specificities of GBV as a public health issue. As one participant explained: “While there was an awareness that the pandemic impacted mental health adversely for everyone, there was little to no awareness about the specific effects for GBV survivors.”

### Lack of adequate funding to account for COVID-19 impacts

Funding and capacity were issues highlighted throughout the survey. In terms of COVID-19 impacts, 50% disagreed that GBV services at their PSI were adequately funded/resourced to account for the impacts of COVID-19. As one participant summarized it: “pas mis en priorité du tout” (translation: It hasn’t been prioritized at all). However, responses were more split, with 40% agreeing that services were adequately resourced to account for COVID-19 impacts. This may have been a result of short-term, emergency funding provided at the outset of the pandemic. It may also suggest a patchwork or inequities across different jurisdictions.



### 3. Adaptation and Innovation


As a result of the pandemic, PSIs saw major changes in how campuses ran. Participants reported how employees at their PSIs faced work-from-home orders, changing the landscape of GBV prevention and response services. Despite the challenges in doing their work effectively, many working at PSIs generated innovative ideas to overcome these barriers. Drawing resources from other anti-GBV organizations was key to this process; 82% of those who responded to the survey said that in order to adapt to the demands of the pandemic, they drew from innovative ideas and resources from other teams and organizations doing anti-GBV work.

While practice-and-resource-sharing across different geographies is positive, the fact that PSI workers had to go outside of their institution for resources suggests that they may not have had adequate supports internally (i.e., time, funding) to create original solutions to the difficulties that they faced in preventing GBV and supporting survivors. Indeed, 36% of survey participants said that they didn't have support from their PSIs to generate new tools or ways to adapt to the pandemic. At the institutions of these PSI workers in particular, survivors may have been facing a critical lack of support since each institution has context-specific needs.

Even at institutions that did have more institutional support for the creation of resources, innovations may not have been survivor-centric. Only 36% of participants said that survivors were adequately involved in shaping or informing the design of new tools and resources.

#### Important innovative tools: Zoom

The kinds of innovations that PSI workers have used during the pandemic varied based on the institution, though there were some widely used and critical adaptations, such as Zoom. Engaging the campus community has looked differently than it did prior to the pandemic and one major shift was the move to virtual programming. While there are challenges with virtual engagement, such as 'Zoom fatigue,' one participant perceived the shift online in a more positive way; they said that "the way students and staff participate during workshops has shifted because of Zoom's chat function. Folks are able to make



comments or ask questions by sending a private message. We have seen a huge increase in participation because of this.”

While not every PSI has seen increased or deepened engagement online—likely due to Zoom fatigue, for anti-GBV PSI workers, Zoom web conferencing has been integral to offering prevention education and response services that were formerly in-person. It’s likely that Zoom will continue to be used as the pandemic winds down, too. As one participant put it: “Zoom has been and will continue to be a key tool in our work.” On Zoom and other web-based platforms, PSI workers were able to host a range of educational events, workshops, and conferences.

PSIs hosted a variety of virtual programming that extended beyond what they were previously able to offer when programs happened solely in person. Prevention education workshops, as well as workshops on topics like self-care and boundaries, were moved online through the pandemic, but new resources and programming were facilitated by the virtual space. For instance, one participant explained that they were able to host “Instagram live conversations with community resource representatives (folks from local sexual assault centre, sexual health agency, sex-work support agency)” as well as “presenters who were not restricted by geographic location.” In the context of ongoing Zoom fatigue, Instagram was a particularly useful resource for sharing “manageable pieces of information”, which, as one participant put it, resulted in “way more engagement than in-person hour-long workshops.” With the return to in-person on campus events some PSIs have retained an online component to programming. One participant expressed that “Transitioning to a hybrid model of workshops has helped to make them more accessible.”

The accessibility of virtual programming includes support services. Virtual drop-in sessions have been essential to giving survivors flexible options for when and how they want to reach out for support. Participants noted that they were able to do low-barrier outreach “which allows for a feeling of further control and safety for some.” The flexibility afforded by online support services have been useful and, as one participant said: “We are able to provide in-person drop-in support now, but have kept the virtual option available.”

## Innovation during the pandemic: Making more programming accessible

As disability activists pointed out during (and before) the pandemic, virtual platforms can allow for greater accessibility when it comes to who can attend events and access services. Participants in the survey reflected the importance of being able to access anti-GBV resources and support despite geographic constraints. Further, as one participant explained: “[Z]oom has been helpful in making workshops more accessible to students who would have not traditionally gone into campus just for a workshop.” Online prevention and response programming also benefited those students who returned home during the pandemic and who were not living in the city, province, or country where the university is located.

## Innovation during the pandemic: Resource creation

Perhaps due to increased awareness about the reach of online efforts, some participants noted that there has been an emphasis on generating virtual resources for campus community members due to the pandemic. A plethora of online resources have been developed, particularly to offer support to survivors. One participant helped create a “living evolving resource directory of virtual, campus, and community supports” and another worked on “videos to walk survivors, supporters and respondents through the reporting process” as well as “updated web pages and tools with new resources.”

As noted earlier, 82% of participants relied on innovative resources and practices from organizations and teams outside their institutions. Several participants named resources from Courage to Act as important to their work. When asked what new resources had been adopted or adapted to provide GBV services or supports, and which of these resources had been the most impactful, one participant said: “Courage to Act has provided Canadian-based resources and tools to help support PSIs in encouraging and implementing change.”

At a time when PSI workers were stretched thin trying to adapt to unprecedented circumstances and increased rates of GBV and/or campus reporting, Courage to Act resources were likely integral as PSI workers did not have time or resources to research or develop the comprehensive tools that Courage to Act has been releasing to the public.

## Loot bags: An innovative tool

While it may seem frivolous compared to the other adaptations to COVID-19 discussed in this section, mailing out loot bags, art supplies for workshops, and care packages were tools PSIs used to generate connection and tend to feelings of loneliness among the campus community. As one participant put it: “The loot bags offered tangible connection in a time of isolation.” The importance of connectedness during the pandemic cannot be understated, and receiving packages, whether loot bags or art supplies, could have made a big difference in someone's life, particularly during lockdown.

## Improving technology

During the pandemic, some survey participants focused their efforts on innovating and improving technology so that community members and especially survivors had easier access to information about GBV. Participants worked on updating their websites as well as the online process for survivors who want to disclose or report. One participant described working on improving “processes to accept requests digitally, updating forms and webpages to be easier to navigate, and making exceptions for students who have challenges with technology, [which] has helped minimize barriers and open access to support services and accommodations.” Other participants worked on reviewing policy and procedures and making them more accessible online through updating website resources. A participant described that the motive behind this was “to ensure information is accurate, relevant, and easy to read.”



## 4. Recommendations

We asked participants what 1 or 2 important steps were that their PSI as well as the government could do to improve its overall handling of GBV moving towards a 'just' recovery from COVID-19.

### Education and awareness at PSIs

Participants' responses strongly suggested that they want a campus culture that possesses more understanding about the issue of GBV. This includes not just educating students but also "increased education and awareness for staff and faculty." There was concern among participants that the pandemic has created many different scenarios where GBV needs to be addressed—sometimes unprecedented— but the campus community does not always have the tools to understand the issues involved and therefore respond appropriately. One participant suggested that PSIs need to foster "better education for staff on what they are able to offer students in terms of modifications." Another suggested: "Sensibiliser le milieu pour expliquer que les violences fondées sur le genre existent en ligne et à la maison et qu'il y a des ressources [translation: Educate others to explain that gender-based violence exists online and at home and that resources are available.]" It was clear that greater awareness about the nuances of what campus GBV looks like during the pandemic is integral to creating more effective responses to it.


As noted in the [\*Our Campus, Our Safety: Student Leaders' Action Plan for Institutions and Government to Address and Prevent Sexual Violence on Campus\*](#)<sup>1</sup>, prevention education is a key component in supporting the social change needed to address campus sexual violence. PSIs should consider instating a campus-wide curriculum, role-specific training, an education task force, and a comprehensive campus action plan informed by all campus stakeholders, especially students.

### Attention to intersectionality in PSI responses to GBV

Gender-based violence does not occur in a vacuum, and many participants expressed an urgent need to attend to intersectionality in PSIs' responses to GBV. One participant

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<sup>1</sup> Courage to Act: Addressing and Preventing Gender-Based Violence at Post-Secondary Institutions in Canada. (2022). *Our Campus, Our Safety: Student Leaders' Action Plan for Institutions and Governments to Address and Prevent Sexual Violence on Campus*.




highlighted that issues facing trans and non-binary people are often left out of conversations about GBV, including on campuses. They argue that gender expression and gender diversity be better considered by PSIs in efforts to end campus GBV. They call for “Mandatory training for staff on how to be inclusive (around language and behaviors)...non-gendered bathrooms...allow[ing] people to change their name...ask[ing] for pronouns and includ[ing] those options in Teams and other platforms.”

2SLGBTQIA+ communities, disabled people, and those who are BIPOC are critical of police given the histories of, and ongoing violence targeted towards these communities. Taking an intersectional lens to the issues of campus GBV means acknowledging historical and ongoing systemic injustice. One participant highlighted this violence and noted a need to use an abolitionist framework in addressing GBV. They called for “removing cops on campus” as well as “separating [campus processes] from policing/punitive measures and putting that funding towards GBV initiatives.”

## **Funding, capacity-building, and prioritization**

One finding from the survey that echoed across participants was the dire need for funding from governments to PSIs in order to effectively support survivors. The call for adequate funding reverberated through survey participants' responses: “Increase budget for GBV prevention and support initiatives”; “More funding to...support this work in meaningful ways (not just lip service)”; “FUNDING!”; “Provide funding to institutions to support the implementation of programming (particularly when mandated by the government)”; “Include funding to address perpetrators' behaviour (there is already funding for survivors)”; “Provide grant funding to institutions that undertake GBV prevention and support initiatives”; “Funding! Funding specific to building strength and resilience amongst communities broken by the pandemic.” These are just some of the participants' responses. It is clear that there is a need for all levels of government to issue more funding for anti-GBV efforts.

Participants' responses highlighted that anti-GBV staff didn't have the resources they needed to support survivors, as well as that access to more funding would directly allow for things such as capacity-building among staff and faculty. Some campuses, for example, do not have full time anti-GBV staff. As one participant suggested, “Provid[ing] funding for full time GBV support workers” would represent PSIs and governments prioritizing the



development of safer campuses. Some participants urged that ongoing funding be given to PSIs such that it should be up to the PSI to decide how they use the funds. For example, one participant asserted that the government “Provide ongoing funding in ways that allow PSIs to address the key needs of their community.” Other participants wanted to see funding to “improve tech safeguards for reporting/disclosure”, “track and analyze outcomes in addition to reporting numbers”, and “provide safe housing options for survivors on campus.” There was also a call for “Increased funding for mental health supports (counselors and therapists).” Ultimately, provinces and territories must allocate dedicated and sustainable funding to PSIs to support sexual violence offices, and service delivery and data collection<sup>2</sup>.

## Conclusion: Moving forward

Overall, what the participants’ responses indicate is that there have been increased demands associated with providing services on campus through the pandemic, yet PSIs have not engaged the necessary resources to address these demands and allow for the innovation necessary to meet them. Further, PSI staff are stretched thin as PSIs have focused their pandemic response on general adaptations (such as offering PPE or creating hybrid classes), while survivors have too often been an afterthought despite the “shadow pandemic.” PSIs have to take seriously that prevention efforts are essential for protecting students, and that survivors on campus need effective support backed by resourced staff and faculty.

Going forward, PSIs should listen to those doing anti-GBV work on campus, as their insights about students’ struggles, as well as the innovative techniques they’ve developed to address pandemic challenges are valuable for creating a safer, more just campus.

Additionally, it is not enough for PSIs to act. Governments at all levels need to provide funding specifically for anti-GBV work on campus so that campuses are equipped to prevent GBV and support students who have experienced violence.

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<sup>2</sup> Echoed in *Our Campus, Our Safety: Student Leaders’ Action Plan for Institutions and Governments to Address and Prevent Sexual Violence on Campus*.

## Appendix: Y2 Questionnaires

### Y2 English Survey

#### Understanding the Impacts of COVID-19 on Gender-Based Violence Intervention and Prevention at Post-Secondary Institutions

Please start by telling us a little bit about yourself

While this survey is anonymous, it helps for us to know a little bit about who is completing this survey. All questions are voluntary.

1. Which province/territory do you learn/work in?
  - Alberta
  - British Columbia
  - Manitoba
  - New Brunswick
  - Newfoundland & Labrador
  - Northwest Territories
  - Nova Scotia
  - Nunavut
  - Ontario
  - Prince Edward Island
  - Quebec
  - Saskatchewan
  - Yukon
  - Multiple provinces/territories OR National (Please specify) \_\_\_\_\_
  
2. How would you describe your current role? (Check all that apply)
  - Administrator at a PSI
  - Faculty or Researcher at a PSI
  - Frontline GBV campus worker (e.g. sexual violence prevention office on campus)
  - Frontline GBV community worker (e.g. rape crisis center, community organization etc.)





- Graduate student
- International student
- Staff union employee
- Student union employee
- Undergraduate student
- Other (please specify) \_\_\_\_\_

3. What service(s) or functions do you provide in your current role? (Check all that apply)

- GBV campus complaints processes (reporting, investigations and adjudication)
- GBV prevention education
- GBV response and support
- Peer support (student to student)
- Research and policy
- Student advocate or student activist
- Student union leader
- Other (please specify) \_\_\_\_\_

### Impacts of COVID-19

In this section, we ask you to reflect briefly on the past two years. We are interested in learning how the pandemic has impacted you in your role, how it is impacting your campus community, and how these changes are potentially affecting GBV prevention and intervention at your PSI.

We appreciate you sharing your reflections with us and encourage you to practice self-care as you complete this section: take breaks as you need, skip any questions you choose not to answer, and reach out if you want additional support.

4. What kinds of *formal changes* have you observed at your PSI in response to COVID-19? (Check all that apply)

- Emergency or crisis funding to help address the impacts of the pandemic on campus community members.

- New programs or services created to help inform and/or support campus members to manage effects of the pandemic.
- New protocols in place on campus (e.g. mandatory vaccinations, mask-wearing, social distancing etc.)
- Pivot to online or remote teaching (temporary or on-going).
- Postponement or cancellation of in-person events or conferences.
- Redeployment of one or more staff members to services considered essential to the pandemic response.
- Reduction or cancellation of funding for academic and/or non-academic campus activities.
- Student programs/ services temporarily suspended.
- Student services delivered virtually (e.g. online appointments).
- Temporary or permanent staff lay-offs related to the pandemic or its effects.
- Work from home measures introduced for faculty and/or staff.
- Workload increase of one or more staff members.
- Other (please specify) \_\_\_\_\_
- None of the above

5. Please tell us about how COVID-19 and related measures have impacted GBV prevention and/or intervention efforts at your PSI, by responding to the following statements (*strongly agree, agree, neutral, disagree, strongly disagree, not sure/not applicable*):

- Because of the pandemic, my PSI lost momentum on its previous plans for addressing GBV on campus.
- COVID-19 protocols at my PSI have done a good job of considering the needs of GBV survivors.
- GBV services at my PSI were adequately funded/resourced to account for impacts of COVID-19.
- It has been more challenging to provide GBV services during the pandemic.
- There is a strong awareness at my PSI about the adverse effects of the pandemic for GBV survivors.

- Zoom fatigue/ on-line fatigue have negatively impacted staff delivering GBV services.

Feel free to comment or expand on any of your above ratings \_\_\_\_\_

6. How has demand for GBV services at your campus changed, if at all, during the COVID-19 pandemic?

- Increased on average
- Decreased on average
- Remained the same on average, with ups and downs over time
- No change, remained constant
- Don't know/ Not sure
- Not applicable
- Other (please specify) \_\_\_\_\_

7. How would you explain or account for these changes in demand for GBV services on campus?

8. To the best of your knowledge, what challenges have COVID-19 and related measures created for survivors of GBV at your PSI? (Check all that apply)

- Complaint and/or investigation processes have been slow to adapt to changing conditions under COVID-19.
- Digital counseling and/or virtual services are not an adequate option for all survivors.
- Fear of contracting COVID-19 prevents some survivors from accessing services on campus.
- Financial insecurity/ the need to prioritize basic needs has increased for survivors under COVID-19.
- Home is not a safe place for everyone; stay at home measures have intensified risks of GBV.
- Increased exposure to gender-based violence on-line, or technology-facilitated violence.

- Increased isolation due to campus closures.
- Increased mental health impacts of COVID-19 (e.g. depression, anxiety, stress).
- Interference or surveillance from an abuser when trying to access GBV services on-line.
- Limited access to technology (may include lack of technology, lack of privacy in using technology, and/or lack of digital literacy).
- Stress of contracting COVID-19 from an abusive partner or while in an abusive situation.
- Other challenges (please specify) \_\_\_\_\_
- None of the above

9. What, if anything, makes PSIs a uniquely challenging context for supporting GBV survivors under COVID-19 and related measures?

10. What are the 1 or 2 most important steps that your PSI can take to improve its overall handling of GBV in the context of COVID-19 moving forward?

11. What are the 1 or 2 most important actions that the government can take to support or encourage PSIs to address or prevent GBV?

### Innovations & Supports

In this section, we ask you to share any innovations or resources in GBV prevention/intervention that you or your teams have developed in response to COVID-19 and related measures. We also ask you to consider what resources might be helpful for increasing the resiliency of campus communities moving forward.

12. Please tell us about your capacity to adapt or innovate GBV services or efforts in response to COVID-19, by responding to the following statements (*strongly agree, agree, neutral, disagree, strongly disagree, not sure/not applicable*):

- Adapting or innovating in response to COVID-19 increased my job satisfaction and/or sense of efficacy.
- I used new ideas/ innovations/ resources that were created by other teams/ organizations in my own GBV work.
- Innovation is strongly encouraged in my area/department/ team.
- My capacity and/or my team's capacity for creativity/innovation under COVID-19 has been low or non-existent.
- Survivors (or people with lived experience of GBV) were integrally involved in shaping or informing the design of new tools/ resources.
- There are resources available at my PSI to fund or support the creation of new tools or adaptations.

Feel free to comment or expand on any of your above ratings \_\_\_\_\_

13. Since COVID-19, what new tools or resources have you adopted or adapted to provide GBV services or supports? (e.g. hosting Instagram Live cooking events for survivors, online writing workshops with survivors etc.)

14. Which of these tools or resources have been the most effective or impactful? How would you describe this impact?

15. How can your PSI better support adaptation/ innovation of GBV services and supports in the current COVID-19 and/or post-COVID reality? (Check all that apply)

- Create better conditions for innovation e.g. safe work environments, paid sick days, health benefits, mental health support.
- More funding for adaptation/innovation.
- More training to enhance skills required for adaptation/innovation.
- Organizational commitment to treating GBV prevention/intervention as essential.
- Organizational culture change towards innovation and adaptation.
- Stop pretending it's business as usual.
- Stop or prevent austerity measures, funding cuts.

- Other challenges (please specify) \_\_\_\_\_

16. Is there anything else that you would like to share with us today (e.g. other lessons from the pandemic not included above)?

## Y2 French Survey

### Comprendre les impacts de la COVID-19 sur la prévention et la lutte contre la violence genrée en enseignement postsecondaire

Veuillez nous en dire un peu plus à votre sujet

Bien que le questionnaire soit anonyme, il nous est utile d'en connaître un peu sur les personnes qui y répondent. Toutes les questions sont optionnelles.

1. Dans quelle province ou territoire travaillez-vous ou étudiez-vous ?
  - Alberta
  - Colombie-Britannique
  - Manitoba
  - Nouveau-Brunswick
  - Terre-Neuve-et-Labrador
  - Territoires du Nord-Ouest
  - Nouvelle-Écosse
  - Nunavut
  - Ontario
  - Île-du-Prince-Édouard
  - Québec
  - Saskatchewan
  - Yukon
  - Plusieurs provinces ou territoires OU pancanadien (veuillez spécifier)  
\_\_\_\_\_

2. Comment décririez-vous votre rôle actuel ? (Sélectionnez tout ce qui s'applique)
  - Membre de la direction d'un établissement d'enseignement postsecondaire



- Corps professoral, chercheur ou chercheure dans un établissement d'enseignement postsecondaire
- Personnel en première ligne pour prévenir et contrer la violence fondée sur le genre sur les campus (ex. bureau d'intervention et de prévention de la violence sexuelle sur les campus)
- Personnel en première ligne au sein du réseau communautaire (ex. centre de crise pour les personnes victimes et survivantes, organisme communautaire, etc.)
- Étudiant ou étudiante aux cycles supérieurs
- Étudiant ou étudiante de l'international
- Membre d'un exécutif syndical
- Membre du personnel d'une association étudiante
- Étudiant ou étudiante au premier cycle
- Autre (veuillez spécifier) \_\_\_\_\_

3. Quelles sont vos fonctions ou quels services offrez-vous dans le cadre de votre rôle actuel ? (Sélectionnez tout ce qui s'applique)

- Processus de plainte en matière de violence
- fondée sur le genre sur le campus (signalement, enquêtes, décisions)
- Éducation préventive en matière de violence fondée sur le genre
- Soutien aux personnes affectées par la violence fondée sur le genre
- Soutien par les pairs (communauté étudiante)
- Recherche et développement de politiques
- Militantisme et activisme étudiant
- Leader de la communauté étudiante
- Autre (veuillez spécifier) \_\_\_\_\_

### Impacts de la COVID-19

Dans cette section, nous vous demandons de réfléchir brièvement aux deux dernières années. Nous souhaitons savoir comment la pandémie vous a affecté dans votre rôle et comment elle affecte la communauté de votre campus. De même, nous voulons savoir comment ces changements ont potentiellement influencé la prévention et la lutte contre la

violence fondée sur le genre au sein de votre établissement d'enseignement postsecondaire.

Nous vous remercions de partager vos réflexions avec nous et nous vous encourageons à prendre soin de vous en remplissant cette section : faites des pauses si cela est nécessaire, ignorez les questions auxquelles vous ne souhaitez pas répondre et contactez-nous si vous avez besoin de soutien additionnel.

4. Quels types de changements formels avez-vous observés au sein de votre établissement d'enseignement postsecondaire en réponse à la COVID-19 ? (Sélectionnez tout ce qui s'applique)
- Fonds d'urgence ou de crise pour aider les membres de la communauté du campus à gérer les effets de la pandémie.
  - Création de nouveaux programmes ou de nouveaux services pour aider et/ou soutenir les membres de la communauté du campus à gérer les effets de la pandémie.
  - Mise en place de nouveaux protocoles sur le campus (ex. vaccination obligatoire, port du masque, distanciation sociale, etc.).
  - Transfert des activités d'enseignement en ligne ou à distance (de manière temporaire ou permanente).
  - Report ou annulation de conférences ou d'événements qui devaient être tenus en personne.
  - Redéploiement d'un ou plusieurs membres du personnel vers des services considérés comme essentiels pour répondre à la pandémie.
  - Réduction ou annulation du financement des activités académiques et/ou non académiques sur le campus.
  - Suspension temporaire de programmes et de services adressés à la communauté étudiante.
  - Services à la communauté étudiante offerts virtuellement (ex. rendez-vous en ligne).
  - Licenciements temporaires ou permanents de membres du personnel en raison de la pandémie ou de ses conséquences.
  - Instauration du télétravail pour le corps professoral et/ou les membres du personnel.



- Augmentation de la charge de travail d'une ou de plusieurs personnes employées.
- Autre (veuillez spécifier). \_\_\_\_\_
- Aucun des éléments ci-dessus.

5. Veuillez nous indiquer comment la COVID-19 et les restrictions sociosanitaires qui y sont associées ont impacté les efforts de prévention et/ou de lutte contre la violence fondée sur le genre au sein de votre établissement d'enseignement postsecondaire. Répondez aux énoncés suivants : *(tout à fait d'accord, d'accord, neutre, pas d'accord, je ne sais pas / non applicable)*

- En raison de la pandémie, mon établissement d'enseignement postsecondaire a pris du retard sur les plans de lutte contre la violence fondée sur le genre adoptés précédemment.
- Les protocoles concernant la COVID-19 déployés au sein de mon établissement d'enseignement postsecondaire ont bien pris en compte les besoins des personnes ayant subi de la violence fondée sur le genre.
- Les services de soutien et de lutte contre la violence fondée sur le genre au sein de mon établissement d'enseignement postsecondaire ont reçu un financement et des ressources adéquates compte tenu des impacts de la COVID-19.
- Il a été plus difficile qu'à l'habitude de fournir des services en lien avec la violence fondée sur le genre pendant la pandémie.
- Mon établissement d'enseignement postsecondaire a bien conscience des effets négatifs de la pandémie pour les personnes ayant subi de la violence fondée sur le genre.
- La fatigue liée aux écrans ou à la tenue des activités en ligne a eu un impact négatif sur le personnel chargé de fournir des services en lien avec la violence fondée sur le genre.

N'hésitez pas à commenter ou à préciser les réponses indiquées ci-haut :

6. Quel a été l'effet de la pandémie de COVID-19 sur la demande de services en matière de violence fondée sur le genre au sein de votre campus ?
- La demande a augmenté, en moyenne
  - La demande a diminué, en moyenne
  - La demande est restée la même en moyenne, avec des augmentations et des diminutions au fil du temps
  - Aucun changement, la demande est restée constante
  - Je ne sais pas
  - Non applicable
  - Autre (veuillez spécifier) \_\_\_\_\_
7. Comment expliquez-vous ces changements dans la demande de services en matière de violence fondée sur le genre au sein de votre campus ?
8. Au meilleur de vos connaissances, à quels défis les personnes ayant subi de la violence fondée sur le genre évoluant au sein de votre établissement d'enseignement postsecondaire ont-elles été confrontées en raison de la COVID-19 et des mesures sociosanitaires associées ? (Sélectionnez tout ce qui s'applique)
- Les processus de plainte et/ou d'enquête ont mis du temps à s'adapter aux conditions changeantes liées à la COVID-19.
  - L'offre de soutien et de services dans un format virtuel ne convient pas à toutes les personnes victimes ou survivantes.
  - La peur de contracter la COVID-19 a empêché certaines personnes ayant subi de la violence fondée sur le genre d'accéder aux services offerts sur le campus.
  - L'insécurité financière et la nécessité de répondre à des besoins de base se sont accrues pour les personnes ayant subi de la violence fondée sur le genre au cours de la pandémie de COVID-19.
  - Le domicile n'est pas un endroit sécuritaire pour tout le monde : les mesures de confinement ont augmenté les risques de subir de la violence fondée sur le genre.



- Une plus grande exposition à la violence fondée sur le genre en ligne ou facilitée par la technologie.
  - Un isolement accru en raison de la fermeture des campus.
  - Des impacts amplifiés sur la santé psychologique en raison de la COVID-19 (ex. dépression, anxiété, stress).
  - La surveillance ou l'interférence de la personne commettant les gestes de violence fondée sur le genre lorsqu'une personne tente d'accéder aux services de soutien contre cette violence en ligne.
  - Un accès limité à la technologie (ce qui inclut le fait de ne pas avoir accès aux outils ou aux infrastructures technologiques, de ne pas disposer de la confidentialité nécessaire pour utiliser la technologie et/ou d'avoir une faible littératie numérique).
  - Le stress de contracter la COVID-19 en étant en contact avec un ou une partenaire commettant des gestes de violence fondée sur le genre ou en étant dans une situation d'abus ou de violence.
  - Autres défis (veuillez spécifier). \_\_\_\_\_
  - Aucun des éléments ci-dessus.
9. Qu'est-ce qui fait en sorte que les établissements d'enseignement postsecondaire font face à un contexte particulièrement difficile pour soutenir les personnes ayant subi de la violence fondée sur le genre dans le cadre de la COVID-19 et des mesures sanitaires associées ?
10. Pouvez-vous nommer 1 ou 2 mesures particulièrement importantes que votre établissement d'enseignement supérieur pourrait prendre pour améliorer la façon dont il gère les questions liées à la violence fondée sur le genre dans le contexte de la COVID-19 ?
11. Pouvez-vous nommer 1 ou 2 actions prioritaires que le gouvernement pourrait prendre pour soutenir et encourager les établissements d'enseignement postsecondaire dans leur travail de prévention et de lutte contre la violence fondée sur le genre ?

## Innovation et mesures de soutien

Dans cette section, nous vous demandons de partager les initiatives ou les ressources en matière de prévention et de lutte contre la violence fondée sur le genre que vous ou vos équipes avez développées en réponse à la COVID-19 et aux mesures sociosanitaires associées. Nous vous demandons également de réfléchir aux ressources qui pourraient être utiles pour accroître la résilience des communautés des campus à l'avenir.

12. Veuillez nous fournir des indications quant à votre capacité à innover et à adapter les services liés à la violence fondée sur le genre en réponse à la COVID-19.

Répondez aux énoncés suivants : *(tout à fait d'accord, d'accord, neutre, pas d'accord, je ne sais pas / non applicable)*

- Le fait d'innover ou de m'adapter en réponse à la COVID-19 a augmenté mon niveau de satisfaction professionnelle et/ou mon sentiment d'efficacité.
- J'ai utilisé des idées / des initiatives / des ressources créées par d'autres groupes / organisations dans mon propre travail lié à la violence fondée sur le genre.
- L'innovation est fortement encouragée dans mon secteur / mon département / mon équipe.
- Mes capacités et/ou celles de mon équipe à innover / à faire preuve de créativité dans le contexte de la COVID-19 ont été faibles ou inexistantes.
- Les personnes ayant subi de la violence fondée sur le genre ont été impliquées dans la conception de nouveaux outils / ressources.
- Au sein de mon établissement d'enseignement postsecondaire, des ressources sont disponibles pour financer ou soutenir la création ou l'adaptation de nouveaux outils.

N'hésitez pas à commenter ou à préciser les réponses indiquées ci-haut :

13. Depuis le début de la COVID-19, quels nouveaux outils ou ressources avez-vous mis en place ou adaptés afin d'offrir des services et du soutien en matière de violence fondée sur le genre ? (Par exemple, organiser des événements culinaires en direct sur Instagram pour les personnes survivantes, offrir des ateliers d'écriture en ligne avec des personnes survivantes, etc.)

14. Lequel de ces outils ou ressources a été le plus efficace ou a eu le plus d'impact ?  
Comment décririez-vous cet impact ?

15. Comment votre établissement d'enseignement postsecondaire pourrait-il mieux soutenir l'adaptation ou l'innovation en ce qui concerne les services de soutien liés à la violence fondée sur le genre dans le contexte de la COVID-19 ? (Sélectionnez tout ce qui s'applique)

- Créer de meilleures conditions pour susciter l'innovation et les initiatives (ex. un environnement de travail sécuritaire, des journées de maladie payées, des assurances pour les soins de santé, du soutien en matière de santé psychologique).
- Prévoir plus de financement pour l'adaptation / l'innovation.
- Offrir plus de formation visant à améliorer les compétences requises pour s'adapter / innover.
- Un engagement organisationnel à considérer la prévention et la lutte contre la violence fondée sur le genre comme essentielle.
- Un changement de culture organisationnelle en faveur de l'innovation et de l'adaptation.
- Cesser de prétendre que tout se déroule comme d'habitude.
- Éviter ou prévenir les mesures d'austérité et les coupes budgétaires.
- Autres formes de soutien (veuillez spécifier). \_\_\_\_\_

16. Y a-t-il autre chose que vous aimeriez partager avec nous aujourd'hui (ex. d'autres constats tirés de la pandémie qui n'ont pas été abordés précédemment) ?