



Trauma-Informed Evaluation, Learning & Leadership (TELL) Framework

What is evaluation?

Put simply, evaluation is a type of research that can help non-governmental organizations like the Schlifer Clinic to clarify why we do what we do, how it helps, and how we can do it better. There are many different types of evaluation, as well as distinct approaches and perspectives on how to carry out evaluations and who or what those evaluations are ultimately for.

At the Schlifer Clinic, we believe that our evaluation activities should be deeply-aligned with the principles and vision that drives our work, that is, to increase access to justice for survivors of gender-based violence (GBV) in ways that are empowering, intersectional, and trauma-informed. Our trauma-informed evaluation, learning & leadership (TELL) framework helps guide the kinds of policies, tools, and practices we use to understand the impacts of our programs and services and to enhance our capacity to learn and grow in response to the evolving needs of the people and communities whom we serve.

Why trauma-informed evaluation?

The Schlifer Clinic's TELL framework addresses a key gap in current access to justice initiatives: namely, that the tools used to measure service impacts are often NOT trauma-informed. By trauma-informed, we refer to approaches that recognize the pervasiveness of trauma in society and adapt their practices to better account for trauma as well as avoiding practices that can re-traumatize individuals. When it comes to measuring access to justice for survivors of GBV, however, the standardized measurement tools that are often used to evaluate legal and social services have not themselves been subject to a trauma-informed lens. This not only impacts the quality of data – since trauma can impact an individual's capacity to respond to requests for feedback on their experience, resulting in low survey response rates for example – but measurement tools can themselves become sources of re-traumatization.



How the Schlifer Clinic is approaching evaluation: as learning and leadership in addition to formal evaluation.

At Schlifer, we believe that evaluation is ultimately about deep learning and meaningful engagement in processes of social change. We are a Clinic founded in the memory of a survivor, led by survivors, and together we work towards a world free from gender-based violence. When designed using a trauma-informed lens, evaluation is therefore more than formal measurement tools and statistics. Rather, we treat evaluation practices as opportunities to learn and engage with the communities we serve, and to create spaces for survivors and the service providers who work with survivors to lead or help shape our collective work in ending gender-based violence.

Five Key Foundations of TELL:

1. Recognizes that trauma is pervasive in society and that its effects are intersectional.
2. Is motivated to advance transformative change in order to heal and prevent trauma and violence at the individual, community, and systemic levels.
3. Centres people with lived experience of trauma in evaluation design and implementation.
4. Empowers people with lived experience of trauma in leading or meaningfully informing evaluation policies, tools, and practices.
5. Emphasizes transformative learning and collaboration over scarcity and competition.





The Schlifer Clinic TELL Framework



1. Recognizes that trauma is pervasive in society and that its effects are intersectional.

Trauma-informed approaches are increasingly recognized in the legal and social services sector, but we have a long way to go. At its foundation, the Schlifer TELL framework recognizes that trauma is pervasive in society: trauma affects individuals and communities, it goes unchecked in our institutions, and its impacts can be inter-generational. We also know that the effects of trauma are intersectional: marginalized communities are more likely to experience trauma and experience systemic barriers to support.

Considerations:

- ▶ Institutions, including social service organizations, must recognize the pervasiveness of trauma in society and use that as a starting point.
- ▶ People don't need to prove that they have experienced trauma in order to receive a trauma-informed service, rather, all services should be designed in this way as a fundamental way of organizing our services.
- ▶ Evaluation policies, tools, and practices do not exist outside of this recognition, but must also be designed in trauma-informed ways as a starting point.
- ▶ An intersectional approach to evaluation, learning and leadership design and implementation is a necessary component of a trauma-informed approach.



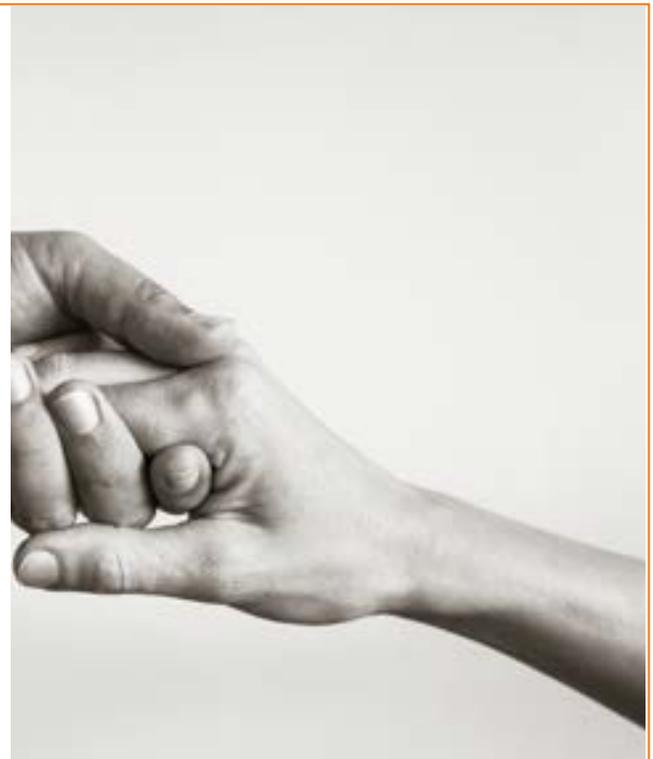


2. Is motivated to advance transformative change in order to heal and prevent trauma and violence at the individual, community, and systemic levels.

Trauma is not inevitable. Rather, we can design in ways that enable healing and work to prevent trauma and violence at multiple levels. When done well, evaluation can help us to understand how our programs and services can advance transformative change. It can also be used to measure the extent to which we are achieving our goals in preventing and addressing forms of trauma and violence, and how we can adapt and grow. But a trauma-informed approach also requires that our evaluation methods are themselves motivated by the same principles. More traditional evaluation approaches tend to assume a neutral or objective stance for evaluators. The focus is often driven by economic principles of productivity, efficiency, and quantifiable impacts. Such an approach is limiting when we consider the realities of trauma, which is complex, dynamic, and deeply-embedded in power relations. The Schlifer TELL framework is motivated to transform and adapt our evaluation methods as our understanding of trauma deepens, and in ways that inspire change both within and outside of evaluation practices.

Considerations:

- ▶ Intentionally work to prevent or mitigate against re-traumatization in how we design and administer evaluation tools.
- ▶ Where appropriate, incorporate opportunities for healing (therapeutic or otherwise) into the design of evaluation activities.
- ▶ Rather than assuming a neutral or objective position, allow for more reflexivity in how we design and evaluate programs and services. This might involve acknowledging our social location, recognizing power relations, and making our political and/or personal motivations for social change transparent.





3. Centres people with lived experience of trauma in evaluation design and implementation.

If we apply the first two principles, then it follows that people with lived experience of trauma should be centred in our evaluation practices i.e. survivor-centred. The Schlifer TELL framework places GBV survivors at the core of how we design and implement evaluation, learning, and leadership, with particular attention to those groups who are disproportionately impacted by trauma and violence in society. We also acknowledge that intersectional approaches require nuance and continual learning and adaptation. We therefore see this process of centering people with lived experience as an on-going practice and are committed to improving our practices to better support diverse communities affected by GBV in all its forms.

Considerations:

- ▶ Recognize that marginalized groups may have traumatic histories with research and evaluation methods, particularly where they have been used to “other” minority groups or justify colonization and oppression.
- ▶ Work to build trust of diverse communities through informed consent, transparent design, and robust ethical practices.
- ▶ Always centre the agency and empowerment of research participants. This is essential for all participants, but especially true for survivors of GBV who may be re-traumatized by practices that do not centre their choices, options, and right to refuse.
- ▶ Proactively design for and address potential concerns around safety, confidentiality and privacy. For example, ensure that you can safely contact survivors for participation in an evaluation without impacting their privacy or exposing them to possible harms.
- ▶ Questions over control over personal data must operate from a recognition of the prevalence of trauma in society and the importance of agency or control over one’s personal data as a key component of safety and healing from trauma.



4. Empowers people with lived experience of trauma in leading or meaningfully informing evaluation policies, tools, and practices.

Survivor-centred evaluation alone is not enough: rather, survivors must be meaningfully consulted in the design and implementation of evaluation policies, tools, and practices. This includes opportunities to lead as well as opportunities to inform and engage.

Engaging people with lived experience also requires a balancing act: we want to make the best use of peoples' time and energy and not place the burden of program development on people who are marginalized. And so, the foundational step in any consultation with survivors is to "do our homework" by learning as much as we can from the data that we already have about survivors' experiences (whether from client data or literature reviews). We can then facilitate a range of consultation spaces and modalities to engage survivors across multiple intersections and capacities.

Considerations:

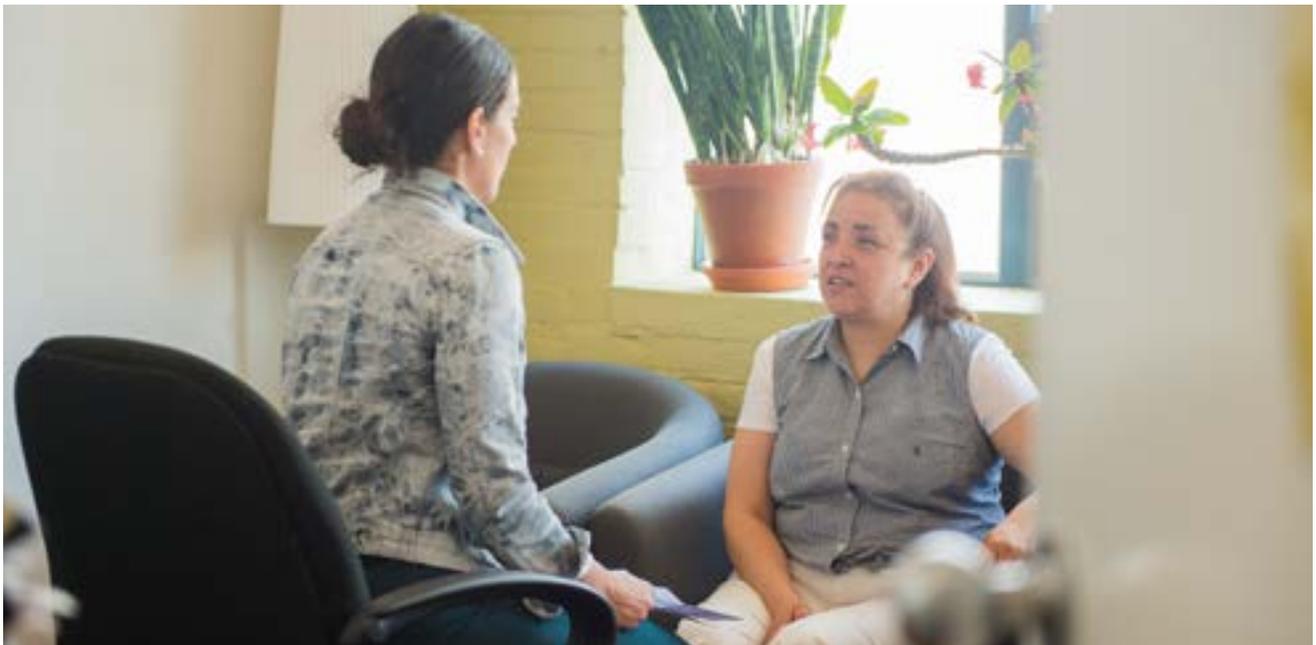
- ▶ Non-intrusive approaches are important to consider in any trauma-informed practice, because we want to make the best use of peoples' time and energy and not place the burden of program development on people who are marginalized. This might include analysing the data we already have in our databases, incorporating data from service providers, and conducting literature reviews.
- ▶ At the same time, we still want to ensure that programs are responsive and informed by survivors at multiple levels and with varying degrees of participation.
- ▶ Remove barriers to participation in consultation with survivors: provide compensation along with access to transportation, childcare, and language interpretation in order to minimize barriers to participation. Consistent with a trauma-informed approach, any engagement with survivors (or service users) addresses issues of confidentiality, informed consent, and access to a registered counsellor and a quiet space for participants who choose to access these supports during or following the sharing of feedback.
- ▶ Enhance the value of engagement for survivors, beyond a one-way extraction of information. Wherever appropriate, include a skill development component for participants in order to enhance the therapeutic value of participation in the activity.



5. Emphasizes transformative learning and collaboration over scarcity and competition.

The reality for non-governmental organizations is that evaluation outcomes are often driven by the priorities of funding organizations rather than being primarily informed from the ground up (i.e. through consultation with affected communities and deeply in line with the organization's vision, mission, and praxis). For organizations like the Schlifer Clinic that are successful in attracting funding from multiple sources (including all levels of government and private foundations/donors), this can lead to complex evaluation processes, where outcomes are measured in distinct ways across different programs and services.

We believe that a more holistic, internally driven focus for evaluation is trauma-informed because it roots performance indicators and measures for success in the needs of service recipients and their communities. Internally-driven evaluation also meets the needs of funders by offering data and approaches that can help inform funding priorities while at the same time reporting on measures that funders may need for their own purposes, especially where there is opportunity for alignment and shared learning.



This framework was developed by Dr. Salina Abji, Evaluation Consultant for the Clinic, in collaboration with Deepa Mattoo, the Clinic's Executive Director.

The framework was designed by Pamela Rice, Communications Manager.

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