



PREV-HED

**Report on Recommendations for Higher Education
Institutions Willing to Implement the PREVHED
Programme Internally**



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Report on Recommendations for Higher Education Institutions Willing to Implement the PREVHED Programme Internally

Practical Guide for Institutional Adoption, Adaptation, and Mainstreaming

Project PREVHED – Prevention of Sexual Violence and Harassment in Higher Education

Erasmus+ Cooperation Partnerships in Higher Education

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List of Acronyms and Abbreviations

CIM / CPVS	Crisis Center for Victims of Sexual Violence (<i>Centro de Crisis / Centro de Información a la Mujer</i>)
DPO	Data Protection Officer
EHEA	European Higher Education Area
EIGE	European Institute for Gender Equality
GDPR	General Data Protection Regulation (Regulation (EU) 2016/679)
GEP	Gender Equality Plan
HEI	Higher Education Institution (<i>Institución de Educación Superior - IES</i>)
IQAS / SGIC	Internal Quality Assurance System (<i>Sistema de Garantía Interna de Calidad</i>)
IRO	International Relations Office
LMS	Learning Management System
MOOC	Massive Open Online Course
OER	Open Educational Resources
PAS / PTGAS	Technical, Administrative, and Support Staff (<i>Personal Técnico, de Gestión y de Administración y Servicios</i>)
PDI	Teaching and Research Staff / Academic Faculty (<i>Personal Docente e Investigador</i>)
PRL	Occupational Risk Prevention (<i>Prevención de Riesgos Laborales</i>)
QR	Quick Response (Code)
RPT	Staff Registry and Organizational Plan (<i>Relación de Puestos de Trabajo</i>)
SRGBV	School-Related Gender-Based Violence
TFGBV	Technology-Facilitated Gender-Based Violence
WHO	World Health Organization
WP	Work Package

1. Executive Summary

The PREVHED project was developed to prevent and counter sexual harassment and gender-based violence across European higher education institutions. Its approach integrates institutional research on existing protocols and good practices, specialized training for university staff, interactive digital tools, psychosocial support and reporting mechanisms, institutional pilot actions, and the formal deployment of campus contact points.

The purpose of this guide is to translate the evidence and lessons learned throughout the project into a structured, operational roadmap for higher education institutions (HEIs) seeking to adopt the PREVHED framework within their specific settings. It serves as a core policy instrument to secure institutional sustainability and long-term transferability after European funding concludes.

Implementing PREVHED cannot be reduced to simply launching an online course. The proposed framework requires universities to orchestrate—proportionately to their scale, resources, and institutional architecture—five foundational pillars comprising a Comprehensive Institutional Prevention and Intervention Framework:

- **Institutional Commitment & Governance:** Enacting formal zero-tolerance policies aligned with European Union directives on gender-based violence, allocating structural funding linked to mandatory institutional Gender Equality Plans (GEPs), and securing visible leadership from rectorates, vice-rectorates, and faculty deans.
- **Capacity Building & Staff Training:** Phased roll-out of the PREVHED curriculum (comprising 6 multilingual modules) linked to recognized professional development credits for academic staff (faculty), administrative/technical support staff, and student leadership (through train-the-trainers programs and peer mediation tracks).
- **Awareness-Raising & Cultural Transformation:** Community-wide awareness campaigns targeting the academic ecosystem, deconstructing institutional and hierarchical power asymmetries (tackling workplace and sexual harassment in

research and doctoral supervision), and establishing student prevention ambassador programs.

- **Reporting, Support & Referral Protocols:** Establishing designated, recognizable Contact Points (integrated into Equality Offices or student welfare services), multi-channel confidential alert pathways, strong protections against retaliation for victims and whistleblowers, and coordinated referral networks with legal, medical, and psychological care units.
- **Monitoring, Evaluation & Continuous Quality Assurance:** Embedding the framework within institutional Internal Quality Assurance Systems (IQAS / SGIC), running periodic campus climate and reporting-gap surveys, conducting procedural audits, and assessing the tangible impact of implemented measures over time.

Pilot evaluations of the PREVHED MOOC confirmed its practical relevance, high perceived utility, and effectiveness across student cohorts, faculty, and administrative staff. To guide implementation, this manual outlines a phased roadmap structured across four successive stages:

Phase 1: Institutional Readiness and Governance

1. **Institutional Diagnosis:** Assessing campus climate, baseline reporting levels, underreporting gaps, existing statutory provisions, and specialized training needs.
2. **Leadership Assignment and Task Force Setup:** Appointing designated institutional coordinators and formalizing a multidisciplinary steering committee (integrating legal counsel, psychosocial specialists, equality officers, and student representatives).
3. **Resource and Procedure Mapping:** Compiling an operational inventory of current protocols, internal support services, and communication channels to eliminate procedural overlaps or jurisdictional voids.

Phase 2: Capacity Building and Infrastructure

4. **Establishment or Integration of the Contact Point:** Setting up or designating an accessible, confidential, and recognizable office or desk within the university organizational structure.

5. **Multi-tier Staff Training:** Delivering specialized first-responder and bystander training to frontline staff, counseling personnel, academic tutors, and administrative officers.
6. **Local Program Adaptation:** Tailoring the PREVHED training curriculum and procedural roadmaps to the linguistic, regulatory, and administrative framework of the host institution.

Phase 3: Deployment, Awareness, and Validation

7. **Institutional Awareness Campaigns:** Launching multi-channel campaigns to ensure that students, researchers, and campus staff clearly recognize support pathways, reporting options, and contact points.
8. **Staged Piloting:** Executing controlled pilot implementations across selected faculties or academic departments to test referral workflows, response times, and user uptake.

Phase 4: Evaluation, Quality Assurance, and Sustainability

9. **Impact Evaluation:** Systematic tracking of performance indicators through mixed-methods evaluation (measuring satisfaction, participation rates, reporting confidence, and referral resolution).
10. **Long-Term Mainstreaming:** Formally embedding the prevention model into the university's permanent governance instruments (institutional GEPs, ordinary operational budgets, and permanent accreditation systems).

2. Purpose, Scope, and Target Audience

2.1. Purpose

The purpose of this guide is to provide concrete operational guidance to enable higher education institutions to adopt, adapt, and institutionalize the core components of the PREVHED program in a manner consistent with their internal structures, national legislation, and resource capacity.

2.2. Scope

- Details a step-by-step institutional implementation sequence.

- Defines foundational prerequisites for institutional readiness, administrative mandate, and governance.
- Specifies operational competencies, ethical boundaries, and referral duties for the PREVHED Contact Point.
- Directs the strategic integration of the MOOC, simulation tools, and pedagogical materials into broader staff development and student onboarding programs.
- Synthesizes empirical findings from multi-country pilots, participant feedback, and transnational good practices identified during the project lifecycle.
- Provides an operational matrix of monitoring indicators, self-assessment checklists, and long-term sustainability benchmarks.

This guide is advisory and does not replace statutory obligations under national law, existing university disciplinary statutes, formal criminal investigation procedures, certified public health/psychological crisis facilities, or the judicial competencies of state authorities.

2.3. Target Audience

This guidance is designed for key institutional actors responsible for building, managing, maintaining, and overseeing safe, equitable, and non-violent academic spaces:

- Institutional Leadership & Governing Bodies: Rectorates, vice-rectorates, and university governing councils with the executive authority to enact binding regulations, allocate core funding, and lead policy commitment.
- Specialized Equity, Diversity, and Inclusion Units: Gender Equality Offices, Diversity & Inclusion Units, and Student Well-being Directorates leading technical coordination and daily implementation.
- Human Resources & Occupational Health Services: Talent Management/HR Directorates and Occupational Risk Prevention Services (*PRL*) responsible for workplace safety, staff codes of conduct, and disciplinary compliance.
- Academic Leadership and Faculty: Academic staff (PDI), heads of department, faculty deans, and degree coordinators who play a frontline role in early identification, power dynamics management, and healthy classroom environments.

- **Specialized Response and Support Personnel:** In-house legal services, campus medical doctors, clinical psychologists, and social workers operating intake, protection, and crisis intervention pathways.
- **Student Services and Residential Life:** Academic advising hubs, student affairs directorates, university residential halls (*colegios mayores* / student dormitories), and extracurricular campus coordinators.
- **International Mobility Offices:** International Relations Offices (IROs) and Erasmus+ coordinators safeguarding and guiding incoming and outgoing exchange students and visiting scholars.
- **Student Representatives & Campus Unions:** Student councils, faculty delegates, and grassroots student associations, essential for peer-to-peer engagement, bystander interventions, and community validation.
- **Institutions with Constrained Dedicated Resources:** Executive teams in smaller institutions, specialized academies, or affiliated colleges lacking dedicated equality directorates, requiring proportional, modular, and scalable operational models.

3. What Implementing PREVHED Means in a Higher Education Institution

For the purposes of this guide, implementing PREVHED means integrating the project's results and tools into a coherent institutional system for prevention, detection, guidance, and capacity building.

Table 1. Core Pillars and Components of the PREVHED Framework

Pillar	Objective	Examples of components
1. Governance and commitment	Ensure leadership, accountability, and continuity.	Institutional sponsorship; operational coordination; multidisciplinary team; integration into existing university policies.
2. Training	Enhance knowledge and practical intervention skills.	PREVHED MOOC; facilitated training sessions; practical case studies; train-the-trainers initiatives.

3. Prevention and awareness	Promote respectful social norms and standards of conduct.	Institutional campaigns; guidance; workshops; active bystander intervention; digital violence prevention.
4. Support and reporting pathways	Facilitate clear access to help, counseling, and referral.	Contact Point; directory of services; referral pathways; clear information on institutional procedures.
5. Digital access and early orientation	Lower barriers to information and streamline connections to specialized staff.	PREVHED Assistant; foundational guidance; initial situation assessment; immediate steps; referral to the Contact Point and internal services.
6. Evaluation and improvement	Verify implementation fidelity, perceived utility, and sustainability.	Monitoring indicators; feedback surveys; annual procedural reviews; continuous updating of materials and protocols.

The empirical findings from the baseline report "Research into existing protocols for the prevention of sexual harassment in higher education institutions and best practices in individualized education" provide the foundational evidence base that theoretically and methodologically validates the core components of PREVHED. This bridges the gap between the transnational literature review, documented best practices, and the operational proposals in this guide:

- Clear policies provide the institutional foundation for implementation. They translate institutional commitment into a formal governance framework by establishing clear rules, responsibilities, decision-making structures and resource allocation. In this way, protocols and procedures are supported by an explicit institutional mandate rather than depending solely on individual initiatives or informal practices.
- Training and awareness activities complement this regulatory foundation by strengthening institutional capacity and contributing to cultural prevention. This includes the technical training required by staff, managers and other relevant professionals, as well as broader and sustained awareness-raising actions aimed at the student community. Together, these measures support both competent institutional responses and longer-term cultural change.

- Support services and reporting procedures should be designed as an integrated structure rather than as separate mechanisms. Intake, active listening, psychosocial support, medical or legal referral, advocacy and reporting pathways need to be coordinated so that individuals can access appropriate assistance without having to navigate fragmented services. This requires clear, accessible and safe routes for communication and referral, with appropriate attention to confidentiality and institutional responsibilities.
- Finally, evaluation mechanisms are necessary to ensure monitoring, accountability and continuous improvement. Institutions should periodically review how their policies, support mechanisms and reporting procedures are functioning, identify gaps and update them where necessary. Where appropriate, this process can be linked to existing internal quality assurance systems and to broader institutional equality frameworks, including Gender Equality Plans.

4. Guiding Principles for Implementation

4.1. Core Principles of the Model

The effectiveness and sustainability of the measures outlined in this guide rely on the following core principles:

- **Whole-Institution Approach:** Prevention and response to violence must not depend on isolated individual goodwill or voluntary efforts. They require an explicit anchor within the institution's governance architecture, sustained by formal statutory policies, dedicated budgets, and executive mandates from university governing bodies.
- **Contextual Adaptation and Scalability:** The framework is not a one-size-fits-all model; it must be calibrated to national legal frameworks, the specific institutional profile (campus-based, distance learning, specialized research institutions), organizational scale, and pre-existing support services.
- **Universal Accessibility and Transparency:** Support infrastructure, reporting pathways, and physical or digital contact points must be clear, identifiable, and understandable to the entire academic community, guaranteeing safe access free of bureaucratic friction.

- **Cross-Sectoral Coordination:** Systematic articulation across gender equality offices, legal services, human resources, occupational health and safety, student welfare, and psychological services, thereby eliminating procedural duplication and operational gaps.
- **Applied and Scenario-Based Training:** Moving beyond theoretical or merely declarative instruction. Capacity-building activities must integrate real-world higher education case studies, analyses of academic power asymmetries, and practical tools for early detection and de-escalation.
- **Intersectional Inclusivity:** Explicit recognition of multiple and intersecting vulnerabilities (such as gender, ethnic background, disability, sexual orientation, socio-economic status, and international exchange status) within communication campaigns, educational materials, and direct intake support.
- **Active Bystander and Collective Duty:** Fostering a non-permissive campus culture, framing prevention not only as an administrative obligation, but also as an active-duty empowering community members to intervene safely when witnessing harassment, microaggressions, or abuses of authority.
- **Data-Driven Iteration and Quality Assurance:** Systematic review based on process and impact metrics, community feedback loops, and ongoing regulatory updates, ensuring that protocols are fully embedded into internal quality assurance systems.

4.2. Theoretical Foundations: The Rationale for a Comprehensive, Whole-Institution Approach

Recent European academic literature and policy frameworks highlight a necessary paradigm shift: moving away from reactive, isolated interventions toward integrated institutional frameworks. The European UniSAFE project proposes the "7P" framework—Prevalence, Prevention, Protection, Prosecution/Procedures, Provision of services, Partnerships, and Policy—as a structured model to prevent institutional responses to gender-based violence from becoming fragmented across uncoordinated university units. Its guidance toolkit for higher education institutions and research organizations emphasizes the need to weave together clear policies, operational procedures, professional support services, continuous training, dedicated resources,

multi-stakeholder partnerships, and systematic evaluation (Mergaert, Linková & Strid, 2023; UniSAFE, 2024).

This systemic perspective is directly applicable to PREVHED. The establishment of "Purple Points" (*Puntos Lilas/Violetas*) represents a highly visible element of the model, but it must not be treated as a standalone substitute for the broader institutional response. A Purple Point's operational efficacy depends entirely on its structural link to university policy, qualified personnel, professional counseling services, and transparent referral routes. In practical terms, Purple Points function as accessible frontline entry points into an overarching institutional architecture rather than as isolated structures.

A structural transformation approach is likewise embedded in the European Institute for Gender Equality's GEAR tool (Gender Equality in Academia and Research). GEAR recommends establishing an institutional baseline assessment, securing leadership commitment, setting priority intervention areas, allocating adequate human and financial resources, and establishing long-term monitoring mechanisms. Although GEAR addresses Gender Equality Plans broadly, its implementation logic aligns closely with the PREVHED framework: measures achieve true institutional sustainability when embedded into permanent administrative structures, annual planning cycles, and clear statutory responsibilities, rather than relying on short-lived ad-hoc campaigns or temporary project funding.

Research into prevention of sexual violence also cautions against relying solely on brief, purely informative interventions. The systematic review conducted by DeGue et al. (2014), which examined 140 evaluations of primary prevention strategies, revealed that much of the available literature has focused on short psychoeducational programs aimed at altering individual awareness or attitudes, with little empirical evidence demonstrating actual reductions in perpetration. For this guide, the lesson is not that educational programs lack value, but that training must be positioned within a wider, multifaceted strategy that changes institutional practices, peer norms, organizational contexts, and overall university response capacity.

5. Institutional Readiness Assessment

Prior to deploying PREVHED, institutions are advised to conduct a concise baseline assessment to identify existing structures, determine operational gaps, and pinpoint elements that can be integrated without duplicating efforts.

Table 2. Institutional Readiness and Diagnostic Assessment Matrix

Area	Diagnostic Questions	Evidentiary Sources to Review
Governance	Is there a designated unit or individual responsible? Is there explicit backing from the rectorate or executive leadership?	Organizational charts, executive resolutions, strategic plans.
Policies	Are there statutory policies addressing sexual harassment, gender-based violence, discrimination, or staff and student conduct?	Institutional protocols, codes of conduct, gender equality plans (GEPs).
Procedures	Are reporting, formal complaint, and case referral pathways clearly defined?	Process workflows, intake forms, web portals, internal operating procedures.
Support Services	What internal or external psychological, medical, legal, or social support is accessible?	Service portfolios, agreements or memoranda of understanding with external providers.
Training	Which campus groups have received previous prevention or intervention training?	Annual staff development plans, training attendance records.
Communication	Does the university community know where to seek help and guidance?	Institutional website, awareness campaigns, welcome and induction packages.

Digital Violence	Do existing policies and prevention efforts explicitly cover technology-facilitated violence and online harassment?	Harassment protocols, awareness materials, IT acceptable use policies.
Evaluation	Are quantitative and qualitative data systematically collected regarding activities, service utilization, and community perception?	Annual monitoring reports, campus climate surveys, institutional indicators.

6. Implementation Roadmap

Step 1. Securing Institutional Commitment and Governance

- Identify an institutional executive sponsor within university governing bodies (rectorate or vice-rectorate).
- Formally designate a coordinating unit responsible for operational deployment.
- Define operational objectives, target groups, allocated budgetary resources, and an execution timeline.
- Plan the medium- and long-term organizational and financial sustainability of the program beyond the initial pilot or European funding phase.

Step 2. Mapping Structures, Procedures, and Resources

- Compile an inventory of internal regulatory frameworks, active protocols, and division of responsibilities.
- Catalog on-campus support services and external partnership agreements (medical, psychological, and legal aid).
- Conduct a gap analysis to identify procedural overlaps, uncovered areas, or operational bottlenecks.
- Explicitly document referral pathways, intake criteria, and the operational boundaries of each participating service.

Step 3. Establishing or Integrating Purple Points and Contact Desks

- Designate and train the team assigned to this reference desk.
- Formalize the institutional mandate, operational remit, functional boundaries, and inter-service coordination protocols.
- Set up secure, confidential access channels and define standardized criteria for initial screening and case referral.
- Ensure omni-channel visibility across both physical campuses and university digital portals.

Step 4. Capacity Building for Institutional Actors

- Deploy the PREVHED MOOC as a common, mandatory baseline covering conceptual, ethical, and legal frameworks.
- Deliver applied in-person or synchronous workshops using contextualized case-study methodologies.
- Stratify learning pathways according to institutional roles and responsibilities (leadership, academic staff, technical and administrative staff, and student bodies).
- Train staff in the practical handling of the institution's actual reporting workflows and procedural roadmaps.

Step 5. Adapting Communication and Awareness-Raising

- Tailor the communicative tone, practical scenarios, visual resources, and legal citations to the local linguistic and statutory environment.
- Segment institutional messaging according to the distinct realities of students and university employees.
- Widely disseminate information on the physical location, operating hours, and access mechanisms for the contact point and support network.
- Promote awareness initiatives anchored in collective community responsibility and active bystander intervention strategies.

Step 6. Conducting an Internal Pilot

- Select a defined and representative pilot environment (such as specific faculties, departments, or campus locations).

- Track and evaluate the pilot using mixed-methods assessment tools (gathering qualitative feedback and quantitative metrics).
- Identify friction points in interdepartmental coordination, misunderstandings regarding referral pathways, or service overload.
- Adjust digital tools, procedural guides, and operating protocols prior to institution-wide scale-up.

Step 7. Mainstreaming and Continuous Quality Improvement

- Embed operational duties into the official organizational chart and ordinary budget cycles, linking them directly to the institutional Gender Equality Plan (GEP).
- Implement a monitoring matrix with clear indicators measuring process fidelity, service quality, and community impact.
- Schedule regular audits and peer reviews to assess the ongoing performance of the model.
- Continuously update legal references, internal protocols, and external referral directories to ensure ongoing legal and operational validity

7. Creation and Operation of Purple Points

The establishment of Purple Points (*Puntos Lilas/Violetas*) constitutes a core institutional transfer deliverable within the project framework. The model offers organizational flexibility so that each higher education institution (HEI) can determine its structural integration:

- **Organizational arrangement:** It can be designed as a newly established unit or configured as a specialized service embedded within existing administrative structures (such as equality bodies, counseling and psychosocial welfare units, or competent vice-rectorates).
- **Minimum qualified staffing:** It must be staffed by a minimum of three individuals who have formally completed the train-the-trainers curriculum provided by the consortium.

7.1. Recommended Functions (Scope of Work)

- First-level institutional information: Providing guidance on active statutory regulations, internal protocols, community rights, and the catalogue of support resources available within the university and the local community.
- Safe, non-revictimizing first contact and active listening: Offering an empathetic, confidential intake space and initial orientation, operating strictly within the boundaries of the team's accredited technical competencies.
- Assisted, traceable case referral: Swiftly directing cases toward specialized internal services (psychological support, medical care, legal counseling) or specialized external resources within the public network.
- Community-based awareness and primary prevention: Organizing campus-wide initiatives aimed at shifting institutional culture, promoting respectful norms, and making unacceptable behaviors visible.
- Promotion of the PREVHED ecosystem: Serving as a dissemination hub for the multilingual MOOC, the PREVHED Assistant, and continuous professional development materials.
- Identification of capacity-building needs: Detecting procedural gaps, emerging training demands, and critical friction points across the academic community.
- Process monitoring and reporting: Participating in institutional tracking and providing data for monitoring matrices without collecting or storing unnecessary sensitive personal data.

7.2. Competence Boundaries and Operational Limits

To prevent legal liability, secondary victimization, and malpractice, the institution must explicitly define the operational boundaries of Purple Point personnel, unless they hold an explicit statutory mandate and accredited professional licensing:

- No substitution of specialized professional services: Under no circumstances does the service replace clinical psychotherapy, forensic medical examination, or formal legal representation.

- Separation from formal disciplinary procedures: It does not conduct formal investigative inquiries, collect formal evidence, or execute disciplinary sanctions, which remain the exclusive responsibility of statutory investigative bodies.
- Informed (non-absolute) confidentiality: Transparently informing service users about the ethical and legal limits of confidentiality, particularly regarding situations of imminent danger to life, public offenses, or mandatory statutory reporting requirements.
- Exclusion of inappropriate mediation: Strictly refraining from informal mediation or conciliation in situations involving sexual violence, sexual harassment, or gender-based abuse, where inherent power imbalances render conciliation invalid and hazardous.
- Strict data protection governance (GDPR): Prohibiting the unauthorized gathering, archiving, or sharing of personal or sensitive identifiable case records outside authorized, secure institutional data registers.

7.3. Composition and Recommended Profiles

The operational team should maintain a multidisciplinary composition to ensure balanced competencies and cross-departmental dialogue:

Table 3. Institutional Profiles and Core Competencies for Purple Point Staff

Institutional Profile	Core Competency Contribution to the Purple Point
Equality / Diversity Units	Technical expertise in gender-based violence, gender mainstreaming, and intersectional approaches.
Student Affairs / Academic Advising	Proximity to campus daily life, student interaction codes, and university life dynamics.
Human Resources / Occupational Health (PRL)	Knowledge of psychosocial risk assessment and disciplinary protocols applicable to academic and administrative personnel.
Student Welfare and Psychological Services	Protocols for non-revictimizing active listening, psychological first aid, and crisis stabilization.

Legal Services	Regulatory criteria regarding statutory deadlines, legal classification of offenses, and institutional legal duties.
International Relations Offices (Erasmus+)	Contextualized guidance addressing language barriers, residence permits, and administrative specificities of international cohorts.
Trained Academic Staff / Faculty	Early identification of power abuse dynamics within teaching, doctoral supervision, and research teams.

7.4. What a Purple Point Contributes to a Higher Education

Purple Points deserve specific consideration within the PREVHED framework because they condense core project principles into a physical mechanism that is immediately identifiable to the academic community. Because there is no single standardized European model under this name, each HEI must tailor the terminology, format, and functions to its institutional setting. They offer a practical mechanism to link primary prevention, safe intake, protocol navigation, and immediate access to specialized support.

These points are neither mere informational desks nor symbolic campaign displays. Their value lies in making an operational institutional system visible on the ground. To ensure institutional credibility, attending personnel must be clear on their operational limits, know what information they are authorized to disclose, understand crisis intervention protocols, and master formal referral routes. Similarly, a visible point loses efficacy if the university lacks operational reporting workflows, professional support resources, and trained response staff.

Purple Points simultaneously fulfill three core functions:

- **Preventive function (Institutional Culture and Norm-Setting):** Making visible the university's zero-tolerance policy against sexual harassment and gender-based violence. It serves as a campus anchor for open dialogue on affirmative consent, boundary setting, technology-facilitated gender-based violence (TFGBV), academic power hierarchies, and active bystander intervention.
- **Pedagogical function (Knowledge Transfer and Campus Practice):** Serving as the practical anchor where the theoretical concepts introduced in the MOOC translate into campus realities. It converts abstract institutional rules into tangible

behavioral guidelines during everyday campus life, social gatherings, laboratory work, and classrooms.

- **Low-threshold access and referral function:** Functioning as an accessible entry point that dismantles administrative hurdles and institutional distrust. It closes the gap between an initial concern or vulnerable situation and specialized institutional care (psychological, healthcare, legal, or disciplinary), without requiring the immediate filing of a formal complaint.

Their community-based dimension is particularly relevant. Models incorporating student brigades or trained peer ambassadors empower the campus community as active prevention agents. However, this involvement must never replace professional roles or transfer institutional obligations onto students. Student participation helps detect access barriers, identify inaccessible language, and reinforce active bystander norms, provided it is supported by rigorous training, supervision, and clear boundaries.

The literature on bystander intervention offers an empirical rationale for this community approach. The systematic review by Kettrey, Marx, and Tanner-Smith (2019), examining 27 high-quality studies, demonstrated consistent positive effects of bystander programs on intervention behavior and bystander self-efficacy, although it did not observe significant standalone reductions in overall sexual assault perpetration rates. Likewise, evaluations of programs such as Green Dot have demonstrated associations between bystander training, decreased acceptance of rape myths, and increased bystander intervention behaviors (Coker et al., 2011). PREVHED integrates this approach as a necessary lever for cultural change, which must remain backed by formal disciplinary mechanisms, statutory protocols, and accessible professional care services.

7.5. Operational Delivery Formats

Depending on institutional needs and calendar requirements, Purple Points can be organized across multiple operational formats:

Table 4. Operational Formats and Minimum Delivery Requirements for Purple Points

Delivery Format	Practical Application	Minimum Prerequisites	Operational
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Permanent Helpdesk	Located within an identifiable, accessible physical facility on campus.	Accredited personnel, defined opening hours, and direct integration into university reporting protocols.
Event-Based Temporary Point	Deployed during student welcome weeks, campus festivals, sporting events, or cultural gatherings.	Event-specific response protocols, identifiable staff, and direct emergency coordination pathways.
Roving / Mobile Brigade	Mobile teams deployed in high-density social areas or evening gatherings.	Practical bystander and crisis training, direct supervision, visual identification, and clear operational boundaries.
Decentralized Information Stand	Informational boards, permanent signage, or physical material displays across faculties and academic buildings.	Standardized and updated information, QR codes linking to institutional reporting portals, and universal accessibility.
Associated Digital Channel	University web portal, secure email, instant messaging, or dedicated intake software.	Clear channel governance, GDPR compliance, documented response times, and clear notices on procedural workflows.

7.6. Operational Design Guidelines

- Procedural readiness over visibility: Institutional reporting pathways, specialized support units, and inter-agency referral agreements must be fully established before launching physical points. Visibility without real response capacity increases the risk of secondary victimization and institutional mistrust.
- Culturally adapted terminology: Universities should adopt names that carry legitimacy within their institutional culture (such as Purple Point, Punto Lila, Safe Point, or Equality Desk), accompanied by clear explanations of its remit.

- Clear procedural separation: Drawing a transparent distinction between providing initial information, confidential orientation, specialized psychosocial/legal care, and lodging a formal administrative or disciplinary complaint.
- Scenario-based training and simulations: Equipping all staff and student brigades through practical simulations, real-world case analysis, and active bystander techniques, with strong emphasis on ethical boundaries.
- Documented critical referral pathways: Maintaining an updated decision-tree protocol directing users toward internal resources (medical, psychological, legal) and external emergency infrastructure (hospitals, 24-hour crisis centers, specialized police units).
- Tailored night-time and leisure protocols: Establishing protocols for university festivals and social gatherings, focusing on acute crisis de-escalation, suspected chemical submission, and life-threatening emergencies.
- Comprehensive thematic coverage: Addressing sexual violence, gender-based harassment, and technology-facilitated gender-based violence (TFGBV) as interconnected manifestations of abuse.
- Inclusive and intersectional outreach: Designing multilingual, physically accessible, and sensory-adapted communication materials that reflect the diversity of the university community.
- Quality- and trust-centered evaluation: Tracking both interaction volumes and qualitative indicators, including user comprehension of reporting routes, the appropriateness of referrals, and perceived trust in institutional mechanisms.

8. PREVHED Assistant: Orientation Chatbot and Digital Access Gateway

The chatbot is a core deliverable of the original PREVHED work program rather than an ancillary technical feature. The tool is publicly accessible as the PREVHED Assistant at <https://chat.prevhed.eu/>. Providing a dedicated digital interface incorporates an alternative entry gateway alongside structured training and physical helpdesks. For certain individuals, consulting a digital tool initially may present fewer barriers than visiting an office in person, describing an experience face-to-face, or initiating a formal procedure. However, this potential utility must be framed with operational prudence: the chatbot provides automated orientation, foundational information, and triage guidance, but it does not replace professional personnel, established protocols, specialized clinical or legal services, or formal institutional procedures.

8.1. Why a Conversational Interface Can Be Useful in Sensitive Situations

The architecture of the PREVHED digital assistant deliberately avoids techno-solutionist assumptions or attempts at clinical automation, grounding itself instead in empirical literature on technology-mediated disclosure:

Research on conversational agents highlights clear rationales for exploring digital tools in contexts involving the disclosure of sensitive experiences, though this evidence must be interpreted cautiously and cannot be applied uncritically to PREVHED. Park and Lee (2021), in a qualitative co-design study involving 19 sexual assault survivors and 17 professional advocates, observed that many participating survivors reported experiencing less emotional burden when communicating their experiences to a conversational agent than to a human professional. While this study does not suggest that a chatbot is preferable for everyone or capable of replacing human care, it demonstrates that perceived anonymity, personal control over conversational pacing, and reduced fear of immediate negative judgment represent meaningful design variables.

Furthermore, an established operational precedent exists within the European Higher Education Area. The #MeTooMaastricht initiative developed a chatbot designed to assist survivors of sexual harassment in locating appropriate support bodies and structuring initial incident records. This experience is particularly instructive for PREVHED because

it demonstrates that conversational technology operates most effectively as an interface between the user and an institutional support network, rather than as an autonomous intake or counseling service.

Broader empirical research on self-disclosure to conversational agents remains nuanced. Croes, Antheunis, Van der Lee, and de Wit (2024) found that users do not necessarily disclose more intimate information to a chatbot than to a human interlocutor, although system attributes such as convenience, 24/7 accessibility, perceived anonymity, and the absence of interpersonal judgment significantly increase willingness to utilize such systems. The PREVHED Assistant therefore represents an additional digital entry door that expands access pathways, empowering individuals to determine how and when to seek initial guidance.

8.2. Integration with Purple Points and Institutional Contact Desks

The chatbot and physical Purple Points or Contact Points address distinct access barriers and consequently reinforce one another. Physical points provide human presence, institutional visibility, empathetic active listening, and contextualized case referral. Conversely, the chatbot provides immediate digital availability, situational privacy during consultation, and rapid access to structured information. Neither component should be conceived as a substitute for the other.

Table 5. Entry Gateways into the Institutional Support Ecosystem

Entry Gateway	Primary Strength	Operational	Designated Destination	Institutional
PREVHED MOOC	Knowledge acquisition and capacity building prior to the emergence of a specific crisis or incident.		Shared understanding of statutory concepts, community duties, institutional resources, and reporting protocols.	
PREVHED Assistant	Immediate, barrier-free digital access to confidential information and early situational orientation.		Designated Contact Point, Purple Point, specialized on-campus welfare units, or formal reporting channels.	
Purple Points / Contact Points	Identifiable human contact, confidential active listening,		Psychological counseling, university medical units, legal	

	immediate psychological first aid, and assisted referral.	advisors, equality offices, human resources, or statutory bodies.
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This multi-entry architecture enables users to navigate the institutional system through varied pathways. For instance, a student or staff member may learn about available resources through the MOOC, privately consult the PREVHED Assistant to clarify concerns, and subsequently approach a Purple Point or equality office for in-person support. The trajectory can also operate in reverse: staff at a physical Purple Point can direct an individual to the chatbot as an informational reference available outside office hours, provided its functional limits are clearly explained.

8.3. Institutional Conditions for Integrating the PREVHED Assistant

Simply embedding a web link to the chatbot on an institutional homepage does not constitute adequate implementation. Any higher education institution wishing to integrate the PREVHED Assistant must verify beforehand that all contact details, referral routes, and regulatory descriptions provided by the tool are accurate, accessible, updated, and consistent with local university procedures. The utility of an orientation tool is directly contingent upon the operational quality of the institutional support network to which it connects.

Table 6. Institutional Verification and Implementation Requirements for the PREVHED Assistant

Requirement Area	Verification Question for the HEI	Recommended Implementation Action
Institutional ownership	Which unit holds formal administrative responsibility for the digital tool and its localized content?	Officially designate a managing unit (such as the Gender Equality Office or competent Vice-Rectorate) and appoint a technical contact officer for system maintenance.
Updated directory data	Are all internal directories, hyperlinks, telephone extensions, physical office locations, and operating hours accurate and current?	Establish a mandatory review protocol (conducted every six to twelve months) and require immediate updates whenever internal services or procedures are modified.

Guaranteed human pathways	Is there an accessible, operational human service available to receive users referred by the assistant?	Prohibit deploying the chatbot as a standalone or exclusive intake mechanism; ensure clear, prominent links to human contact points and specialized staff.
Explicit functional boundaries	Does the user understand the operational scope and technical limits of the assistant prior to interaction?	Display a mandatory introductory disclaimer clarifying its informational nature and explicitly stating what it cannot do (no forensic investigation, no formal complaint intake, no therapy).
Emergency protocols	What immediate response pathway is triggered in cases involving acute physical danger, imminent violence, or severe crisis?	Integrate visible priority prompts directing users to national emergency numbers (e.g., 112, 24/7 crisis hotlines) and local university medical or security desks.
Regulatory and contextual adaptation	Do the legal terms, behavioral definitions, and administrative pathways match national legislation and institutional statutes?	Have the university legal counsel review all terminology and procedural paths before public launch to avoid jurisdictional errors or contradictions.
Universal accessibility and inclusion	Can the tool be operated autonomously by all members of the academic community?	Verify compatibility with screen readers, provide multilingual interfaces (supporting international exchange cohorts), and employ plain, diversity-sensitive language.
Usability and impact tracking	Is the tool systematically evaluated to ensure it remains clear, accurate, and helpful for users?	Collect anonymized usability metrics and conduct periodic user-testing sessions with diverse control groups across student and staff profiles.

8.4. A User-Centered, Trauma-Informed Approach

Recent literature on conversational agents in mental health and trauma-related contexts underscores the importance of foundational principles such as safety, transparency, autonomy, user choice, cultural sensitivity, and explicit clarity regarding system capabilities and limitations. Although PREVHED is not a therapeutic instrument and must not be assessed as such, these principles provide a valuable human-centered design framework for technology that may be accessed by individuals who have experienced sexual or gender-based violence.

A trauma-informed interaction model must avoid coercing users into providing unnecessary details, allow users to retain full control over conversational pacing and depth, employ non-stigmatizing and non-blaming language, offer supportive options rather than directive mandates, and guarantee immediate, visible pathways to human support. The scoping review by Kollig et al. (2026) on conversational agents through a trauma-informed care lens identifies safety, trust, transparency, peer support, collaboration, empowerment, voice and choice, and attention to cultural, historical, and gender dimensions as essential benchmark principles for evaluating these systems. While this body of research informs system architecture, it does not constitute clinical validation of the PREVHED Assistant.

8.5. Operational Limits and Implementation Risks to Communicate

Integrating a conversational agent into sensitive institutional domains requires avoiding two opposing pitfalls: presenting the tool as an autonomous technological solution capable of independently managing disclosures of violence, or reducing it to a merely decorative web widget. Its actual utility lies in a well-defined, intermediate function: delivering accessible, low-barrier orientation and connecting users to qualified professionals and statutory services.

Table 7. Risk Factors, Institutional Impacts, and Mitigation Measures in Chatbot Deployment

Risk Factor	Institutional and Relational Impact	Institutional Mitigation Measure
Confusion with professional intervention	Users may assume they are receiving clinical psychological first aid, specialized crisis	Display unambiguous upfront disclaimers stating that the conversational agent does not

	stabilization, or formal legal advice.	provide clinical diagnoses, psychological therapy, or formal legal counsel.
Confusion with formal reporting	Users may mistakenly believe that disclosing information to the chatbot initiates an official disciplinary inquiry or legal complaint.	Explicitly clarify procedural boundaries, detailing what constitutes an informal exploratory inquiry versus an official institutional or legal report.
Outdated referral data and directories	Providing inactive phone numbers, obsolete office locations, or outdated protocols increases secondary victimization and damages institutional trust.	Mandate systematic reviews (conducted every six to twelve months) and assign formal administrative responsibility for directory maintenance.
Digital divide and technological dependency	Relying exclusively on digital interfaces excludes individuals who lack digital literacy or who prefer direct, in-person communication.	Ensure and visibly promote accessible in-person, telephone, and offline support options on equal terms across campus.
Processing limitations in complex scenarios	Automated natural language processing may fail to capture subtle linguistic nuances, sarcasm, implicit threats, or acute psychiatric crises.	Program fail-safe fallback responses that immediately route the conversation to human hotlines and crisis contacts upon detecting risk keywords.
Privacy breaches and sensitive data exposure	Users may input personally identifiable information or traumatic narratives that carry legal risks and stigma if improperly handled.	Implement technical anonymization protocols that prevent the logging of identifying data, publish clear privacy notices, and maintain strict GDPR compliance.

Research on conversational agents in sensitive settings consistently highlights critical ethical considerations surrounding confidentiality, data privacy, safety, risk of harm, algorithmic transparency, institutional accountability, and user trust (Rahsepar Meadi et al., 2025). Scoping reviews on conversational AI in mental health identify data protection, confidentiality, and the mitigation of psychological harm as the most prominent ethical concerns in current scholarship. Similarly, the World Health Organization (WHO) emphasizes the necessity of rigorous governance, system transparency, privacy preservation, risk assessment, and continuous human oversight when deploying artificial intelligence in health- and well-being-related contexts.

While the PREVHED Assistant is not a healthcare tool, these ethical benchmarks offer essential operational guidance for higher education institutions. HEIs must explicitly document system scope, functional boundaries, seamless human escalation pathways, administrative maintenance duties, and data governance standards governing user interactions.

8.6. Evaluating the Chatbot within the PREVHED Framework

Evaluating the chatbot must look beyond quantitative traffic metrics, such as total conversation volume. For a first-contact orientation gateway, evaluation must measure whether users understand the guidance provided, locate appropriate campus services, and clearly perceive their available options following interaction. Because the PREVHED project incorporates qualitative and external evaluations of its digital tools, these findings can be directly transferred to adopting HEIs.

Table 8. Core Evaluation Dimensions and Indicators for the PREVHED Assistant

Evaluation Dimension	Core Diagnostic Questions and Indicators
System accessibility	Is the assistant prominently located and easy to launch across institutional web portals? Does it operate reliably in all target languages?
User comprehension	Does the user easily understand the information provided, terminology used, and recommended procedural steps?
Orientation accuracy	Do the suggested institutional resources and external referrals correspond accurately to the specific concerns expressed?

User agency and control	Does the interface provide flexible branching options, allowing users to pause, exit, or change communication pathways without friction?
Perceived trust and safety	Does the user understand system boundaries, feel treated with dignity, and perceive interactions as secure and non-judgmental?
Human referral connectivity	Can users transition smoothly and directly from automated chatbot interaction to a human contact point or professional support service?
Information currency	Are all institutional contact details, operating hours, internal policies, and external resources fully up to date?
Continuous improvement	Do recurring user navigation bottlenecks or recurring thematic queries lead to documented refinements in system pathways and campus policies?

8.7. Literature Informing the Development of the PREVHED Assistant

Empirical scholarship specifically examining conversational agents in the context of sexual and gender-based violence remains emerging. To guide responsible implementation without overstating existing evidence, HEIs can draw on four complementary research streams: survivor-centered design methodologies; European campus-based harassment chatbot implementations; empirical findings on self-disclosure, perceived anonymity, and non-judgmental interfaces; and trauma-informed design frameworks addressing data privacy, safety, and escalation to human professionals.

Table 9. Key Scientific References Informing the Design of the PREVHED Assistant

Scientific Reference	Methodological Contribution to the PREVHED Model
Park, H., & Lee, J. (2021). Designing a Conversational Agent for Sexual Assault Survivors. <i>Proceedings of the 2021 CHI Conference on Human Factors in Computing</i>	Qualitative co-design involving survivors and professional advocates;

<p><i>Systems</i>, 1–17. https://doi.org/10.1145/3411764.3445133</p>	<p>examines disclosure burden and proposes survivor-centered interaction designs.</p>
<p>Bauer, T., et al. (2020). #MeTooMaastricht: Building a Chatbot to Assist Survivors of Sexual Harassment. In <i>HCI International 2020 – Late Breaking Papers: Multimodality and Natural Language</i>, LNCS 12425, Springer. https://doi.org/10.1007/978-3-030-43823-4_41</p>	<p>Higher education case study within the EHEA designed to direct survivors toward relevant institutional bodies and structure initial incident records.</p>
<p>Croes, E., et al. (2024). Digital Confessions: The Willingness to Disclose Intimate Information to a Chatbot and Its Impact on Emotional Well-Being. <i>Interacting with Computers</i>, 36(5), 279–292. https://doi.org/10.1093/iwc/iwae016</p>	<p>Examines the assumption that chatbots automatically elicit deeper self-disclosure, analyzing the mediating roles of accessibility, perceived anonymity, and empathy.</p>
<p>Kollig, F., et al. (2026). Current Landscape of Mental Health Conversational Agents From a Trauma-Informed Care Lens: Scoping Review. <i>JMIR Mental Health</i>, 13, e77876. https://doi.org/10.2196/77876</p>	<p>Synthesizes principles of safety, transparency, autonomy, collaboration, user choice, and cultural sensitivity for conversational systems deployed in sensitive domains.</p>

9. Training and Capacity Building

9.1. Utilization of the PREVHED MOOC

Pilot evaluations concluded that the MOOC is relevant and valuable for a broad higher education audience, effectively enhancing awareness of sexual and gender-based violence, improving comprehension of institutional responsibilities and procedures, and increasing confidence in recognizing and responding to problematic behaviors. Nevertheless, these findings represent formative qualitative and pilot evidence gathered from an exploratory trial and must not be presented as statistically generalizable conclusions.

9.2. Methodological Recommendations

Institutional implementation should combine self-paced online learning with facilitated sessions where participants apply core concepts to real-world cases, internal procedures, and ethical dilemmas native to their own institution.

Table 10. Recommended Training Formats and Learning Objectives by Target Profile

Target Profile	Core Training Objective	Recommended Format	Delivery
Institutional leadership	Understand governance obligations, administrative accountability, and necessary resource allocation.	Concise executive briefing combined with institutional decision-making case scenarios.	
Academic staff (faculty)	Identify warning signs, understand professional boundaries, and navigate institutional reporting pathways.	Core MOOC completion, contextualized case scenarios, and internal protocol reviews.	
Administrative and support staff	Provide appropriate frontline orientation and prevent ad-hoc or uncoordinated responses.	Core MOOC completion, practical referral route mapping, and response exercises.	

Contact Point team	Develop competencies in initial active listening, case intake, triage, and multi-agency coordination.	Extended specialized training, practical scenario simulations, and peer supervision.
Students and student representatives	Understand community rights, campus support resources, affirmative consent, and active bystander intervention.	Selected MOOC modules, interactive workshops, and targeted peer-to-peer campaigns.

9.3. Transitioning from Awareness to Applied Learning

A recurring finding across both the PREVHED pilot evaluations and the wider prevention literature is the distinct operational gap between possessing abstract knowledge and knowing how to act. An individual may easily memorize definitions of harassment or identify the theoretical tenets of consent, yet remain paralyzed when a student discloses an assault, when an ambiguous behavior occurs among peers, or when an academic supervisor receives information that legally triggers institutional action. Consequently, capacity building must center on decision-making under uncertainty rather than passive content absorption.

Practical training scenarios should connect directly with the operational realities of campus intake mechanisms, such as Purple Points. Practical exercises must address questions such as: What exact steps must a student brigade member take if someone seeks help during a night-time campus event? What specific intake details may be recorded? How is survivor agency preserved without imposing decisions? Under what conditions must emergency protocols be activated immediately? To which specialized office should the case be handed over the following morning? Practicing these specific workflows trains boundaries, cross-service coordination, and critical judgment without turning non-specialized participants into clinical counselors.

The systematic review by DeGue et al. (2014) reinforces the necessity of moving beyond short-term psychoeducational lectures, while empirical evidence synthesized by Kettrey et al. (2019) confirms that structured active bystander programs significantly increase intervention self-efficacy and real-world helping behavior. Taken together, these

contributions justify a PREVHED pedagogical model that integrates conceptual knowledge, behavioral skills practice, simulated scenario testing, and deep alignment with institutional procedures.

10. Prevention, Awareness-Raising, and Institutional Communication

Project research confirms that multi-channel communication campaigns, interactive workshops, continuous staff learning programs, and visible on-campus information desks constitute core, recurring pillars across effective higher education prevention frameworks. Institutional messaging must link directly to tangible, functioning services rather than remaining confined to aspirational or generic slogans.

10.1. Priority Content Areas

- Plain-language definitions and clear categorization of unacceptable and prohibited conduct.
- Affirmative consent, interpersonal boundaries, and managing academic relationships marked by power asymmetries.
- Technology-facilitated sexual harassment, digital abuse, and cyberstalking within university networks.
- Concrete strategies for safe and effective active bystander intervention.
- Precise, unambiguous directions on where to access confidential guidance and emergency assistance.
- Clear explanations of institutional pathways, articulating the purpose, scope, and differences between informal guidance and formal complaints.
- Transparent information regarding data confidentiality, whistleblower protection, and statutory service limits.
- Specialized external resources, including healthcare networks, crisis centers, and legal aid desks.

10.2. Strategic Institutional Milestones

- Welcome weeks and orientation programs for incoming undergraduate and postgraduate students.
- Induction and onboarding packages for newly recruited academic, administrative, and research staff.
- Specialized training sessions for university leadership, department heads, and student union officers.
- Pre-departure and arrival briefings for international exchange students and mobile researchers (such as Erasmus+ cohorts).
- Institutional equality, well-being, and campus safety weeks (including key dates such as November 25 and March 8).
- Regular statutory review cycles for internal protocols, equality plans, and welfare services.

10.3. Institutional Visibility as a Pillar of Primary Prevention

Institutional visibility fulfills a protective function that extends far beyond simple publicity. When a higher education institution makes its contact points, formal protocols, support networks, and behavioral expectations prominent, it reduces ambiguity regarding where to seek help and signals that violence prevention is part of ordinary university governance. Within this framework, physical helpdesks such as Purple Points (*Puntos Lilas/Violetas*) provide an effective intervention by translating abstract institutional commitments into an identifiable, reassuring physical presence across campuses.

Nevertheless, physical and digital visibility must align with operational response capacity. Research, including European initiatives like UniSAFE, emphasizes the necessity of clear, transparent procedures for reporting and addressing misconduct, supported by executive leadership and resourced with trained personnel. Consequently, any institutional awareness initiative should be audited against the following baseline operational questions:

- Does the advertised support service exist in reality, and is it operational?
- Who handles incoming disclosures, and what are the mandatory response timelines?

- What concrete procedural sequence can a reporting individual expect immediately after initial contact?
- What ongoing academic, psychological, and workplace accommodations will be provided if an individual chooses not to proceed with a formal disciplinary complaint?

Addressing these operational questions ensures that institutional communication fosters authentic trust rather than projecting unsubstantiated commitments.

11. Support, Referral, and Reporting/Notification Mechanisms

Institutional implementation must maintain a clear operational distinction between initial guidance, specialized support, informal incident disclosure, formal administrative complaints, and disciplinary or judicial proceedings. Because legal definitions, procedural designations, and legal outcomes depend on national statutory frameworks and internal university regulations, each pathway must be legally validated at the local institutional level.

Table 11. Operational Decision Matrix for Support, Referral, and Reporting

Operational Element	Guiding Question	Decision to Formalize and Document
First-contact guidance	Who receives and handles an initial inquiry?	Designated staff or units, office hours, and physical or digital intake channels.
Specialized support	Where are individuals referred for psychological, medical, or legal assistance?	Internal university services and external partner facilities, including contact protocols.
Internal disclosure / alert	Is there a dedicated channel to disclose or report an incident?	Purpose of the channel, confidentiality safeguards, and data processing procedures.
Formal complaint	What specific act triggers a formal institutional procedure?	Competent authority, statutory guarantees, and procedural due process.

Emergency response	How does the institution act in scenarios of immediate physical danger?	Crisis intervention protocols and direct coordination with emergency public services.
Follow-up and case tracking	Who verifies whether a referral has functioned effectively?	Designated tracking unit, procedural responsibilities, and limits of case follow-up.

12. Monitoring, Evaluation, and Continuous Improvement

Evaluating the PREVHED framework must not be limited to verifying the formal execution of scheduled activities; it must systematically measure whether actions are clear, accessible, pedagogically sound, and effective for the entire university community. To embed a culture of continuous quality improvement, higher education institutions should implement a multi-tier evaluation framework combining quantitative and qualitative methodologies through baseline diagnostic assessments (ex-ante) and post-training evaluations (ex-post).

12.1. Implementation and Coverage Indicators

- Disaggregated training reach: Total volume of participants completing the training pathways or the MOOC, stratified by profile (students, academic staff/faculty, administrative and technical support staff, and university governance leadership).
- Scope of awareness-raising initiatives: Typology, frequency, and attendance numbers across workshops, institutional campaigns, and in-person or virtual training sessions.
- Contact Point operational capacity: Formal statutory recognition, staffing continuity, and dedicated team allocation within the university organizational structure.
- Accessibility and visibility of resources: Public availability of institutional protocols, action guides, orientation/reporting chatbots, and informational materials on institutional web portals.

- Internal network coordination: Number of academic faculties, student welfare units, and psychological/medical services formally integrated into the referral and care circuit.

12.2. Quality and Perceived Learning Indicators

- Pedagogical relevance and satisfaction: Qualitative and quantitative evaluation of training modules, assessing practical applicability and interactive design through post-training satisfaction surveys.
- Procedural clarity: Perceived clarity and intelligibility attributed by the university community to reporting channels, action protocols, and institutional standards.
- Self-efficacy and action preparedness: Confidence gained by staff and students in recognizing sexual and gender-based violence (particularly in digital environments or ambiguous grey areas) and acting without causing secondary victimization.
- Methodological effectiveness: Participant evaluation of applied pedagogical dynamics (real-world case studies, mediation simulations, World Café participatory workshops, and interactive self-assessments).
- Universal accessibility: Level of adaptation and accessibility of digital platforms and physical desks for individuals with specific needs or linguistic barriers.

12.3. Institutional Maturity and Sustainability Indicators

- Community awareness rate: Percentage of students and staff who are aware of the Contact Point, confidential consultation channels, and formal reporting mechanisms.
- Referral circuit efficiency: Coordinated operation and response between frontline intake desks and internal or external specialized services, respecting established response timelines.
- Statutory monitoring and regulatory compliance: Regular updating of internal protocols, codes of conduct, and legal guides in accordance with evolving national and European legislation.

- Structural institutionalization: Mandatory inclusion of the prevention model within institutional Gender Equality Plans (GEPs), strategic plans, and standard university operational budgets.

12.4. Specific Evaluation of Purple Points

The evaluation of physical Purple Points (*Puntos Lilas/Violetas*)—whether permanent or temporary—must integrate quantitative operational data with qualitative assessments regarding institutional trust, campus safety, and accessibility:

- Reach and activity data: Statistical records of informational materials distributed, volume of informational inquiries received, and frontline support interventions completed during campus events.
- Core conceptual distinction: Interaction metrics recorded at a Purple Point must not be interpreted as a direct indicator of the prevalence or incidence of sexual violence; rather, they reflect institutional visibility, service proximity, and community trust.
- Brigade training and performance: Standardized post-training competence assessments and satisfaction surveys completed by volunteer brigades following specialized instruction (covering sexual violence, active bystander intervention, and role boundaries).
- Institutional learning and operational audits:
 - Do Purple Point volunteers recognize their operational boundaries to avoid secondary victimization or overstepping into forensic, legal, or clinical roles?
 - Are referrals to psychosocial support services or equality units executed swiftly and effectively?
 - Does operational tracking identify specific time windows, unsafe campus locations (poorly lit areas), or vulnerable groups facing reporting barriers?

This approach aligns with the self-assessment framework promoted by European benchmarks such as UniSAFE and GenderSAFE, approaching evaluation not as an isolated administrative exercise, but as a recurring diagnostic cycle that identifies institutional gaps, consolidates effective practices, and tracks institutional progress over time (Polykarpou et al., 2023).

13. Sustainability and Institutionalization

Long-term sustainability is an explicit, core objective of the PREVHED model. Under the consortium agreement, partner institutions formally commit to maintaining, utilizing, and mainstreaming project results for a minimum period of five years following the end of the EU funding cycle. This commitment obliges higher education institutions to keep the Contact Point active, ensure free and open public access to the MOOC and its Open Educational Resources (OER), and conduct a comprehensive regulatory and operational review of all curricula and protocols five years post-deployment.

13.1. Operational Prerequisites for Sustainability

- **Formal institutional ownership:** Assigning program governance to a recognized administrative department with structural authority (such as Vice-Rectorates for Equality, Campus Life, Student Affairs, or Human Resources and Occupational Safety).
- **Team resilience and staff rotation:** Mitigating dependence on individual champions by establishing a core reference team of at least two to three trained professionals, supported by formal handover and substitution protocols.
- **Continuous succession training:** Integrating train-the-trainers programs and PREVHED onboarding modules into mandatory professional development plans for academic staff (faculty) and technical, administrative, and support staff.
- **Visibility and maintenance of contact desks:** Preserving physical signage and updated digital directories for the Contact Point, ensuring operational response channels.
- **Statutory and referral maintenance:** Annually auditing national statutory developments, EU directives, and external cooperation agreements (medical, psychological, and legal aid) to keep referral routes active and legally sound.
- **Open access and content licensing:** Preserving all guides, toolkits, and training courses in open university repositories under OER licenses, facilitating educational reuse in line with Erasmus+ guidelines.

- Transition to core operational budgets: Allocating regular financial and human resources within core university budgets, gradually decoupling operational costs from initial EU grant funding.
- Structured review cycles: Implementing an annual review of performance indicators and scheduling a complete curricular and technological update five years after institutional launch.

13.2. Verifiable Criteria of Institutionalization

- Formal statutory integration: Prevention, support, and case-intake duties are explicitly recognized within university organizational statutes or official job descriptions.
- Integration into accredited staff training: The PREVHED MOOC is permanently embedded into the institution's catalog of recognized professional development courses, offering accredited teaching hours or credits.
- Institutionalized onboarding: Educational prevention modules are permanently integrated into official student welcome weeks and staff induction programs.
- Formalization of procedures: Internal reporting protocols, referral workflows, and urgent interim protection measures are formally approved by the University Governing Council.
- Operational and financial independence: Maintenance of digital platforms, chatbots, and physical Purple Point equipment is financed directly through core university budgets.
- Documented annual reporting: The institution publishes an annual monitoring report on gender-based violence prevention and systematically applies continuous self-assessment protocols.

14. Implementation Risks and Preventative Measures Matrix

Deploying a comprehensive prevention model can produce operational friction if actions are conducted in isolation. The following matrix details the primary implementation risks documented in the literature and institutional pilots, outlining their potential consequences and recommended preventative measures:

Table 12. Implementation Risks, Potential Consequences, and Recommended Preventative Measures

Implementation Risk	Potential Consequence	Recommended Preventative Measure
Reducing PREVHED to the MOOC alone	Training becomes an abstract theoretical exercise disconnected from local referral workflows and tangible campus services.	Mandate structural links between educational content, institutional reporting procedures, the Contact Point, and support units.
Establishing a Contact Point without an official mandate	Role ambiguity, legal uncertainty for staff, and distrust or frustration among reporting individuals.	Formally approve and publish the unit's terms of reference, detailing functions, operational limits, workflows, and confidentiality rules.
Delivering training without mapped referral routes	The campus community learns to recognize risks but lacks safe guidance on where and how to direct affected individuals.	Pre-map and pilot test clear internal and external referral directories for each type of incident and level of urgency.
Promoting reporting channels without clarifying subsequent steps	Generates unrealistic expectations, increases fear of retaliation, and discourages reporting due to procedural opacity.	Publish accessible procedural guides outlining response times, data anonymization safeguards, and options when formal complaints are declined.
Adopting external legal frameworks without local statutory adaptation	Disseminates inapplicable criminal, disciplinary, or labor concepts, leading to procedural errors or legally invalid actions.	Require institutional legal counsel to review and validate all instructional content and operational protocols prior to release.

Focusing prevention exclusively on victim self-protection	Shifts responsibility onto affected individuals (secondary victimization), disregarding community responsibility and systemic causes.	Balance curricula with modules addressing affirmative consent, power asymmetries, institutional accountability, and active bystander intervention.
Relying on a single project champion	High operational vulnerability; actions stall or collapse following staff turnover, leaves of absence, or governance changes.	Establish a multidisciplinary coordination team (minimum of 2–3 trained staff members), document workflows, and define succession plans.
Collecting sensitive disclosures without data governance	Severe breaches of data protection laws (GDPR), loss of confidentiality, and potential exposure of affected individuals.	Implement end-to-end data anonymization protocols across reporting channels and submit all data handling procedures to the institutional DPO.
Omitting ongoing monitoring and evaluation	Institutional blindness toward procedural bottlenecks, hidden barriers to support, or emerging patterns of harm (e.g., online harassment).	Define a baseline indicator framework from project launch and schedule annual operational reviews and quality audits.

15. Institutional Implementation Checklist

This checklist enables university leadership and equality bodies to audit the institution's state of readiness before, during, and after the deployment of the PREVHED model.

Table 13. Institutional Readiness and Implementation Verification Checklist

Area	Status	Verification Criterion	Evidentiary Basis and Notes
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Governance	[]	An administrative unit has been formally appointed to lead the program (Equality Office, Vice-Rectorate, etc.).	Responsible unit/body: _____
Governance	[]	There is explicit, formal endorsement from university executive leadership (Rectorate / Governing Council).	Endorsement document/resolution: _____
Governance	[]	A coordinating officer or steering committee with formally recognized workload allocation has been designated.	Appointed coordinator/role: _____
Governance	[]	An execution timeline and a baseline core budget ensuring human and technical sustainability have been approved.	Budget allocation/resources: _____
Policies and regulatory framework	[]	Institutional codes of conduct, disciplinary regulations, and anti-harassment protocols have been audited.	Date of latest statutory review: _____

Policies and regulatory framework	[]	Informal guidance, psychosocial care, early alert/notification, and formal complaint pathways are clearly separated.	Reference operational protocol: _____
Policies and regulatory framework	[]	Departmental remits, maximum response times, and duties of professional secrecy are documented in writing.	Standard operating procedure: _____
Policies and regulatory framework	[]	Regulatory terminology and procedural workflows have been validated by institutional legal counsel under national law.	Legal validation report: _____
Contact Point	[]	Structural arrangement is formally resolved (established as a new unit or integrated into an existing service).	Campus location/administrative anchor: _____
Contact Point	[]	The designated core team (minimum of 3 staff members) has completed specialized train-the-trainers instruction.	Certified team members: _____

Contact Point	[]	Intake duties, non-judicial/non-clinical operational boundaries, and deontological codes are set in writing.	Terms of reference document: _____
Contact Point	[]	Physical and digital intake channels, secure email, and office hours are prominent, accessible, and confidential.	Active intake channels: _____
Contact Point	[]	A formal referral directory linking on-campus services (psychological, medical) and external agencies is operational.	Active inter-agency agreements: _____
Training plan	[]	Target groups and quantitative capacity-building benchmarks have been defined (students, faculty, staff, leadership).	Target cohort numbers: _____
Training plan	[]	The MOOC curriculum is supplemented with applied, interactive workshops (case studies, World Café, role-play).	Workshop delivery schedule: _____

Training plan	[]	Case studies, practical dilemmas, and scenarios are tailored to the institution's socio-academic reality.	Contextualized materials catalog: _____
Training plan	[]	Standardized baseline (pre-test) and post-training (post-test) evaluation instruments are deployed systematically.	Survey/assessment tool: _____
Awareness-raising and visibility	[]	The campus community receives clear, unambiguous guidance on where and how to access confidential assistance.	Active awareness campaigns: _____
Awareness-raising and visibility	[]	Information materials and digital platforms meet universal accessibility standards (plain language, sensory adaptations).	Accessibility audit standards: _____
Awareness-raising and visibility	[]	Institutional messaging explicitly addresses affirmative consent, power asymmetries, and	Priority themes covered: _____

		active bystander intervention.	
Awareness-raising and visibility	[]	Technology-facilitated gender-based violence (TFGBV), digital harassment, and social media abuse are addressed.	Digital safety guides/modules: _____
Digital assistant / Chatbot	[]	The digital tool (PREVHED Assistant) displays prominent disclaimers regarding its informational role and limits.	System disclaimer notice: _____
Digital assistant / Chatbot	[]	Reporting pathways, telephone contacts, and web directories suggested by the chatbot have been verified.	Technical verification date: _____
Digital assistant / Chatbot	[]	Direct, prominent alternatives to connect with human professionals are available for users who decline chatbot use.	Human escalation gateway: _____

Digital assistant / Chatbot	[]	The architecture enforces strict technical anonymization, preventing the logging of identifying personal data.	GDPR compliance sign-off: _____
Evaluation and sustainability	[]	A tracking and monitoring indicator framework assessing coverage, quality, and community impact has been established.	Monitoring framework document: _____
Evaluation and sustainability	[]	An annual review cycle is scheduled to audit the performance of referral routes and physical Purple Points.	Scheduled audit date: _____
Evaluation and sustainability	[]	Prevention training modules are permanently integrated into student welcome weeks and staff induction programs.	Onboarding regulatory mechanism: _____
Evaluation and sustainability	[]	A staff succession and rotation plan is in place to avoid operational dependency on single individuals.	Staffing continuity plan: _____

Evaluation and sustainability	[]	The institution formalizes its commitment to maintain open resources, platforms, and contact desks for at least 5 years.	Institutional sustainability pledge: _____
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15. Twelve-Month Operational Action Plan for Implementation

A structured bi-monthly implementation schedule designed to steer phased institutional adoption, ensuring regulatory validation, prior capacity building, and long-term organizational anchoring.

Table 14. Phased Twelve-Month Implementation Schedule

Period	Phase and Core Objectives	Key Operational Actions	Expected Milestone / Deliverable
Months 1–2	Phase 1: Institutional Commitment and Readiness Diagnostic <ul style="list-style-type: none"> Secure executive leadership endorsement. Identify pre-existing assets, operational gaps, and barriers. 	<ul style="list-style-type: none"> Approval of the rectoral resolution formally adopting the PREVHED framework. Formal establishment of the institutional coordination team and cross-departmental working group. Comprehensive audit of current protocols, health units, counseling centers, and local public resources. Initial baseline survey assessing campus 	<ul style="list-style-type: none"> Statutory executive act establishing the implementation task force. Baseline diagnostic report and comprehensive resource/referral map.

		climate, training needs, and reporting barriers.	
Months 3–4	<p>Phase 2: Local Adaptation and Technical Design</p> <ul style="list-style-type: none"> Align the framework with university statutes and national law. Structure physical and digital intake points. 	<ul style="list-style-type: none"> Definition of structural location, staff profiles, and administrative mandate of the Contact Point. Review and legal validation of instructional curricula and referral pathways by university legal counsel. Local configuration of the PREVHED Assistant: embedding local hotlines, emergency contacts, and GDPR notices. Formulation of the operational deployment plan for campus Purple Points during academic events. 	<ul style="list-style-type: none"> Contact Point standard operating procedures and referral protocol manual. Fully localized, legally validated PREVHED Assistant chatbot.
Months 5–6	<p>Phase 3: Capacity Building for Core Teams and Multipliers</p> <ul style="list-style-type: none"> Train the operational core handling intake and mediation. 	<ul style="list-style-type: none"> Delivery of the specialized Train-the-Trainers intensive workshop for Contact Point officers and brigades. Deployment of the PREVHED MOOC for 	<ul style="list-style-type: none"> Core multidisciplinary team (minimum 3 staff) certified for Contact Point operations. First cohort of university staff certified through the online training platform.

	<ul style="list-style-type: none"> • Test pedagogical materials with pilot groups. 	<p>pilot cohorts of academic staff and administrative officers.</p> <ul style="list-style-type: none"> • Interactive workshops: real-world case simulations, trauma-informed active listening, and World Café dialogues. • Briefings for campus security guards, student union leadership, and peer mentors. 	
Months 7–8	<p>Phase 4: Operational Piloting and Community Validation</p> <ul style="list-style-type: none"> • Test procedures within a controlled campus setting. • Assess user experience, reporting friction, and trust. 	<ul style="list-style-type: none"> • Phased opening of the Contact Point for confidential inquiries and orientation. • Pilot launch of the PREVHED Assistant on selected web sub-portals, assessing human referral workflows. • Multi-stakeholder feedback workshops with staff and student cohorts to evaluate service clarity. • Deployment of a pilot Purple Point during campus festivals, sports days, or orientation fairs. 	<ul style="list-style-type: none"> • Pilot evaluation report identifying procedural bottlenecks and corrective recommendations. • Consolidated operational feedback registry.

		<ul style="list-style-type: none"> • Systematic administration of usability questionnaires and reporting-gap assessments. 	
Months 9–10	<p>Phase 5: Procedural Refinement, Full Roll-Out, and Communication</p> <ul style="list-style-type: none"> • Scale up the prevention model across all campuses. • Launch institutional visibility campaigns. 	<ul style="list-style-type: none"> • Technical and procedural calibration of the chatbot, referral guides, and training modules based on pilot data. • Publication of intake desks, reporting routes, and rights charters on primary university web domains. • Campus-wide awareness campaigns centering on consent, power hierarchies, and active bystander intervention. • Mandatory incorporation of prevention briefings into Welcome Days and new staff onboarding programs. 	<ul style="list-style-type: none"> • Fully operational network of physical Contact Points and Purple Points across all campuses. • Multi-channel awareness campaign deployed university-wide.
Months 11–12	<p>Phase 6: Institutional Evaluation,</p>	<ul style="list-style-type: none"> • Compilation of performance metrics (trained staff/students, intake volume, chatbot 	<ul style="list-style-type: none"> • Annual institutional monitoring and evaluation report.

	<p>Accountability, and Sustainability</p> <ul style="list-style-type: none"> • Audit first-year performance metrics. • Secure long-term institutional continuity. 	<p>usage, user trust ratings).</p> <ul style="list-style-type: none"> • Annual accountability review with university leadership, benchmarking progress against UniSAFE standards. • Complete technical verification of chatbot referral links, contact directories, and external partner agreements. • Approval of the annual operational plan and transition of funding into the university's permanent operating budget. 	<ul style="list-style-type: none"> • Formal 5-year institutional sustainability plan ratified by the Governing Council.
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16. Conclusions

Transferring the PREVHED framework to higher education institutions requires moving decisively from a project-based product approach to a systemic institutional logic. The MOOC curriculum, documented good practices, train-the-trainers models, physical Purple Points, and the PREVHED Assistant deliver real impact only when embedded within a unified architecture of institutional governance, primary prevention, specialized care, transparent referral, and ongoing quality assurance.

Empirical findings from consortium pilots confirm the practical value of the program as a capacity-building instrument while demonstrating that implementation must emphasize scenario-based, localized, inclusive, and comparative methodologies. Institutional sustainability depends on the structural assignment of administrative responsibilities, regular regulatory updates, and the permanent integration of prevention workflows into the ordinary governance instruments of the university.

Consequently, an institution seeking to implement PREVHED must begin by evaluating its existing capacity, clearly defining administrative duties, training key community actors, ensuring accessible reporting and support pathways, seamlessly connecting physical and digital intake gateways, piloting procedures, and establishing recurring review mechanisms. The objective is not to duplicate a rigid, uniform model, but to adapt and embed the core components of the project responsibly, sustainably, and effectively within each institutional context.

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Annex A.

Institutional Diagnostic and Self-Assessment Form

Diagnostic tool designed for the institutional coordinating team to analyze existing university capacity, identifying operational strengths, procedural gaps, and priority actions prior to full-scale deployment.

Table 15. Institutional Diagnostic and Baseline Assessment Matrix

Institutional Dimension	Current Situation (Description)	Identified Strengths	Gaps / Critical Vulnerabilities	Immediate Priority Action
Governance and leadership				Appoint a designated coordinating committee and record formal executive commitment in official minutes.
Policies and codes of conduct				Harmonize statutory definitions of sexual harassment, gender-based violence, and hazing.
Contact Point				Formalize the operational intake mandate and train a core team of at least 3 staff members.

Communication and reporting channels				Establish confidential/anonymous alert pathways clearly distinguished from formal complaints.
Digital tools / Chatbot				Localize and adapt the PREVHED Assistant to match university resources and referral routes.
Psychosocial and medical support				Map internal psychological services and establish formal emergency referral agreements.
Legal advisory and investigation services				Clarify the role and procedural boundaries of legal counsel under domestic statutory frameworks.
Disciplinary framework and procedural safeguards				Establish maximum response timelines and clear non-retaliation protections for victims and whistleblowers.
Staff training plans (Academic and administrative staff)				Integrate the 6-module PREVHED MOOC into accredited professional development schemes.

Student awareness and campus life				Design interactive workshops for Welcome Days and establish student prevention ambassador tracks.
Cyber-violence and digital environments				Approve institutional guidelines addressing non-consensual image sharing, cyberstalking, and deepfakes.
Physical campus environment and Purple Points				Audit campus lighting/safety hotspots and schedule temporary Purple Points for major events.
Coordination with external community networks				Sign formal inter-agency protocols with specialized public crisis centers and police services.
Evaluation, data governance, and privacy				Implement secure, anonymized case registries and an annual monitoring indicator framework (GDPR).

Annex B.

Operational Design Template for Purple Points

Technical specification sheet designed to document the formal institutional arrangement, ethical boundaries, and operational workflows of the campus reference desk.

Table 16. Operational Design Template for Purple Points and Contact Desks

Design Parameter	Institutional Operational Specification
Official service designation	(e.g., PREVHED Contact Point - Campus Equality and Well-Being Desk)
Administrative parent unit	(Vice-Rectorate with authority over equality, student welfare, health, or campus life)
Institutional lead / Coordinator	(Name, academic qualifications, official post, and weekly workload allocation)
Core team composition (minimum 3 staff members)	(Names, designated roles, and multidisciplinary profiles: psychological, legal, social, or administrative)
Accredited specialized training	(Completion of the PREVHED Train-the-Trainers Academy / Full PREVHED MOOC certification)
Core functions and operational remit	<ul style="list-style-type: none"> • Immediate active listening, safe intake, and confidential orientation. • Technical guidance regarding available internal and external reporting pathways. • Coordinated activation of interim protective measures and supportive accommodations. • Operational oversight and supervision of on-campus Purple Points and student brigades.
Operational boundaries / Explicitly excluded functions	<ul style="list-style-type: none"> • Does not conduct formal disciplinary investigations or issue administrative sanctions.

	<ul style="list-style-type: none"> • Does not provide clinical psychotherapy, forensic medical evaluations, or legal representation. • Does not override survivor agency or mandate the filing of formal complaints.
Intake channels and accessibility	In-person reception in a guaranteed private room, secure email, encrypted messaging, and web/chatbot access.
Service hours and availability schedule	(Standard direct intake hours, appointment scheduling system, and on-call arrangements during major campus events)
Integration with the digital assistant (PREVHED Assistant)	(Automated procedural workflow enabling chatbot users to request direct handover to a trained human officer)
Internal referral routes	Campus health and psychological counseling units, disciplinary inspectorates, and student welfare services.
External partner resources and emergency desks	Specialized sexual violence crisis centers (CIM/CPVS), professional associations, courts, and 24/7 national hotlines.
Critical emergency response protocol	Immediate coordination procedure with university security personnel and direct escalation to emergency services (112/police).
Privacy governance and non-retaliation protections	Strict technical anonymization, professional secrecy, informed consent, and enforceable whistleblower safeguards.
Communication and visibility strategy	Permanent campus signage, distinct Purple Point banners, and prominent positioning across the intranet and student guides.

Annual audit and procedural review	Annual joint evaluation reviewing response times, referral resolution rates, and contact directory updates.
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Annex C.

Monitoring, Indicators, and Continuous Improvement Matrix

Systematic monitoring framework designed to assess the reach, pedagogical quality, and operational effectiveness of the PREVHED model across the university community.

Table 17. Multi-Tier Institutional Monitoring and Quality Assurance Matrix

Dimension	Key Indicator	Evidentiary Source	Frequency	Responsible Unit	Current Status / Notes
Training coverage	Number of individuals completing the MOOC or workshops (disaggregated by faculty, administrative staff, students, leadership).	LMS learning records / Training platform logs.	Biannual	Staff Training Office / Equality Unit	
Pedagogical quality	Level of user satisfaction, practical relevance, and acquired self-efficacy	Standardized exit surveys following each workshop or module.	Continuous (post-activity)	Training instructors / Module leads	

	(Target: $\geq 7/10$).				
Learning impact (Pre/Post)	Percentage increase in capacity to identify subtle/digital harassment and execute active bystander intervention.	Integrated baseline (ex-ante) and completion (ex-post) questionnaires.	Per cohort	Unit Evaluation Officer	
Contact Point performance	Number of orientation inquiries handled, average response times, and channel accessibility.	Confidential activity logs (anonymized data registries).	Quarterly	Contact Point operational team	
Referral resolution	Percentage of cases successfully connected to internal psychological, legal, or external support services.	Referral traceability audits (omitting personal identifiers).	Biannual	Contact Point Lead / Coordinator	

Digital interaction (Chatbot)	Number of sessions initiated, common thematic categories consulted, and handovers executed toward human staff.	Web platform analytics (anonymized system metrics).	Biannual	University IT / Institutional Communications	
Purple Points	Number of points deployed during events, educational materials distributed, and frontline contacts made by brigades.	Brigade event debrief reports and volunteer surveys.	Post-event	Campus Life / Purple Point Coordination	
Campus climate and trust	Percentage of students and staff aware of where to seek help, confidentiality limits, and anti-	Annual institutional equality and campus climate survey.	Annual	Equality Observatory / Vice-Rectorate	

	retaliation rules.				
Sustainability and updates	Statutory review of internal protocols, active web links, external partner agreements, and allocated core funding.	Annual sustainability checklist and internal audit report.	Annual	Steering Committee / University Leadership	