

GENDER-BASED VIOLENCE, SEXUAL ASSAULT AND SEXUAL HARASSMENT POLICY

Purpose

Asia Pacific International College Pty Ltd (APIC), Higher Education Leadership Institute Pty Ltd (HELI), and ECA Higher Education Institute Pty Ltd trading as ECA College of Health Sciences (CHS) are each separately registered higher education providers. In this Policy, APIC, HELI and CHS are each referred to as a 'Provider' and collectively as the 'Providers'.

This Policy establishes common principles and minimum requirements across the Providers. Each Provider remains separately accountable for its own compliance, records, governance assurance, Prevention and Response Plan, Outcomes Framework, data collection and regulatory reporting, even where systems, resources, personnel or activities are shared.

Each Provider is committed to places of study and work where people are safe, respected and able to participate without fear of gender-based violence, sexual assault or sexual harassment. These behaviours are unacceptable. A person who seeks help or shares an experience will be treated with care, listened to and connected with appropriate support. Where a formal report is made, the relevant Provider will respond fairly, safely and without undue delay.

This Policy supports compliance with the National Higher Education Code to Prevent and Respond to Gender-based Violence 2025 (National Code), and the positive duty under the Sex Discrimination Act 1984 (Cth). The Policy also supports each Provider to meet its positive duty to take reasonable and proportionate measures to eliminate, as far as possible, sex discrimination in a work context, sexual harassment connected with work, sex-based harassment connected with work, conduct creating a workplace environment that is hostile on the ground of sex, and related victimisation.

This Policy must be read in conjunction with the GBV/SASH Response and Resolution Procedure and the relevant Provider's publicly available GBV/SASH Support and Reporting webpage, which set out the operational reporting channels, support services and response processes.

Unless the context indicates otherwise, a reference to gender-based violence in this Policy includes sexual assault, sexual harassment, sex-based harassment and other forms of sexual violence.

Scope

This Policy applies to students, staff, members of governing bodies and committees, contractors, subcontractors, consultants, volunteers, visitors, affiliated organisations and any person or entity carrying out activities on behalf of the Provider. For this purpose, staff is interpreted broadly and includes workers within the meaning used in work health and safety legislation.

It applies where conduct occurs in, or has a sufficient connection with, study, work or participation in the Provider's community. Relevant settings include:

- campuses, offices and other facilities used by the Provider;
- online, digital and technology-enabled environments, including learning platforms, email, messaging services and social media;
- teaching, research, work integrated learning, professional experience, placement and practicum activities;
- Provider-related travel, events, clubs, social activities and off-campus functions;
- activities delivered by partners, contractors, agents, service providers or affiliated organisations; and
- conduct outside of authorised Provider activities where it affects the safety, wellbeing, study, employment or participation of students or staff, or where the respondent is a student or staff member.

The Provider will provide or facilitate access to support for a student or staff member who experiences gender-based violence, sexual assault or sexual harassment, regardless of where the conduct occurred or whether the person who used violence has a connection with the Provider. The Provider's ability to investigate or impose sanctions may be limited where the respondent is not a member of the Provider's community, but this will not prevent support, risk management or action through contractual and external pathways.

The Providers do not own, operate, manage or control student accommodation. Each Provider will maintain a documented assessment of any accommodation provider, service or platform that it lists, promotes, recommends or refers students to, in

order to determine whether the arrangement creates controlled or affiliated student accommodation for the purposes of the National Code.

The Providers may provide students with general information about independently arranging accommodation but will not list, promote or recommend a particular student accommodation provider, reserve accommodation places, enter into referral or service arrangements, or authorise an accommodation provider to use Provider branding without first assessing the proposed arrangement against Standard 7 of the National Code.

Before any Provider enters into, promotes or approves an accommodation arrangement, the Responsible Officer must confirm whether the arrangement would create controlled or affiliated student accommodation and ensure that all applicable National Code requirements are met before the arrangement commences.

Principles

Safety and wellbeing

The physical, psychological and emotional safety of students and staff is the first consideration. The Provider may act immediately to address an urgent risk and may put temporary safety measures in place while a matter is assessed or investigated. Interim measures will be reviewed as circumstances change and will not, of themselves, be treated as a finding of misconduct.

Person-centred and trauma-informed practice

Responses will place the discloser's needs, dignity and preferences at the centre of decision-making. Staff will explain available choices, avoid unnecessary repetition of a person's account and take reasonable steps to reduce the risk of re-traumatisation. The Provider will genuinely consider a discloser's wishes, while recognising that action may sometimes be required to protect the discloser or other members of the community.

Inclusion, accessibility and cultural safety

Gender-based violence can be experienced differently and can be compounded by discrimination, inequality, language barriers, disability, visa status, financial dependence and other power imbalances. Prevention and response arrangements will be accessible, culturally responsive and attentive to the needs of women, Aboriginal and Torres Strait Islander people, culturally and linguistically diverse communities, international students, people with disability, and people of diverse sexual orientation, sex characteristics and gender identity.

Choice, agency and timely information

A person making a disclosure will be given clear information about support, safety options, reporting pathways and the possible consequences of each option. They will not be pressured to make a formal report or a police report. Their views will be sought and considered throughout any process that follows.

Fairness and accountability

The Provider will act impartially and provide procedural fairness. Respondents will be treated respectfully, informed of the substance of allegations put to them and given a reasonable opportunity to respond. Decisions will be made by people who are appropriately trained and free from actual or perceived conflicts of interest. Where conduct is substantiated, outcomes and sanctions will be proportionate to the conduct and the risks identified.

Privacy, confidentiality and transparency

Personal information will be shared only where reasonably necessary to provide support, manage safety, conduct a fair process, meet a legal obligation or provide de-identified governance and regulatory reporting. The Provider will explain the limits of confidentiality and, wherever possible, tell the person affected before information is shared.

Prevention, consultation and continuous improvement

The Providers recognise that gender-based violence can be prevented. Their approach will be evidence-informed and developed through meaningful engagement with students, staff, people who have experienced gender-based violence, disproportionately affected groups and people with specialist expertise. Prevention will be embedded across governance, work health and safety, teaching, people practices, facilities, service delivery, partnerships and organisational culture. Data, evaluation and feedback will be used to assess effectiveness and drive continuous improvement.

Policy

Unacceptable conduct and shared responsibility

Gender-based violence, sexual assault, sexual harassment, sex-based harassment, sex discrimination in a work context, conduct creating a workplace environment that is hostile on the ground of sex, and related victimisation are prohibited. They may constitute serious misconduct and may also breach discrimination, employment, work health and safety or criminal law.

A workplace environment may be hostile on the ground of sex where conduct within the environment is offensive, intimidating or humiliating because of sex, even where it is not directed at a particular person. Conduct may be a single incident or a pattern over time and may occur in person or through technology. A person's intent does not determine whether conduct is unacceptable; its nature, context, impact and surrounding circumstances will be considered.

Each Provider will take reasonable and proportionate measures to eliminate relevant unlawful conduct as far as possible, rather than relying only on complaint handling after conduct has occurred.

Gender-based violence

Gender-based violence is broader than sexual assault and sexual harassment. It includes physical or non-physical violence, harassment, abuse or threats based on gender that cause, or are likely to cause, harm, coercion, control, fear or loss of liberty or autonomy. It may occur between people of any gender and may be linked to sex, gender identity, gender expression or perceived gender.

Examples may include, but are not limited to:

- family and domestic violence, coercive control and financial or reproductive abuse;
- stalking, intimidation and repeated unwanted contact;
- technology-facilitated abuse, image-based abuse, sexual extortion and online threats;
- physical or sexual violence, threats of violence and damage to property used to frighten or control a person;
- homophobic, biphobic, transphobic or intersex-based abuse; and
- conduct that exploits a power imbalance or seeks to punish a person for not conforming to gender expectations.

Drivers and contributing factors

Gender-based violence is driven by gender inequality and can be enabled or reinforced by unequal power, the condoning or normalisation of violence, rigid gender roles and stereotypes, disrespect towards women and gender-diverse people, and cultures that discourage people from raising concerns or seeking help.

The risk or impact of gender-based violence may be increased by:

- supervisory, academic, financial or institutional power imbalances;
- intersecting discrimination associated with race, disability, sexuality, gender identity, age, religion, migration or visa status;
- social isolation, financial dependence or insecure employment;
- working or studying alone, after hours, online or away from a usual campus;
- placements, practicums, fieldwork, travel and third-party delivery arrangements;
- alcohol or drug use within social environments;
- cultures in which sexist, sexualised or discriminatory conduct is tolerated or minimised; and
- uncertainty about reporting, confidentiality, support or the consequences of speaking up.

The Providers will address these drivers and contributing factors through leadership, education, consultation, risk management, work and study design, policy, support services and accountability measures.

Sexual harassment and sex-based harassment

Sexual harassment is an unwelcome sexual advance, an unwelcome request for sexual favours, or other unwelcome conduct of a sexual nature, in circumstances where a reasonable person, having regard to all the circumstances, would have anticipated the possibility that the person affected would be offended, humiliated or intimidated. Sex-based harassment is unwelcome conduct of a seriously demeaning nature because of a person's sex, or a characteristic generally associated with people of that sex, in circumstances where a reasonable person would have anticipated that the person might be offended, humiliated or intimidated.

Examples of sexual harassment and sex-based harassment include, but are not limited to:

- unwelcome touching, kissing, embracing, staring or leering;
- sexual comments, jokes, gestures, propositions or repeated requests for dates after a refusal;
- intrusive questions or comments about a person's body, sexuality, relationships or private life;
- promises, threats or adverse treatment linked to requests for sexual activity;
- displaying, sending or sharing sexual material, including through email, messaging services or social media;
- sex-based insults, taunts, stereotypes or conduct that is seriously demeaning;
- following, monitoring or repeatedly contacting a person in a sexualised or intimidating way; and
- creating or distributing intimate or sexual images without consent, including digitally altered or generated images.

Some conduct that constitutes sexual harassment may also constitute a criminal offence, depending on the conduct and the law of the relevant state or territory. The Provider will explain available internal and external options without making the person affected responsible for determining whether a crime has occurred.

Sexual assault

Sexual assault is any sexual act, contact or activity carried out without free and voluntary consent. It may include sexual touching, kissing, penetration, being forced or coerced to participate in or witness sexual activity or other conduct that may constitute a sexual offence under applicable law. Sexual assault is never the fault of the person who experienced it.

A person may seek support whether or not they are certain that the conduct amounts to sexual assault, whether or not they make a formal report, and whether or not they contact police. The Provider does not determine criminal guilt. The Provider may, however, investigate whether conduct breaches this Policy or another Provider requirement using the applicable internal standard of proof.

Sexual assault or other sexual violence may include, but is not limited to:

- unwanted sexual touching, kissing or penetration;
- being coerced, threatened or pressured into sexual activity;
- being forced to watch, perform or participate in sexual activity;
- sexual activity where a person is asleep, unconscious or unable to consent;
- continuing sexual activity after consent has been withdrawn;
- deliberately disregarding conditions on which consent was given;
- voyeurism or recording sexual activity without consent; and
- other conduct that may constitute a sexual offence under applicable law.

Consent

Consent is a free, voluntary, informed, specific and ongoing agreement to take part in a sexual act or activity. It must be communicated through words or conduct and may be withdrawn at any time. Consent to one activity, or consent given on a previous occasion, does not mean consent to a different activity or to future activity. Silence, lack of resistance, a relationship or prior sexual activity does not, by itself, amount to consent.

Consent is not present where a person:

- is forced, threatened, intimidated, manipulated or subjected to coercion or an abuse of power;
- is asleep, unconscious or otherwise unable to communicate agreement;
- is so affected by alcohol or drugs that they cannot freely and knowingly agree;
- does not have the legal or cognitive capacity to consent;
- is mistaken about the identity of the other person or the nature of the activity in circumstances recognised by law; or
- has withdrawn consent, including during the activity.

A person seeking to engage in sexual activity is responsible for taking reasonable steps to confirm consent. Consent should never be assumed.

Accountable leadership and whole-of-organisation planning

Each Provider, through its Higher Education Principal Executive Officer (HEPEO), is separately accountable for compliance with the National Code. The Chief Executive Officer, in their capacity as the HEPEO of APIC, HELI and CHS, is separately accountable for each Provider's compliance.

The Governing Body of each Provider, or a subcommittee reporting directly to it with delegated responsibility for student and staff safety and wellbeing, will include the necessary safety and wellbeing expertise.

Each Provider will prepare, implement and publish its own Whole-of-Organisation Gender-Based Violence Prevention and Response Plan and will develop and implement an Outcomes Framework to track and measure the effectiveness of the actions under the Plan. A common template, shared committee and group-wide initiatives may be used, but APIC, HELI and CHS will each maintain a separately identifiable:

- Prevention and Response Plan;
- Outcomes Framework;
- whole-of-organisation assessment;
- set of actions and performance measures;
- data set and governance reporting; and
- regulatory submission and assurance record.

Each Provider's Prevention and Response Plan will:

- record its whole-of-organisation approach to preventing and responding to gender-based violence and prioritise the safety and support of students and staff;
- provide for responses to gender-based violence wherever it is experienced by its students or staff;
- address the factors that drive and contribute to gender-based violence and matters relevant to the Provider's particular context;
- explain how the Provider will implement each applicable requirement of the National Code;
- include a whole-of-organisation assessment identifying systemic risks, enablers and barriers to preventing gender-based violence;
- identify actions to be taken in response to the findings of that assessment;
- include a gender equality action plan;
- reflect the needs, experiences and agency of the Provider community, particularly groups disproportionately affected by gender-based violence;
- be designed and implemented through engagement and collaboration with students and staff, including people who have experienced gender-based violence;
- be informed by the Provider's analysis of its available data and other relevant data;
- include a systemic review and analysis of responses to disclosures and formal reports to identify barriers, gaps and opportunities for improvement;
- be informed by relevant Australian and international evidence; and
- be endorsed by the Provider's Governing Body.

Each Provider will give its Prevention and Response Plan and Outcomes Framework to the Secretary by 1 January 2027 and every four years thereafter, or at another time directed by the Secretary. The Outcomes Framework will track and measure the effectiveness of the actions under the Plan.

From 1 January 2027, each Governing Body will receive a report at least every six months against the relevant Outcomes Framework. Reports will include de-identified information about incidents experienced by students and staff since the previous report, identified trends, implementation progress, material risks and recommended improvements.

The HEPEO will give the Secretary a report on each Provider's Prevention and Response Plan and Outcomes Framework every two years in the required form. Each Provider will respond to regulatory feedback, revise its Plan within any specified timeframe and obtain Governing Body endorsement of material amendments.

The GBV/SASH Committee may coordinate implementation and provide advice across the Providers. The Committee does not replace or reduce the separate legal accountability of each Provider, its HEPEO or its Governing Body.

Safe environments, systems and work health and safety

The Provider will manage sexual and gender-based harassment and other gender-based violence as foreseeable safety and psychosocial risks. This requires a proactive and consultative approach. Policies, training and complaint handling are important, but they are not substitutes for identifying hazards and implementing effective controls in the way work and study are designed and managed.

Systemic risk assessments will consider physical and online environments, organisational culture, work and study design, power imbalances, isolated work or study, after-hours activities, placements, travel, social events, customer-facing roles, insecure work, third-party delivery and the interaction of sexual and gender-based harassment with other psychosocial hazards. The Provider will consult affected workers and, where relevant, students and health and safety representatives, eliminate risks where reasonably practicable and otherwise minimise risks using the most effective controls reasonably available. Controls will be maintained, monitored and reviewed.

When policies, programs, facilities, courses, work arrangements or significant operational changes are developed or reviewed, the responsible area will undertake an appropriate gender impact assessment and consider whether the change may create, reinforce or reduce risks of gender-based violence.

Each Provider will ensure that staff comply with applicable Working with Children Check and other screening requirements in the state or territory in which they work. Where a student or staff member alleges that they have experienced gender-based violence, the Provider will make alternative teaching, assessment, research, research supervision, employment, placement, working or living arrangements where reasonably necessary to protect the safety of students and staff.

The Providers will manage sexual and gender-based harassment consistently with the work health and safety or occupational health and safety legislation applying in the jurisdiction in which the work occurs. Group-wide frameworks may be based on the highest applicable standard but must not displace jurisdiction-specific legal duties.

Recruitment, engagement, promotion and third parties

As part of recruitment or appointment, each Provider will ask prospective employees and prospective members of its Governing Body to declare whether they have:

- been investigated for an allegation of gender-based violence; or
- been determined to have engaged in conduct constituting gender-based violence during previous employment or another legal process.

Each declaration and any associated risk will be considered consistently with the Provider's duty of care, the inherent requirements of the role, procedural fairness, privacy and the safety of students and staff. A declaration will not automatically exclude a person from appointment.

As an additional risk-based control, a Provider may require equivalent declarations from prospective Academic Board or committee members, contractors, consultants, volunteers, external placement supervisors and other persons who will have significant contact with students or staff.

A substantiated finding of gender-based violence made during employment will be considered in decisions about promotion, recognition and reward. Where contractors, subcontractors, volunteers, external placement supervisors, consultants or other non-employee workers present a material risk, the Provider will take reasonable action through due diligence, contractual controls, risk management, restrictions on duties or ending the arrangement. [Personal relationships and conflicts of interest](#)

Staff must disclose to People, Engagement and Culture a current or previous intimate personal relationship where one person has, or is likely to have, supervisory, oversight or decision-making responsibilities in relation to another employee, or academic or other decision-making responsibilities in relation to a student. The purpose of disclosure is to manage risk and conflicts of interest, not to intrude into private relationships.

A declaration will be handled sensitively and on a need-to-know basis. The Provider will implement a documented conflict-of-interest management plan that includes permanent alternative teaching, assessment, supervision, research, employment or working arrangements where necessary. A person must not take part in a decision affecting someone with whom they have such a relationship.

Education, communication and capability

Each Provider will deliver ongoing and comprehensive prevention education and training to students, Leadership and staff. For this purpose, Leadership includes the HEPEO and Governing Body.

Education and training will be evidence-informed, trauma-informed, culturally appropriate, inclusive and accessible, tailored to the Provider's community and context, and designed to build knowledge and capability over time. Core learning will address:

- what constitutes gender-based violence, sexual assault and sexual harassment;
- the factors that drive and contribute to gender-based violence;
- the compounding effects of inequality, discrimination and intersectionality;
- healthy, respectful and safe relationships, consent and power dynamics;
- available support services, resources and reporting channels;
- ethical bystander action and compassionate responses to disclosures and formal reports; and
- how disclosures arising during education or training will be responded to safely.

Prevention education and training will be developed through engagement and collaboration with:

- experts in preventing gender-based violence;
- students;
- staff;
- people who have experienced gender-based violence; and
- groups disproportionately affected by gender-based violence.

Students in leadership positions, Leadership, staff and any other person identified by the Provider will complete specialised education and training on responding to disclosures as part of onboarding and at least annually. This training will be developed through engagement with, or approved by, an Accredited Specialist, specialist organisation or person with expertise in responding to gender-based violence.

The Providers will promote and widely disseminate evidence-informed prevention communication across study, work and social environments. Prevention initiatives, programs and campaigns will be evaluated, and findings will inform future initiatives.

Participation, learning outcomes, feedback from participants and feedback from relevant experts will be monitored. Findings will be recorded and used to improve future education and training.

Staff who conduct risk assessments, respond to formal reports, investigate matters or determine disciplinary proceedings must have the expertise and experience required by the National Code. Where that capability is not available internally, an appropriately qualified external person will be engaged. Relevant specialist training will be refreshed at least every three years.

Disclosures and formal reports

A disclosure is the sharing of information about a person's experience of gender-based violence, sexual assault or sexual harassment. A formal report is information provided by the discloser through a formal reporting channel that requires the Provider to consider steps beyond support, including possible investigation or disciplinary action. A disclosure may be made by the person affected or by another person; a formal report is made by the discloser.

The Provider will publish clear, accessible and plain-English information explaining where and how students, staff and third parties can make a disclosure or formal report. Multiple channels will be available, including in person, by email, by telephone and online. Anonymous disclosures and formal reports will be accepted. The Provider will take reasonable and proportionate action where the available information permits and will use anonymous information to identify patterns and emerging risks. A person may seek support without making a formal report.

Disclosures may be managed through one or more pathways, including an agreed resolution, safety measures without investigation, a decision not to investigate in the particular circumstances, or a formal investigation. The discloser's wishes will be considered when selecting a pathway. Before investigating a disclosure that is not a formal report, the Provider will seek and consider the discloser's views and explain any need to investigate for the safety and wellbeing of students or staff.

The Provider will maintain a publicly available GBV/SASH Support and Reporting webpage containing current information about its internal and external support services and reporting channels. Information will be written in plain English, accessible and capable of being translated having regard to the Provider's student and staff demographics.

A person may seek support without making a formal report. Available support may include:

- emergency assistance by calling 000 where there is an immediate danger;
- student support, counselling and wellbeing services;
- the employee assistance program for staff;
- priority access or referral to an Accredited Specialist;
- medical, legal, advocacy and specialist gender-based violence services;
- interpreter, translation and accessibility support;
- academic adjustments and assistance with educational outcomes;
- workplace adjustments and leave arrangements;
- assistance to contact police or another external authority; and
- information about the National Student Ombudsman.

Students and staff may also contact **1800RESPECT on 1800 737 732** for 24-hour sexual assault, domestic violence and gender-based violence counselling and support.

The related Procedure and the relevant Provider's public webpage will identify the current telephone, email, online and in-person channels for making a disclosure or formal report.

Risk assessment, safety and tailored support

Every disclosure and formal report will prompt a risk assessment by a person with appropriate gender-based violence risk expertise and competency. Identified risks will be managed and monitored for as long as necessary. In urgent circumstances, immediate action may be taken before a full assessment is completed.

A staff member with relevant expertise will work with the discloser to develop a tailored support plan. The discloser's views will be seriously considered. Depending on the person's circumstances and preferences, the plan may include:

- immediate and ongoing safety measures;
- priority access to an Accredited Specialist, counselling, medical, legal, advocacy or other specialist services;
- translation or interpreter support as required;
- academic adjustments or changes to classes, assessment, attendance, placement, supervision or study arrangements;
- leave, workplace adjustments or changes to reporting lines, duties or work location;
- no-contact or access arrangements; and
- clear information about reporting, investigation, disciplinary and external options.

A separate staff member with relevant expertise will work with the respondent to develop a tailored support plan. This may include wellbeing support, access to an Accredited Specialist, interpretation, academic or work adjustments, information about the process and any safety measures affecting the respondent. The same staff member must not be assigned to support both the discloser and the respondent.

Support information will be publicly available, accessible and able to be translated having regard to the Provider's student and staff demographics. Support services will be monitored and formally evaluated at least once every three years, with findings used to improve future service delivery.

Investigations and decision-making

All formal reports where the respondent is a student or staff member of the Provider will be investigated, regardless of where the alleged conduct occurred. Where the only connection is the respondent's status as a student or staff member, the scope of the investigation will be determined having regard to the safety and wellbeing of students and staff. Reports involving contractors, affiliates or third parties will be addressed through the strongest available contractual, risk-management or external pathway.

If an investigation commences, the Provider will notify the discloser and respondent in writing on the same day, with the discloser notified first. The notice will explain the process, expected timeframes, available support and the person responsible for managing the matter. Parties will be kept appropriately informed throughout the process, having regard to their views and privacy.

A discloser, respondent and other person asked about the matter may be accompanied by a support person. No person will be required to provide physical evidence of the alleged conduct. Investigations will be impartial, culturally responsive and trauma-informed while preserving procedural fairness. Investigators, decision-makers and support personnel must disclose and manage conflicts of interest.

Internal findings will be made on the balance of probabilities. The strength and quality of the evidence required to reach reasonable satisfaction will be assessed having regard to the nature and seriousness of the allegation, but the applicable standard of proof remains the balance of probabilities. The absence of corroborating, documentary or physical evidence does not prevent a finding where the available evidence is sufficient to satisfy that standard. Following an investigation, the Provider will select a proportionate and safe pathway, which may include a resolution implemented with the agreement of the discloser and respondent, safety measures without disciplinary action, a decision not to proceed to disciplinary action, or a disciplinary process. Unless the discloser requests otherwise, they will be notified in writing of the investigation outcome, including whether a disciplinary process will commence, on the same day as the respondent.

Disciplinary outcomes, timeframes and appeals

Procedures will be designed so that a formal report, including any disciplinary process, can be finalised within 45 business days from the date the formal report is lodged. An extension may be approved only where the circumstances require it and the HEPEO of the relevant Provider is satisfied that the extension is necessary. The reasons, revised timeframe and effect on the parties will be documented and communicated.

Where conduct is substantiated, sanctions will be proportionate to the conduct and may include education, conditions, restrictions, a formal warning, suspension, termination of employment or engagement, exclusion or expulsion. Unless the discloser requests otherwise, the Provider will give the discloser written notice of the disciplinary outcome, reasons, any relevant sanctions and internal or external complaint options, including the National Student Ombudsman, on the same day as the respondent is notified.

Appeal procedures will be designed to allow appeals to be finalised within 20 business days from the date the appeal is lodged. Where the respondent appeals a disciplinary decision and the discloser received the original outcome, the Provider will notify the discloser in writing within two business days that an appeal has been lodged and explain the potential outcomes. An extension may be approved only where required in the particular context and the HEPEO is satisfied that it is necessary. Unless the discloser requests otherwise, the appeal outcome, reasons, relevant sanctions and complaint options will be provided to the discloser on the same day as the respondent.

Police, emergency services and external pathways

A person who has experienced gender-based violence, sexual assault or sexual harassment may choose whether to report the matter to police. The Provider will support that choice and may assist the person to contact police, emergency services, an Accredited Specialist, the National Student Ombudsman or another external service. The Provider may report without the person's consent where required by law or where urgent action is reasonably necessary to prevent a serious threat to life, health or safety. Where practicable, the person affected will be told before such a report is made.

An external or police process does not automatically prevent the Provider from taking safety measures or progressing an internal process. The Provider will consider whether and how to proceed in consultation with relevant authorities and with regard to safety, procedural fairness and the person's wishes. The Provider will cooperate with lawful oversight bodies and implement recommendations of the National Student Ombudsman directed to it in relation to gender-based violence.

Privacy, confidentiality and non-disclosure agreements

Records of disclosures, formal reports, risk assessments, support plans, investigations and outcomes will be held securely with access limited to authorised staff. Information will not be shared more widely than is reasonably necessary for support, safety, procedural fairness, legal compliance, insurance, governance assurance or regulatory reporting.

The Provider will not require a discloser to enter a non-disclosure agreement. Such an agreement may be considered only where the discloser voluntarily requests a non-disclosure agreement and gives their informed consent. A non-disclosure agreement must not prevent the discloser from seeking support or advice or prevent the Provider from meeting its legal and reporting obligations. A settlement must not contain a non-disparagement clause that could require the discloser to keep their experience confidential.

The reasonable confidentiality of a process does not prevent a person from seeking support, obtaining legal or professional advice, making a protected disclosure, reporting to police or a regulator, or participating in an external complaint process.

Protection from victimisation and reprisal

Victimisation, retaliation, intimidation or disadvantage because a person sought support, made or supported a disclosure or formal report, provided information, acted as a support person, participated in a process or was the subject of a report is prohibited. Concerns about victimisation will be assessed promptly and may lead to safety measures or disciplinary action. Good-faith disclosures and participation in a process will not attract adverse action merely because an allegation is not substantiated.

Data, evidence, reporting and improvement

Each Provider will maintain secure and confidential records and a data system capable of meeting Standard 6 of the National Code. Data will be collected in a safe, trauma-informed and person-centred manner and handled consistently with applicable privacy laws.

APIC, HELI and CHS will each maintain a separately identifiable dataset and audit trail. Where a shared case-management system is used, the system must allow information to be disaggregated and reported separately for each Provider.

Each Provider will collect all information required by Standards 6.13 and 6.14 of the National Code and current reporting guidance issued by the GBV Regulator. The categories listed below are illustrative and do not limit the information that may be collected or reported.

Data gathered by the Provider will be used to understand the nature and prevalence of gender-based violence including:

- identifying systemic and cultural barriers;
- monitoring case progression and timeliness of the Provider's response;
- assessing the accessibility and effectiveness of the Provider's support services;
- evaluating prevention and training;
- identifying repeat or emerging risks.

Data collection will include, as applicable:

- the number and types of disclosures and formal reports, reporting channels and anonymous matters;
- immediate safety responses, risk assessments, support plans, adjustments and services provided;
- the progression, outcomes and timeframes of investigations, disciplinary processes and appeals;
- alternative resolutions, matters resulting in no further action and non-disclosure agreements requested by disclosers;
- relevant de-identified demographic, enrolment and employment characteristics;
- training participation, learning outcomes, engagement and satisfaction measures; and
- student accommodation information (if applicable) where the applicable National Code requirements apply.

Data collection under the National Code will commence on **1 January 2027**. Each Provider will submit its first annual Standard 6 data report to the Secretary by **30 June 2028** for the 2027 calendar year and will report annually thereafter, unless otherwise directed.

Each Provider will make any annual declaration or nil return required by the Secretary concerning student accommodation. Where a Provider begins to own, operate, manage, control or become affiliated with student accommodation, it will comply with the reporting and other requirements of Standard 7 of the National Code.

Each Provider will meet any additional publication, reporting or information requirements prescribed by the Secretary or requested by the GBV Regulator. Data and evaluation findings will be used to improve policies, procedures, training, support services, risk controls, the Prevention and Response Plan and the Outcomes Framework.

Evaluations undertaken in connection with this Policy, the National Code, the Prevention and Response Plans or the Outcomes Frameworks will be sufficiently robust and carried out objectively. Where appropriate, a Provider may use an independent person or external specialist to support evaluation.

Policy review and engagement

This Policy will be reviewed at least once every three years and earlier where there is a material legal, regulatory, organisational or risk change. The review will include genuine engagement and collaboration with students, employees, people from groups disproportionately affected by gender-based violence, people with lived experience, subject matter experts, and third parties

whose facilities are used for placements, practicums, research or other work. The Provider must maintain records to demonstrate how those views informed the review.

Between formal reviews, the Responsible Officer may recommend amendments to the Policy where data, case learning, evaluation, regulatory guidance, recommendations of the National Student Ombudsman or changes in law show that improvements to the Policy are required. Material amendments require approval in accordance with the Provider's governance framework.

Responsibilities

Governing Body

The Governing Body of each Provider is responsible for approving this Policy and endorsing that Provider's Prevention and Response Plan and material amendments. Each Governing Body will:

- ensure that relevant student and staff safety and wellbeing expertise is available within its membership or a directly reporting subcommittee;
- receive reports at least every six months against the Provider's Outcomes Framework;
- consider de-identified incident data, trends, progress, risks and recommended improvements;
- challenge management on the adequacy of resources, controls and implementation; and
- obtain reasonable assurance that the Provider is complying with the National Code.

Chief Executive Officer and HEPEO

The Chief Executive Officer is the HEPEO of APIC, HELI and CHS and is separately accountable for each Provider's compliance with the National Code.

In relation to each Provider, the HEPEO will ensure that:

- the Prevention and Response Plan and Outcomes Framework are prepared, implemented, published, evaluated and reported;
- appropriate resources, systems and expertise are available;
- governance and regulatory reporting is accurate and timely;
- extensions to formal-report and appeal timeframes are personally scrutinised;
- regulatory feedback and National Student Ombudsman recommendations are addressed; and
- material gaps or non-compliance are promptly reported to the relevant Governing Body.

Accountability held by the HEPEO under the National Code cannot be delegated.

General Manager, Higher Education Quality

The General Manager, Higher Education Quality coordinates policy and regulatory implementation, Provider-level assurance, governance reporting, review of the Plan and Outcomes Framework, and preparation of submissions to the GBV Regulator. The role monitors implementation evidence and escalates gaps or material non-compliance to the HEPEO and the Governing Body.

People, Engagement and Culture

People, Engagement and Culture embeds this Policy within recruitment, declarations, induction, work health and safety, conflict-of-interest management, performance, promotion, misconduct, employment support and contractor arrangements. People, Engagement and Culture consults workers on psychosocial risks and ensures that employment and engagement processes are consistent with this Policy, applicable employment law and procedural fairness.

Registrar, student support, academic and operational areas

The Registrar and relevant student support, academic, campus and operational teams maintain accessible reporting and support pathways, arrange academic and workplace adjustments, implement safety measures, make appropriate referrals, support placements and third-party settings, and maintain accurate records. Academic and placement staff are responsible for creating safe learning environments and escalating concerns through approved pathways.

Managers and staff

Managers must model respectful behaviour, identify and manage risks, support consultation, ensure required training is completed and promptly refer disclosures or formal reports to the approved service. All staff must comply with this Policy,

respond compassionately within the limits of their role, protect privacy, avoid investigating matters themselves unless authorised, and cooperate with safety measures and formal processes.

Students and other community members

Students and other members of the Provider's community must treat others with respect, comply with this Policy and related codes of conduct, follow reasonable safety directions and not victimise any person involved in a disclosure or formal report. They are encouraged to seek help, raise concerns and act as ethical bystanders where it is safe to do so.

Definitions

Term	Meaning
Accredited Specialist	A psychologist, social worker or counsellor who is registered or accredited with the relevant industry body, has undertaken formal training in supporting people affected by gender-based violence, including trauma-informed practice, and has undertaken training to build competency in working with Aboriginal and Torres Strait Islander people, culturally and linguistically diverse communities, people with disability and people of diverse sexual orientation and gender identity.
Affiliated Organisation	An organisation that uses the Provider's intellectual property in its name, marketing, recruitment or governance documents.
Chief Executive Officer	The Chief Executive Officer (CEO) is the Higher Education Principal Executive Officer for APIC, CHS and HELI.
Consent	Free, voluntary, informed, specific and ongoing agreement to take part in a sexual act or activity. Consent may be withdrawn at any time and cannot be inferred solely from silence, lack of resistance, a relationship or previous sexual activity.
Disclosure	The provision of information about a person's experience of gender-based violence, sexual assault or sexual harassment to the Provider by the discloser or another person.
Discloser	A person who has shared information about their own experience of gender-based violence, sexual assault or sexual harassment.
Ethical Bystander	A person who witnesses conduct that is disrespectful or harmful and chooses to intervene, challenge or seek help in a way that is safe and effective.
Formal Report	Information provided by a discloser through a formal reporting channel about their experience of gender-based violence, requiring the Provider to consider steps beyond support, including investigation or disciplinary action where appropriate.
Gender-based Violence	Any form of physical or non-physical violence, harassment, abuse or threats based on gender that results in, or is likely to result in, harm, coercion, control, fear or deprivation of liberty or autonomy. Gender-based violence includes sexual violence, sexual assault, sexual harassment and sex-based harassment.
Governing Body	The formally constituted governing body of the relevant Provider for the purposes of the Higher Education Standards Framework. For APIC, HELI and CHS, this is the relevant Board of Directors.
Higher Education Principal Executive Officer	Higher Education Principal Executive Officer (HEPEO) has the same meaning as in the Ombudsman Act 1976 (Cth). For the purposes of this Policy, the Chief Executive Officer is the HEPEO of APIC, HELI and CHS and is separately accountable for each Provider's compliance with the National Code.
Hostile Workplace Environment on the Ground of Sex	A workplace environment in which conduct occurs that, having regard to all the circumstances, a reasonable person would have anticipated may be offensive, intimidating or humiliating to a person because of their sex or a characteristic generally associated with people of that sex. Conduct may create a hostile environment even where it is not directed at a particular person.

Term	Meaning
Leadership	The HEPEO and the Governing Body of the relevant Provider.
National Code	The National Higher Education Code to Prevent and Respond to Gender-based Violence 2025.
Non-disclosure Agreement	An agreement, including a deed of release or settlement agreement, requiring particular information to be kept confidential as part of reaching a settlement.
Outcomes Framework	The measures, indicators and evaluation arrangements used to track and assess the effectiveness of actions in a Provider's Prevention and Response Plan.
Person-centred	An approach that places the discloser's needs and preferences at the centre of decisions, affirms their dignity and genuinely considers their wishes and the impact of decisions, while maintaining the safety and wellbeing of the discloser and other students and staff.
Prevention and Response Plan	The Whole-of-Organisation Gender-Based Violence Prevention and Response Plan prepared by a Provider under Standard 1 of the National Code. APIC, HELI and CHS will each have a separate Plan, Outcomes Framework, data set and regulatory submission, even where a common template and shared activities are used.
Provider	APIC, HELI or CHS as a separately registered higher education provider.
Providers	APIC, HELI and CHS collectively. The use of this collective term does not displace the separate legal accountability of each Provider.
Procedural Fairness	Decision-making consistent with the rule against bias and the hearing rule, including giving a respondent a fair opportunity to know and respond to adverse material that may be taken into account.
Respondent	A person whom it is alleged has engaged in conduct amounting to gender-based violence, sexual assault or sexual harassment.
Secretary	The Secretary of the Australian Government Department of Education.
Sex-based Harassment	Unwelcome conduct of a seriously demeaning nature because of a person's sex, or a characteristic generally associated with people of that sex, in circumstances where a reasonable person would have anticipated that the person might be offended, humiliated or intimidated.
Sexual Assault	A sexual act, contact or activity carried out without free and voluntary consent, including conduct that may constitute a sexual offence under applicable law.
Sexual Harassment	An unwelcome sexual advance, an unwelcome request for sexual favours, or other unwelcome conduct of a sexual nature, in circumstances where a reasonable person, having regard to all the circumstances, would have anticipated the possibility that the person affected would be offended, humiliated or intimidated.
SASH	Sexual assault and sexual harassment.
Staff	A worker within the meaning used in work health and safety legislation, including employees, contractors, subcontractors, labour hire workers, apprentices, trainees, work experience students and volunteers, as applicable.
Student	A person enrolled with, or undertaking a course or unit of study with the Provider, including higher degree by research, non-award, enabling, bridging, foundation and vocational education and training students where applicable.
Trauma-informed	An approach applying the principles of physical, psychological and emotional safety, trust, choice, collaboration and empowerment, which seeks to minimise re-traumatisation and support recovery and healing.

Term	Meaning
Victimisation	Adverse treatment, retaliation, intimidation or disadvantage because a person has sought support, made or supported a disclosure or formal report, participated in a process, exercised a right, or is believed to have done so.
Whole-of-Organisation	An evidence-informed approach applied across all areas and levels of a Provider's operations, including any student accommodation that it directly owns, operates or manages and, where applicable, the operations of controlled or affiliated student accommodation providers. It uses multiple strategies and is subject to ongoing monitoring and evaluation across leadership, culture, environment, structures, systems, teaching and learning, policies, governance, community engagement, business, research and partnerships.

Related Documents

Where a document has a different title for APIC, HELI or CHS, a reference below includes the corresponding approved document maintained by that Provider.

- GBV/SASH Response and Resolution Procedure
- Gender-Based Violence Prevention and Response Plan
- Gender-Based Violence Outcomes Framework
- Critical Incident Policy and Procedure
- Equity and Diversity Policy
- Data and Records Management Policy
- Privacy Policy
- Student Code of Conduct
- Staff Code of Conduct and relevant employment policies
- Student Non-Academic Grievances and Appeals Policy and Procedure
- Student and Staff Wellbeing, Safety and Security Procedures
- Student Welfare and Support Policy
- applicable Work Health and Safety or Occupational Health and Safety Policy and procedures
- Conflict of Interest Policy
- Recruitment procedures
- Work Integrated Learning policies and procedures
- GBV/SASH Disclosure forms
- GBV/SASH Formal Report forms
- Gender-Based Violence Risk Assessment Framework
- Terms of Reference for the GBV/SASH Steering Committee

Legislation and External References

- Universities Accord (National Higher Education Code to Prevent and Respond to Gender-based Violence) Act 2025 (Cth)
- National Higher Education Code to Prevent and Respond to Gender-based Violence 2025
- Regulatory Guidance, FAQs, Regulatory Statement and Compliance and Enforcement Policy issued by the Higher Education Gender-Based Violence Regulator
- Australian Human Rights Commission Act 1986 (Cth)
- Sex Discrimination Act 1984 (Cth)
- Sexual and Gender-Based Harassment Code of Practice (NSW)
- Managing Psychosocial Hazards at Work Code of Practice (NSW)
- Privacy Act 1988 (Cth) and applicable state and territory privacy laws
- Fair Work Act 2009 (Cth)

- Applicable Commonwealth, State and Territory work health and safety or occupational health and safety legislation, regulations and approved codes of practice, including the *Work Health and Safety (Sexual and Gender-based Harassment) Code of Practice 2025* (Cth) where the Commonwealth work health and safety jurisdiction applies, and otherwise as contemporary good-practice guidance.
- Work Health and Safety Act 2011 (NSW)
- Work Health and Safety Regulation 2025 (NSW)
- Occupational Health and Safety Act 2004 (Vic)
- Occupational Health and Safety (Psychological Health) Regulations 2025 (Vic)
- Work Health and Safety Act 2011 (Qld)
- Work Health and Safety Regulation 2011 (Qld)
- Managing the Risk of Psychosocial Hazards at Work Code of Practice 2022 (Qld)
- Higher Education Standards Framework (Threshold Standards) 2021
- Tertiary Education Quality and Standards Agency Act 2011 (Cth)
- Education Services for Overseas Students Act 2000 (Cth) and National Code 2018
- Ombudsman Act 1976 (Cth) and the National Student Ombudsman framework
- Applicable state and territory criminal, anti-discrimination, child safety and mandatory reporting legislation

Version Control

Policy Category	Corporate
Document Owner	Chief Executive Officer
Responsible Officer	General Manager, Higher Education Quality
Approved by	Board of Directors
Next review date	4 August 2028

Version	Change description	Approval date
1.0	New joint provider policy. Consolidates and supersedes the APIC, CHS and HELI Sexual Assault and Sexual Harassment Policy and Procedures	4 August 2026