

GBV/SASH RESPONSE AND RESOLUTION PROCEDURE

Content warning and immediate assistance

This Procedure discusses gender-based violence, sexual assault and sexual harassment and may be distressing to read.

If there is an immediate danger or urgent medical need, call **000**. Students and staff may also contact **1800RESPECT** on **1800 737 732** for 24-hour counselling and support. Current internal support and reporting channels are published on each Provider's GBV/SASH Support and Reporting webpage.

Purpose

This Procedure explains how 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) receive and respond to disclosures and formal reports of gender-based violence, sexual assault and sexual harassment. APIC, HELI and CHS are each separately registered higher education providers, and in this Policy, APIC, HELI and CHS are each referred to as a 'Provider' and collectively as the 'Providers'.

This procedure gives practical effect to the Gender-Based Violence, Sexual Assault and Sexual Harassment Policy and establishes common minimum requirements for immediate safety, risk assessment, support, investigation, resolution, disciplinary processes, appeals, communication and record keeping. Each Provider remains separately accountable for applying this Procedure, even where systems, personnel or services are shared.

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

Scope

The scope of the Gender-Based Violence, Sexual Assault and Sexual Harassment Policy applies to this Procedure. It applies to disclosures and formal reports made by students, staff and third parties, and to matters involving a student, staff member, contractor, volunteer, visitor, affiliate or other person connected with a Provider.

Support may be provided regardless of where the conduct occurred or whether the respondent has a connection with a Provider. The available investigation, disciplinary or contractual options will depend on the Provider's relationship with the respondent and its legal authority to act.

Where a matter also involves child safety, a critical incident, workplace safety, concerning behaviour, discrimination, misconduct, a placement host or an external authority, this Procedure operates with the relevant policy or legal process. The Provider will coordinate those processes so far as reasonably practicable and will avoid requiring a person to repeat their account unnecessarily.

Definitions

Definitions in the Gender-Based Violence, Sexual Assault and Sexual Harassment Policy apply to this Procedure. The following additional terms are used:

Term	Meaning
Approved service	The internal function identified by the relevant Provider to receive, triage and coordinate disclosures and formal reports. This may include Student Services, the Registrar, People, Engagement and Culture or another formally designated service.
Case Coordinator	A trained staff member appointed to coordinate risk assessment, support, communication, referrals, records and process management for a disclosure or formal report.
Decision-maker	The person authorised under the applicable student, employment, contractual or governance instrument to determine an investigation or disciplinary outcome.
Formal Report	Information provided through a formal reporting channel about an experience of gender-based violence that requires the Provider to consider steps beyond support, including investigation or disciplinary action.

Term	Meaning
Investigator	An appropriately qualified and independent person appointed to investigate a disclosure or formal report and provide findings and recommendations.
Interim measure	A temporary safety, access, academic, work or communication arrangement implemented before a final finding or outcome. It is not, of itself, a disciplinary finding.
Resolution by agreement	A voluntary and safe resolution implemented with the agreement of the discloser and respondent, without requiring direct contact between them.
Support person	A person chosen to provide emotional or practical support during a meeting or interview. A support person is not automatically an advocate or representative and must not disrupt the process.
Third party	A person other than the person who directly experienced the conduct, including a witness, family member, friend, colleague, representative or member of the public.

Response principles

All action under this Procedure will be person-centred, trauma-informed, culturally responsive, accessible and procedurally fair. Safety is the first consideration, but safety action will not of itself be treated as a finding of misconduct.

In practice, this means that the Provider will:

- listen without judgement and recognise that no concern is too minor to raise;
- explain choices, likely next steps and the limits of confidentiality in clear language;
- seriously consider the discloser's wishes and avoid unnecessary loss of control or repeated retelling;
- provide separate support arrangements for the discloser and respondent;
- make reasonable adjustments for disability, language, culture, gender identity, visa status and other relevant circumstances;
- act impartially and ensure that investigators and decision-makers are appropriately qualified and free from conflicts of interest;
- communicate regularly without overwhelming the parties; and
- protect all participants from victimisation, retaliation and interference with the process.

Immediate safety and support

Emergency response

A person who receives information indicating an immediate danger, urgent medical need or serious threat to life, health or safety must prioritise emergency action. This may include contacting 000, campus or building security, arranging urgent medical assistance, moving people to a safer location, or obtaining specialist advice.

Where reasonably practicable, the person affected will be consulted before information is shared. Consent is not required where disclosure is required by law or urgent action is reasonably necessary to prevent a serious threat to life, health or safety.

Access to support

A person may seek support without making a formal report or police report. The Provider will explain and facilitate access to support appropriate to the person's circumstances, which may include counselling, an Accredited Specialist, medical care, legal or advocacy services, interpreters, accessibility support, academic adjustments, workplace adjustments, leave, safety planning and assistance to contact police or another external authority.

Current contact details are maintained on the relevant Provider's GBV/SASH Support and Reporting webpage. Staff must not rely on an outdated printed contact list where current online information is available.

Medical care and preservation of information

A person who may have experienced sexual assault will be offered information about urgent medical care and specialist sexual assault services. They may also be informed that some evidence can be time-sensitive. This information must be provided without pressure and without suggesting that physical evidence is required for support, an internal investigation or a formal report.

Making a disclosure or formal report

Available channels

A disclosure or formal report may be made in person, by telephone, by email, through an approved online form or through another channel published by the Provider. A person may approach any trusted staff member, who must respond in accordance with section 6 and promptly refer the matter to the approved service.

Disclosures and formal reports may be made anonymously. A third party may also provide information, including where the respondent is a student or staff member. The Provider will take reasonable and proportionate action on anonymous or third-party information where the available information permits.

Difference between a disclosure and a formal report

A disclosure is the sharing of information about an experience of gender-based violence. It may be made by the person affected or by another person and does not, by itself, require a disciplinary process. A formal report is information provided through a formal reporting channel that requires the Provider to consider action beyond support, including investigation or disciplinary action.

A person does not need to decide immediately which pathway they want. They may seek advice, make a disclosure first and later make a formal report. A person may make a disclosure and later decide to lodge a formal report. Once a formal report has been lodged, it will be managed in accordance with section 10. The discloser may withdraw from participation or request that particular action not be taken, but where the respondent is a student or staff member, the Provider remains required to investigate the formal report. The Provider will explain that it may still need to act where required by law or where action is necessary for the safety and wellbeing of students or staff.

Information that may assist

A person may provide as much or as little information as they feel able to provide. Helpful information may include what occurred, when and where it occurred, who was involved, whether there is an ongoing risk, any witnesses and any preferred support or outcome. A person may choose to provide documents, messages, images or other information, but no person will be required to provide physical evidence.

Historical matters

A disclosure or formal report may be made regardless of when the conduct occurred. Delay in reporting will not be treated as evidence that the conduct did not occur. The Provider will explain any practical limits created by the passage of time and will continue to provide support and risk management.

Receiving and responding to a disclosure

First response

The first response can significantly affect a person's willingness to seek further help. A staff member receiving a disclosure should remain calm, listen, acknowledge the person's experience and focus on immediate safety and choices.

The staff member should:

- check whether there is an immediate safety or medical need;
- listen without interrupting or asking unnecessary questions;
- say that the conduct described is not the person's fault and that support is available;
- explain that they will protect privacy but cannot promise absolute confidentiality;
- ask what the person needs now and whether they would like help contacting the approved support service;
- make a brief factual record of the information received and the action taken; and
- refer the matter promptly and securely to the approved service, including where the person does not want further action, so that risk and support obligations can be considered.

The staff member must not:

- investigate, test the person's account, seek corroboration or contact the respondent;
- ask why the person did not report earlier, why they were in a particular place or whether alcohol was involved;
- promise a particular outcome or promise that information will never be shared;
- pressure the person to make a formal report or police report;
- attempt mediation or an informal confrontation; or

- record unnecessary personal detail in ordinary email, notes or shared systems.

Referral and warm handover

Where the person agrees, the staff member should make a warm handover by contacting the approved service with the person present or arranging a suitable appointment. If the person does not agree to a direct referral, the staff member must still provide contact information and confidentially notify the approved service of any risk that may require action.

Teaching, training and group settings

Where a disclosure arises during teaching, training, orientation or a group activity, the facilitator must avoid seeking details in front of others. The facilitator should acknowledge the disclosure, check immediate safety, offer a private conversation and refer the person to the approved service. The facilitator must consider whether other participants require support without identifying the discloser unnecessarily.

Triage, case coordination and risk assessment

Registration and acknowledgement

The approved service will create a secure case record, allocate a unique case identifier and acknowledge receipt as soon as practicable, ordinarily on the same business day or by the end of the next business day. Anonymous information will also be recorded in a form that supports risk and trend analysis.

Appointment of a Case Coordinator

A Case Coordinator with relevant training and experience will be appointed to coordinate communication, risk assessment, support planning and referrals. For student matters, the Registrar or nominee will arrange case coordination. For staff or contractor matters, People, Engagement and Culture will arrange case coordination. A mixed student and staff matter will be jointly triaged, with one lead Case Coordinator identified.

The Case Coordinator is not the investigator or disciplinary decision-maker. A person may request a change of Case Coordinator where there is a conflict, loss of trust or another reasonable concern.

Initial and ongoing risk assessment

Every disclosure and formal report will prompt a risk assessment by a person with appropriate gender-based violence risk expertise and competency. Urgent risks will be assessed immediately. A fuller assessment will be completed as soon as practicable and reviewed whenever circumstances change.

Risk assessment will consider, as relevant:

- immediate threats, escalation, stalking, coercive control, access to the person or location, and access to weapons;
- sexual violence, strangulation, threats of suicide or homicide, image-based abuse and technology-facilitated monitoring;
- the respondent's role, authority, access to records or ability to affect study, work, placement, visa or financial circumstances;
- children, dependants, disability, isolation, language, cultural safety and other intersectional factors;
- risks of victimisation, retaliation, evidence interference or repeated conduct;
- the safety of other students, staff and third parties; and
- the effect of proposed interim measures on both the discloser and respondent.

The risk assessor must have the expertise, competency and knowledge required by Standard 3 of the National Code, including competency in working with First Nations people, culturally and linguistically diverse communities, people with disability and people of diverse sexual orientation and gender identity. The assessor must understand evidence-based static and dynamic risk and protective factors, patterns and effects of gender-based violence and the nature and impact of coercive control. Where this expertise is not available internally, an appropriately qualified external assessor will be engaged, except where immediate action is required.

Immediate and interim measures

The Provider may implement immediate or interim measures before any finding is made. Measures will be proportionate, regularly reviewed and designed to reduce harm without unnecessarily disadvantaging the discloser. They may include no-contact arrangements, changes to classes, assessments, supervision, reporting lines, duties, work location, placement or campus access, security support, timetable changes, leave or remote participation.

Where a measure adversely affects the respondent, the Provider will explain the measure and its expected duration as far as reasonably possible, while protecting the discloser's privacy and safety. Interim measures are not disciplinary findings.

Work health and safety escalation

Where a disclosure or formal report relates to work or a workplace, the Case Coordinator must promptly notify People, Engagement and Culture and the responsible work health and safety function, subject to appropriate privacy controls.

The responsible function will assess whether:

- the matter is a psychosocial hazard requiring immediate or systemic controls;
- an existing risk assessment or prevention plan must be reviewed;
- workers or health and safety representatives must be consulted;
- a regulator notification or preservation requirement applies;
- workers' compensation or injury-management processes are relevant; and
- broader controls are required to prevent recurrence.

The workplace risk-control review is separate from determining whether the allegations are substantiated and must not be delayed pending the outcome of an investigation.

Tailored support plans

Support plan for the discloser

A staff member with relevant expertise will work with the discloser to develop a tailored support plan. The discloser's views, priorities and preferred communication arrangements will be seriously considered. The plan will be reviewed throughout the matter and may continue after a case is closed.

Depending on the discloser's circumstances, needs and preferences, the tailored support plan will include, as relevant:

- immediate and ongoing safety measures;
- priority access to an Accredited Specialist, counselling, medical, legal, advocacy or other specialist services;
- translation, interpreter and accessibility support;
- academic adjustments, special consideration, attendance, placement, supervision or enrolment arrangements;
- workplace adjustments, leave, reporting lines, duties or work location;
- contact and access arrangements;
- the person's preferred frequency and method of communication; and
- information about disclosure, formal report, investigation, disciplinary, appeal, police and external complaint options.

Support plan for the respondent

A different staff member with relevant expertise will work with the respondent to develop a tailored support plan. Depending on the respondent's circumstances and the identified risks, the tailored support plan will include, as relevant, wellbeing support, priority access to an Accredited Specialist, interpreter or accessibility assistance, academic or workplace adjustments, information about the process and any safety measures affecting the respondent, and ongoing assessment and monitoring of identified risks.

The same staff member must not be assigned to support both the discloser and respondent. Support for the respondent does not diminish the Provider's commitment to the discloser's safety or indicate that the allegations have been accepted or rejected.

Communication plans

The Case Coordinator will agree, so far as practicable, how and when each party wishes to receive updates. Separate communication channels will be used where needed for safety or privacy. A party may nominate a support person or representative to receive communications, subject to identity and authority checks.

Managing disclosures

Available pathways

A disclosure will be managed through a pathway that is proportionate and safe. The Provider will have regard to the discloser's wishes and may use one or more of the following pathways:

- a resolution implemented with the agreement of the discloser and respondent;
- safety measures and support without an investigation;
- a decision not to investigate in the particular circumstances; or

- an investigation where the discloser wishes to proceed or where investigation is necessary for the safety and wellbeing of students or staff.

Resolution by agreement

A resolution by agreement may include agreed boundaries, communication arrangements, education, changes to study or work arrangements, an apology where freely offered and accepted, or another restorative or corrective action. Participation must be voluntary, informed and safe. The Provider will not require direct contact between the parties.

Mediation, restorative practice or similar processes will not be used where a specialist risk assessment indicates that coercion, family or domestic violence, sexual assault, a serious power imbalance or another safety concern makes the process inappropriate. Either party may withdraw from an agreed process before an outcome is finalised.

Decision not to investigate a disclosure

A decision not to investigate a disclosure must be documented, including the discloser's views, the risk assessment, the reasons for the decision and any ongoing safety or support measures. The decision does not prevent the discloser from later making a formal report or providing further information.

Investigation of a disclosure without a formal report

Before investigating a disclosure that is not a formal report, the Provider will seek and seriously consider the discloser's views. If investigation is considered necessary for the safety and wellbeing of students or staff, the Case Coordinator will explain why, what information may need to be shared, how the discloser will be supported and how their privacy will be protected as far as possible.

Formal reports and commencement of investigation

Acceptance of formal reports

A formal report will be accepted through any approved formal reporting channel, including anonymously. Where information is first given through another channel, the Case Coordinator will help the person record it as a formal report if they wish. A third-party formal report involving a student or staff respondent will be accepted and the Provider will seek to engage the person affected without compelling their participation.

The date on which the formal report is lodged is the start of the 45-business-day resolution period. The Case Coordinator will record that date and maintain a case timeline.

Initial case assessment

The initial case assessment is not a merits screening process. It confirms the identity and status of the parties where known, the relevant Provider or Providers, immediate risks, conflicts of interest, required external notifications, the proposed investigator and the appropriate disciplinary pathway. All formal reports where the respondent is a student or staff member of the Provider will be investigated.

A discloser may ask to withdraw from participation in a formal report or ask that particular action not be taken. The Provider will seriously consider the discloser's views and explain the implications of the request. Where the respondent is a student or staff member, the Provider remains required to investigate the formal report, although the scope and manner of the investigation may be informed by the available information, the discloser's wishes and the safety and wellbeing of students and staff.

Notification of investigation

As soon as the Provider decides that an investigation will commence, and before or at the commencement of investigative activity, the Case Coordinator will notify the discloser and respondent in writing on the same day, with the discloser notified first.

The notices will explain the nature of the matter, the investigation process, expected timeframes, available support, the identity or role of the Case Coordinator and the person responsible for the investigation.

The respondent will be given sufficient information about the allegations to provide a meaningful response. Information may be summarised or redacted where reasonably necessary to protect safety, privacy or legally privileged information, provided procedural fairness is maintained.

Withdrawal or change of pathway

A discloser may withdraw from participation in an investigation or request that particular action not be taken. The Provider will seriously consider the discloser's views, explain the implications of the request and continue to provide appropriate support.

Where the respondent is a student or staff member, the Provider remains required to investigate the formal report. The scope and manner of the investigation may, however, be informed by the available information, the discloser's wishes and the safety

and wellbeing of students and staff. The Provider will document the request, its response and the reasons for any decision made.

Investigation process

Appointment and independence

The Provider will appoint an investigator with the knowledge, expertise and experience required by the National Code. The investigator may be internal or external but must be independent of the matter, disclose actual or perceived conflicts of interest and have completed relevant specialist training within the required period.

The investigator must not be the person supporting either party or the disciplinary decision-maker. Where the Provider cannot provide an appropriately qualified and independent investigator internally, an external investigator will be engaged.

Terms of reference and investigation plan

The investigator will receive written terms of reference setting out the allegations or issues to be examined, the applicable policy provisions, the required standard of proof, reporting arrangements, confidentiality expectations and the target completion date. The scope may be revised where new material emerges, with the parties notified where the change affects their participation or response.

Information gathering

The investigator may obtain statements, conduct interviews and consider relevant documents, messages, digital records, images, video, access records, policies, prior reports and other lawful information. Information will be gathered proportionately and with regard to privacy, trauma-informed practice and any police investigation.

No discloser or respondent will be required to provide physical evidence. A person may voluntarily provide material they consider relevant. The absence of physical, documentary or corroborating evidence does not prevent a finding where the available evidence is sufficient on the balance of probabilities.

Interviews and support persons

A discloser, respondent or witness may be accompanied by a support person when asked about the matter. The Provider will make reasonable adjustments and provide an interpreter where required. A support person may provide emotional and practical support but must not answer questions on behalf of the person unless the investigator permits this as a reasonable adjustment.

The parties will not be required to meet each other or directly question each other. Relevant questions and responses will be managed by the investigator. Interviews may be conducted in person or remotely, having regard to safety, accessibility and the person's preferences.

Procedural fairness

The respondent will receive the substance of the allegations and a reasonable opportunity to respond to adverse material that may be relied upon. The discloser may also be invited to comment on material that materially affects their account or the proposed findings. The investigator may set reasonable response times consistent with the 45-business-day requirement and may proceed on the available information where a person chooses not to participate.

Standard of proof and findings

Internal findings will be made on the balance of probabilities. The investigator will assess the reliability, consistency, plausibility and context of the available information. The seriousness of an allegation affects the care with which the evidence is evaluated, but the standard of proof remains the balance of probabilities.

Investigation report

The investigation report will ordinarily include the terms of reference, process followed, information considered, relevant factual findings, findings against each allegation or issue, reasons, any limitations and recommendations about risk, support, resolution or disciplinary action. Personal information not necessary for decision-making will be omitted or redacted.

The investigator will give the report to the authorised decision-maker. The report is a confidential Provider record and will not ordinarily be provided in full to the parties. Outcome notices will contain sufficient reasons and information to meet the National Code and procedural fairness requirements.

Nothing in this section limits any right of access or correction available under applicable privacy, employment or other law.

Investigation outcomes and resolution pathways

Following an investigation, the authorised decision-maker will select a proportionate and safe pathway. The available pathways include:

- a resolution implemented with the agreement of the discloser and respondent;
- continued or revised safety measures without disciplinary action;
- a decision not to proceed to disciplinary action, with documented reasons; or
- progression to the applicable disciplinary process.

Unless the discloser requests otherwise, the Provider will notify the discloser in writing of the investigation outcome, including whether a disciplinary process will commence, on the same day as the respondent is notified.

Where the matter is more appropriately addressed under another framework, such as child protection, modern slavery, discrimination, workplace safety or critical incident management, the Provider will explain the referral and continue any necessary safety and support arrangements.

Disciplinary processes and sanctions

Applicable process

Student disciplinary action will be taken under the applicable Student Code of Conduct, non-academic misconduct and appeal arrangements. Staff disciplinary action will be taken under the applicable employment contract, industrial instrument and People, Engagement and Culture procedures. Contractor, volunteer, agent, placement host and affiliate matters will be managed through the relevant contract, agreement, access condition or external authority.

The applicable process will be administered consistently with this Procedure and, where legally permissible, managed or expedited to meet the National Code timeframes. Nothing in this Procedure authorises the Provider to depart from an applicable law, industrial instrument, contract, delegation or requirement of procedural fairness.

Decision-making and sanctions

The disciplinary decision-maker must be authorised, appropriately trained, independent of the investigation and free from conflicts of interest. Sanctions will be proportionate to the substantiated conduct and the risk presented. They may include education, conditions, restrictions, a warning, suspension, termination of employment or engagement, exclusion or expulsion.

Where a respondent has more than one relationship with a Provider, such as being both a student and employee, more than one disciplinary or contractual process may apply. The processes will be coordinated to avoid inconsistent findings and unnecessary duplication.

Disciplinary outcome notice

Unless the discloser requests otherwise, the Provider will give the discloser written notice of the disciplinary outcome on the same day as the respondent. The notice will include the decision, relevant sanctions, reasons and internal and external complaint options, including the National Student Ombudsman. Information may be limited where necessary to comply with employment, privacy or safety obligations, but the notice must still satisfy the National Code.

Timeframes and extensions

The Provider will manage each matter actively and without undue delay. A formal report, including any disciplinary process, must be capable of finalisation within 45 business days from the date the formal report is lodged. An appeal must be capable of finalisation within 20 business days from the date the appeal is lodged.

Internal target timeframes are set out in Appendix 2. They guide case management but do not reduce the requirement to respond in a person-centred and procedurally fair manner.

Extensions

An extension may be permitted only where required in the particular context. The Case Coordinator must identify the need before the applicable deadline and prepare a written request setting out the reason, steps already taken, effect on the parties, risk controls and revised completion date. Only the HEPEO of the relevant Provider may approve the extension.

The discloser and respondent will be told of the extension, reasons and revised timeframe, subject to privacy and legal limits. The Case Coordinator will continue regular updates and review support and safety arrangements during the extended period.

Appeals and review of process

Respondent appeals

A respondent may appeal a disciplinary decision in accordance with the applicable student, employment or contractual appeal process. The appeal will be determined by an authorised person who was not involved in the investigation or original decision and who is free from conflicts of interest.

The applicable appeal grounds may include a material procedural error, denial of procedural fairness, actual or apprehended bias, a decision not reasonably open on the evidence, a manifestly disproportionate sanction, or significant new information that could not reasonably have been provided earlier. The governing instrument may prescribe additional or more specific grounds.

Notification of the discloser

Where the discloser received notice of the disciplinary outcome, the Provider will notify them in writing within two business days that the respondent has lodged an appeal and will explain the possible outcomes. Unless the discloser requests otherwise, the Provider will notify the discloser of the appeal outcome, reasons, relevant sanctions and complaint options on the same day as the respondent.

Discloser complaints and process review

A discloser may raise concerns about support, safety, communication, delay, failure to follow this Procedure or another administrative aspect of the response through the relevant Provider's grievance or complaint process and may complain to the National Student Ombudsman. This does not create a right to determine or appeal an employment sanction where that right is not otherwise available.

Appeal extensions

An appeal extension may be permitted only where required in the particular context and only where the HEPEO is satisfied that it is necessary. The reasons, effect on the parties and revised completion date will be documented and communicated.

Police, external authorities and concurrent processes

Choice to report externally

A person who has experienced gender-based violence may choose whether to report to police. The Provider will support that choice and may assist the person to contact police, an Accredited Specialist, the National Student Ombudsman, the Australian Human Rights Commission, a state or territory anti-discrimination body, the Fair Work Commission, the eSafety Commissioner or another appropriate authority.

Reporting without consent

The Provider may report information without the person's consent where required by law, including child safety or mandatory reporting obligations, or where urgent action is reasonably necessary to prevent a serious threat to life, health or safety. Where practicable, the person affected will be informed before the report is made and will be supported through the process.

The Provider will maintain a controlled State and Territory Mandatory Reporting and External Notification Matrix identifying:

- child protection reporting thresholds and responsible authorities;
- failure-to-disclose and failure-to-protect offences;
- police reporting requirements;
- work health and safety regulator notification requirements;
- reportable conduct requirements, where applicable; and
- the person authorised to obtain legal or specialist advice.

Staff must immediately escalate any matter involving a person under 18 years of age to the designated Child Safety Officer and must not delay a mandatory report while awaiting the outcome of an internal assessment or investigation.

Concurrent criminal or regulatory process

A police, court, regulatory or external complaint process does not automatically prevent internal safety action or investigation. The Provider will consider whether an internal process may prejudice or interfere with the external process and will consult the relevant authority or legal adviser where necessary. Any delay must be managed under the extension requirements in Section 14.

Privacy, confidentiality and information management

Need-to-know handling

Information will be shared only where reasonably necessary for safety, support, procedural fairness, investigation, disciplinary action, legal compliance, insurance, governance assurance or regulatory reporting. The Case Coordinator will explain the limits of confidentiality and, wherever practicable, notify the person affected before information is shared.

Participants must not use or disclose case information for an improper purpose. This does not prevent a person from seeking support or legal advice, reporting to an external authority, making a protected disclosure or speaking about their own lived experience, subject to reasonable steps to protect the privacy and safety of others and the integrity of an active process.

Secure case record

All material will be stored in the approved secure case-management or records system, with access limited to authorised personnel. Ordinary email, local drives and general student or employee notes must not be used as the primary case record. A case record will include actions, dates, communications, risk assessments, support plans, investigation material, decisions, timeframes, extensions and outcome notices.

Case information will be retained, accessed, corrected, destroyed or de-identified in accordance with the applicable Privacy Policy, records-retention requirements and legal obligations. Any suspected loss, unauthorised access, use or disclosure of case information must be immediately reported under the Provider's data-breach response process and assessed against the Notifiable Data Breaches scheme.

Non-disclosure agreements

The Provider will not require a discloser to enter a non-disclosure agreement or a settlement term that requires them to keep their experience confidential. Such a term may be considered only where the discloser voluntarily requests it and gives informed consent. It must not prevent access to support or advice or prevent the Provider from meeting legal and reporting obligations.

Any settlement terms agreed between a discloser and the Provider must not contain a non-disparagement clause that could have the effect of requiring the discloser to keep their experience of gender-based violence confidential.

Victimisation, interference and participant conduct

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 will be assessed promptly and may lead to additional safety measures or disciplinary action.

All participants must avoid contacting, coaching, threatening or pressuring another participant about their evidence or participation. They must preserve relevant records and comply with reasonable safety, privacy and communication directions. A good-faith disclosure or participation in a process will not attract adverse action merely because an allegation is not substantiated.

No person will be subjected to adverse action because they made a complaint or inquiry, sought support, exercised a workplace right or participated in a process under this Procedure. Any employment action affecting a participant must be based on legitimate, documented and lawful reasons unrelated to their exercise of those rights.

Third parties and cross-Provider matters

Respondents outside the Provider

Where the respondent is not a student or staff member, the Provider will continue support and risk management and will use the strongest available contractual, access, placement, procurement, agent, affiliate or external pathway. This may include restricting campus access, changing a placement, requiring action by an employer or host, terminating an arrangement or referring the matter to an external authority.

Matters involving more than one Provider

Where a matter involves APIC, HELI or CHS in more than one capacity, the relevant Providers will appoint a lead Case Coordinator and agree a written coordination plan. The plan will identify the lead investigator, decision-making responsibilities, information-sharing basis, support arrangements and separate reporting obligations.

A shared response does not displace the separate legal accountability of each Provider. Each Provider will maintain a separately identifiable case record, dataset and governance assurance trail to the extent required by the National Code and privacy law.

Placements, practicum and work integrated learning

Where conduct occurs during placement, practicum or work integrated learning, the Provider will coordinate with the host to protect the student or staff member, preserve procedural fairness and meet contractual and legal obligations. A person will not be required to remain in an unsafe placement while a matter is assessed. Alternative placement or academic arrangements will be considered promptly.

Case closure, data and continuous improvement

Case closure

Before closing a case, the Case Coordinator will confirm that required notices have been issued, risk and support plans have been reviewed, ongoing measures have an owner and review date, appeal or external complaint information has been provided, and the case record is complete.

The discloser and respondent will be told who to contact if circumstances change or further support is required. Feedback about the process may be invited, but participation is voluntary and will not affect access to support or any outcome.

Data and systemic learning

The Provider will record the information required by Standard 6 of the National Code and current regulatory guidance. Data will be collected in a safe, trauma-informed and person-centred way and will be separately identifiable for APIC, HELI and CHS.

De-identified case learning will be used to identify trends, repeated conduct, systemic barriers, service gaps, training needs and improvements to prevention, policy, risk controls and support. Material systemic issues will be escalated through the Provider's governance and risk frameworks.

Responsibilities

HEPEO

The HEPEO is separately accountable for each Provider's compliance with the National Code, approves any extension to formal-report or appeal timeframes, ensures adequate resources and expertise, and escalates material non-compliance to the relevant Governing Body. For the purposes of this Procedure, 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.

General Manager, Higher Education Quality

The General Manager, Higher Education Quality owns this Procedure, coordinates regulatory assurance and governance reporting, monitors implementation evidence and systemic actions, and provides advice on Provider separation, National Code requirements and reportable non-compliance. The role does not ordinarily investigate or decide individual cases.

Registrar and student support

The Registrar and relevant student support teams maintain student reporting and support channels, appoint student Case Coordinators, arrange academic and placement adjustments, ensure secure records and coordinate student disciplinary processes with the authorised decision-maker.

People, Engagement and Culture

People, Engagement and Culture maintains staff reporting and support channels, appoints staff Case Coordinators, implements workplace safety and support measures, coordinates staff investigations and disciplinary processes under applicable employment instruments, and manages contractor and worker arrangements.

Case Coordinator

The Case Coordinator registers and triages the matter, coordinates risk assessment and tailored support, communicates with the parties, maintains the case timeline and record, coordinates investigator and decision-maker appointments, monitors timeframes and extensions, and completes case closure actions.

Investigator and decision-maker

The investigator conducts a fair, proportionate and trauma-informed investigation and provides a reasoned report. The authorised decision-maker determines the appropriate outcome under the applicable policy, code, employment instrument or contract. Both must be independent, appropriately trained and free from conflicts of interest.

Managers and staff

Managers and staff must respond compassionately within the limits of their role, promptly refer disclosures and formal reports, protect privacy, comply with safety measures, preserve relevant records and cooperate with authorised processes. They must not investigate a matter unless formally appointed.

Related Documents

- Gender-Based Violence, Sexual Assault and Sexual Harassment Policy
- Gender-Based Violence Prevention and Response Plan
- Gender-Based Violence Outcomes Framework
- GBV/SASH Support and Reporting webpages
- GBV/SASH Disclosure and Formal Report forms
- Gender-Based Violence Risk Assessment Framework and tools

- Tailored Support Plan templates
- Critical Incident Policy and Procedure
- Student Code of Conduct
- Staff Code of Conduct and relevant employment policies and industrial instruments
- Student Non-Academic Grievances and Appeals Policy and Procedure
- Student and Staff Wellbeing, Safety and Security Procedures
- Student Welfare and Support Policy
- Data and Records Management Policy
- Privacy Policy
- Work Health and Safety or Occupational Health and Safety policies and procedures
- Conflict of Interest Policy
- Work Integrated Learning policies and procedures
- 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)
- Fair Work Act 2009 (Cth)
- Privacy Act 1988 (Cth) and applicable state and territory privacy laws
- Applicable Commonwealth, State and Territory work health and safety or occupational health and safety legislation, regulations and approved codes of practice
- 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

Procedure Category	Corporate	
Document Owner	Chief Executive Officer	
Responsible Officer	Registrar	
Approved by	Board of Directors	
Review Date	4 August 2028	
Version	Change description	Approved
1.0	New joint procedure supporting the Gender-Based Violence, Sexual Assault and Sexual Harassment Policy.	Board of Directors 4 August 2026

Appendix 1. First response guide

This guide supports any staff member who receives a disclosure. It does not replace specialist training or the requirement to refer the matter to the approved service.

Action	What to do
Check safety	Ask whether the person is safe now and whether urgent medical, security or emergency assistance is required.
Listen	Allow the person to speak in their own words. Do not investigate, challenge, ask for proof or seek unnecessary detail.
Acknowledge	Thank the person for telling you, recognise that it may have been difficult and state that the conduct is not their fault.
Explain privacy	Say that information will be handled privately and shared only where reasonably necessary. Do not promise absolute confidentiality.
Offer choices	Explain that support is available without a formal report or police report. Ask what the person needs now.
Refer	Offer a warm handover to the approved service and provide the current GBV/SASH Support and Reporting webpage.
Record and escalate	Make a brief factual record and securely refer the matter. Do not place sensitive details in ordinary shared notes or email chains.

Appendix 2. Indicative case-management timeframes

These targets support compliance with the mandatory 45-business-day formal-report period and 20-business-day appeal period. Immediate safety and support action takes priority.

Stage	Target timeframe	Primary responsibility
Emergency response	Immediate	Any person receiving the information; campus/building security; emergency services
Acknowledgement and secure case registration	Same business day or by end of next business day	Approved service / Case Coordinator
Initial risk assessment and urgent measures	Immediate where urgent; otherwise as soon as practicable	Qualified risk assessor / Case Coordinator
Separate support personnel and initial support plans	As soon as practicable, ordinarily within 2 business days	Case Coordinator / appointed support staff
Formal report date recorded	On lodgement	Case Coordinator
Written notice that investigation commences	As soon as the Provider decides that an investigation will commence, and before or at the commencement of investigative activity, the Case Coordinator will notify the discloser and respondent in writing on the same day, with the discloser notified first.	Case Coordinator
Investigation and report	Managed to permit the entire formal-report process to conclude within 45 business days	Investigator / Case Coordinator
Disciplinary process and final notices	By day 45 unless an extension is approved by the HEPEO	Authorised decision-maker / Case Coordinator
Notice to discloser that respondent appealed	Within 2 business days of the appeal being lodged	Appeal officer / Case Coordinator
Appeal finalisation	Within 20 business days of lodgement unless an extension is approved by the HEPEO	Independent appeal decision-maker